

**European Policy and Action  
for Mental Health Promotion  
and  
Mental Disorder Prevention**

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# **European Policy and Action**

## **for Mental Health Promotion and Mental Disorder Prevention**

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The European Platform for Promotion and Prevention in Mental Health and the “IMHPA: Implementing Mental Health Promotion Action” network are co-financed by the European Commission, the Ministry of Health of the Netherlands and the National Research and Development Centre for Welfare and Health (STAKES) of Finland. The IMHPA group has the participation of 28 countries of the European Region, the collaboration of several European Networks and the support of the Regional Office for Europe of the World Health Organization. Since April 2003, the Platform has been engaged in the development of an Internet database of evidence-based mental health promotion and mental disorder prevention programmes; a set of training initiatives including a training manual for primary health care professionals and a European Policy and Action strategy for mental health promotion and mental disorder prevention, which comprises this document and a longer technical document.

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- **Support effective implementation**
- **Build capacity and train the workforce**
- **Engage different actors**
- **Evaluate and monitor mental health, implementation and outcomes**

## THE NEED FOR ACTION IN EUROPE

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Positive mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”; it is a global public good; it is an essential part of the health and well-being of the citizens of Europe and a fundamental human right; it is a prerequisite for a viable, socially responsible and productive Europe; it enhances social cohesion and social capital and improves safety in the living environment.

A lack of positive mental health is a threat to public health, the quality of life and the economy of Europe. In the year 2002, neuropsychiatric conditions accounted for almost one quarter of all European ill-health and premature death; one third of this was from major depression alone. The social and economic costs of mental ill health for societies are wide ranging, long lasting and enormous. Mental disorders reduce employment, productivity and earnings and increase criminal activity, motor vehicle accidents, child abuse and neglect, divorce, homelessness, domestic violence and suicide. Mental disorders also lead to discrimination and marginalization. This in turn results in increases in economic instability and decreases in social capital, social cohesion and the economies of Europe.

Positive mental health cannot be gained by treating mental disorders alone. Mental health is everybody’s business; it is not only an issue for the health sector, but also for public policy. Action for mental health is an issue of shared responsibility, and health and economic gains can be achieved by the support and action of many different sectors and actors in society. Links need to be created and support mobilized with, amongst others, environment, social welfare, labour, education, criminal justice and housing.

To ensure that mental health is a global public good, and to reduce the enormous health and economic burden of mental disorders, each European country should develop and implement a comprehensive action plan for mental health promotion and mental disorder prevention, paying attention to the following ten action areas and five common principles:

### Ten action areas

1. Support parenting and the early years of life
2. Promote mental health in schools
3. Promote workplace mental health and prevent work related stress
4. Involve primary and secondary health care
5. Address groups at risk for mental disorders
6. Prevent depression and suicide
7. Prevent violence and substance use disorders
8. Reduce disadvantage and social exclusion
9. Create supportive environments linking with other policies
10. Empower community action and prevent stigma

### Five common principles

- Expand the knowledge base for mental health
- Support effective implementation
- Build capacity and train the workforce
- Engage different actors
- Evaluate and monitor mental health, implementation and outcomes

## MAIN PRIORITY

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### **Develop a country based action plan for mental health promotion and mental disorder prevention**

#### **Making the case**

Very limited resources are dedicated to the prevention of mental disorders and the promotion of mental health despite the opportunities for health, social and economic gain for society. To tackle the problem of mental illness in European countries, a public health approach to action is crucial encompassing and prioritizing promotion and prevention alongside care and rehabilitation. Countries should develop comprehensive country-based action plans for prevention and promotion in mental health. Similarly, resources allocated to mental health should be proportional to the burden of mental health problems and distributed equally for prevention and promotion to support implementation, research, infrastructure and professional development.

#### **Aim**

**All European Member States have a country based Action Plan for mental health promotion and mental disorder prevention**

#### **Actions**

- ☞ European countries should develop and implement an Action Plan for mental health promotion and mental disorder prevention
- ☞ Country based Action Plans for prevention and promotion in mental health should be endorsed by the highest political body at each level
- ☞ European countries should ensure adequate funding for the implementation of the Action Plan; earmarked financial incentives could be offered, for example from a special Mental Health Fund paid for by tobacco and alcohol taxes, to implement the Action Plan

# TEN ACTION AREAS

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## 1. Support parenting and the early years of life

### Making the case

During pregnancy and the early years of life parents especially from impoverished backgrounds or suffering from mental disorders are at increased risk of mental health problems and more likely to fail in providing a healthy start of life for their children. The use of addictive substances during pregnancy can cause harm to the foetus and child, doubling the risk of low birth weight with all its subsequent consequences. Delays in language development and consequent failure to learn in primary school increase the risk of adolescent symptoms and later mental disorders, reduce self-efficacy, and result in poor educational achievement. Positive proactive parenting can increase children's self esteem, their social and academic competence, and protect against later disruptive behaviour and substance use disorders. Pre-school education improves children's cognitive, language and socio-emotional development.

### Aims

- Increase home-based antenatal educational parental support for families at risk
- Decrease the number of women who use alcohol, drugs and tobacco during pregnancy
- Increase parental skills of parents of first born children
- Increase pre-school access for children of families at risk

### Actions

- ☞ Define and identify high risk populations, for example parents from impoverished backgrounds, suffering from a mental disorder or single women
- ☞ Develop tool kits of evidence based parenting interventions to support implementation by health and social welfare providers trained for the task
- ☞ Implement evidence based antenatal home-based interventions for pregnant women and their partners among high risk populations that include education on health behaviour, parenting skills and mother-baby interaction
- ☞ Implement screening and brief intervention programmes for pregnant women to reduce or stop the use of alcohol, dugs and tobacco, delivered by all relevant health care providers trained for the task
- ☞ Provide education for first time parents on parenting skills which includes a component on child-parent relationships and interaction and a component on pre-school preparation through stimulating reading skills
- ☞ Engage with family planning services to support implementation of programmes to prevent early pregnancy through education and access to contraception
- ☞ Engage with the education sector to support increased access to pre-school education
- ☞ Engage with the economic sector to support fiscal policies that lift children out of poverty

## 2. Promote mental health in schools

### Making the case

Poor school performance and poor academic achievement increase the risk of social and mental problems, antisocial behaviour, delinquency, substance use disorders, teenage pregnancy, conduct problems and involvement in crime. Conversely school achievement is related to positive social and emotional development, increased employment and earnings, and access to health, social, and community resources. Schools have a significant influence on the behaviour and development of all children and adolescents and provide an efficient means of promoting the health, academic and emotional development of young people. A holistic school approach to mental health promotion increases mental well being and reduces the risk for mental disorders of children and adolescents. In addition, attention should be paid to identifying and reaching out of school and marginalized children and adolescents to provide them with effective mental health promotion and mental disorder prevention programmes.

### Aims

- Increase mental health promotion at school
- Increase measures of mental disorder prevention for at risk children and adolescents at school
- Increase the reach of mental health promotion and mental disorder prevention programmes for out of school and marginalized children and adolescents

### Actions

- ☞ Implement a holistic school approach, involving children and adolescents, that includes mental health promotion through skill building strategies and changing the school environment
- ☞ Ensure that existing school health promotion initiatives (including the WHO Network for Health Promoting Schools) integrate evidence-based mental health promotion components
- ☞ Screen and identify children and adolescents at risk of behavioural and mental disorders
- ☞ Ensure that holistic school approaches combine evidence-based mental health promotion components to increase social learning with preventive interventions for children and adolescents identified at risk of behavioural and mental disorders
- ☞ Develop toolkits of evidence based mental health promotion components and targeted preventive interventions to support implementation by different providers trained for the task
- ☞ Develop strategies to reach out of school and marginalized children and adolescents and offer them mental health promotion and preventive interventions when needed
- ☞ Engage with the education sector to support the implementation of high quality educational curricula and to collect and disseminate the evidence for the mental health and long term social benefits of promoting mental health in schools

### 3. Promote workplace mental health and prevent work related stress

#### Making the case

Stressors such as noise, work overload, time pressure, repetitive tasks, interpersonal conflict and job insecurity, can cause mental health problems and increase the risk of anxiety, depression and stress related problems. Over one-quarter of European employees report having health problems due to work-related stress. Working conditions that can lead to mental health problems include a negative management style, low social support, poor communication and information, lack of control and job autonomy and organizational changes. The provision of training and social support at work, and the development of empowerment can lead to improvements in competence, coping strategies, job satisfaction, work capacity and to reduced stress.

#### Aims

- Increase mental well-being of employees and reduce work-related stress
- Increase worker compensation laws and policies, and programs for employee assistance to deal with alcohol, drug or mental health problems for those who are suffering or are at risk of suffering these conditions
- Increase the endorsement, adherence and compliance of workplaces with legislation that deals with the psychosocial work environment

#### Actions

- ☞ Follow and implement recommendations of the EU Lisbon strategy
- ☞ Encourage and support the creation of healthy companies and workplaces, which include a safe working environment, mentally healthy working practices, programmes to promote mental health and address psychosocial risk factors at the workplace, mental health impact assessment for marketed products, and contributions to the mental health and social development of communities
- ☞ Implement preventive interventions at the work place that include job redesign, modifications in ergonomics, time and workload, social support and role clarification
- ☞ Implement stress and anxiety prevention and management programmes for employees at risk
- ☞ Implement screening, brief interventions or treatment schemes for employees to deal with alcohol, drug or mental health problems once they have already occurred
- ☞ Engage with the labour sector to support: the promotion of training and employment, especially of those who have experienced less favourable conditions in early life; the promotion of alternative forms of social and community work, to avoid long-term structural unemployment; the adjustment of policies to diminish discrimination on the basis of gender, age or ethnicity; the demonstration of the mental and economic impact of introducing flexible arrangements for sharing work; and the inclusion of economic analyses of the impacts of stress and job insecurity on productivity

## 4. Involve primary and secondary health care

### Making the case

A high proportion of people visiting primary health care are not aware that they are suffering from a mental health problem, which is often expressed through a range of physical symptoms. A large proportion of patients suffering from physical illness, for example between one quarter and one third of hypertension patients, cancer patients, patients with diabetes and stroke patients suffer from major depression. Education of health care providers, screening and the provision of brief interventions for patients in primary and secondary health care can reduce the use of harmful substances, mental health problems and suicide.

### Aims

- Increase the skills of health care providers for prevention in primary and secondary care to reduce mental health problems and substance use disorders
- Increase the implementation of preventive measures in primary and secondary care to reduce mental health problems and substance use disorders

### Actions

- ☞ Provide education and training to increase the awareness of the co-morbidity between mental health problems and physical illness in primary and secondary health care
- ☞ Provide education and training to health care providers on screening and brief interventions for emotional problems, mental disorders and harmful substance use, and diagnosis and management of depressive disorders
- ☞ Provide education and training for the implementation of mental health promotion and targeted prevention interventions for groups at risk including postpartum depression and patients with chronic physical health conditions
- ☞ Implement screening and brief interventions for emotional problems and harmful substance use in health care and the diagnosis and management of depressive disorders
- ☞ Implement effective post partum depression prevention interventions
- ☞ Implement effective mental health promotion and depression prevention interventions for patients with chronic physical health conditions
- ☞ Engage with the financiers of the health care and social welfare sectors to ensure that at least those from low socio-economic backgrounds have access to health care

## 5. Address groups at risk for mental disorders

### Making the case

Different groups are at increased risk for mental disorders across Europe. Especially people from low socio-economic backgrounds or living in poverty, ethnic minority groups, migrants, refugees and homeless people, disabled people, families and carers of people with mental disorders, and those undergoing life transitions such as job loss, divorce, bereavement, are at particular risk for poor mental health and mental disorders, including child abuse, posttraumatic stress disorders, depression, anxiety, substance use disorders, aggression, violence and suicidal behaviour. In addition groups at risk are less likely to integrate in the society, less likely to find steady jobs and more likely to be on welfare benefits in the long run. The social and economic burden associated with at risk populations is substantial and includes increased health care costs, increased costs in the welfare system, and increases in crime rate, injuries, divorce, and a variety of other societal and economic consequences.

### Aims

- Improve the mental health and decrease the risk for mental disorders in populations at risk
- Increase the social inclusion for groups at risk (e.g., migrants, unemployed)

### Actions

- ☞ Identify groups at risk for mental disorders across the lifespan
- ☞ Develop tool kits of available evidence based preventive interventions for different groups at risk to support implementation by a range of providers trained for the task
- ☞ Implement evidence-based prevention programmes for depression, anxiety, stress and other problems, targeted to the specific needs of at risk groups, and tailored sensitively to background and culture
- ☞ Use cognitive behavioural effective interventions for at risk children which build on emotional resilience, problem solving and self-confidence (e.g., Friends programme) to prevent anxiety and depression
- ☞ Implement inclusion interventions for migrants and refugees
- ☞ Implement programmes to support the unemployed or those finding difficulties in entering the labour market by increasing their skills and preventing the associated mental health strain
- ☞ Implement social support networks and/or effective preventive interventions for groups at risk undergoing a major life transition, including divorced and bereaved groups
- ☞ Implement effective mental health promotion interventions for groups at risk such as chronic patients, carers and marginalized populations to increase their resilience and quality of life
- ☞ Develop plans for emergency preparedness in case of major crises, establishing a supportive coordination of needed sectors and including for example cognitive-behavioural therapy as an early intervention method to prevent Post Traumatic Stress Disorder
- ☞ Engage with health and social welfare sectors to improve access for vulnerable populations to health and social benefits, especially those with low socio-economic background

## 6. Prevent depression and suicide

### Making the case

Depression is one of the most prevalent psychiatric disorders, accounting for 6.1% of European global disease burden in 2002 and projected to increase to the second ranking cause of disability by 2020. Children who have suffered child abuse during infancy and childhood, those who have suffered parental loss, parental divorce, or those who have a mentally ill parent are at 50% increased risk of school problems and mental disorders including depression and anxiety. The onset of depression and its recurrence is influenced by a wide range of determinants that can be influenced throughout the life span. Depression increases the risk of suicide. European suicide rates are the highest in the world and suicide is the second most common cause of death after traffic accidents for Europeans aged between 15 and 35 years. Effective community approaches to prevent depression and suicide in the population should comprise multiple actions and be identified as a priority.

### Aims

- Decrease the number of people suffering from depression
- Decrease suicide rates especially in countries and population groups with currently high rates

### Actions

- ☞ Identify groups at risk for depression and suicide
- ☞ Develop tool kits of evidence based depression preventive interventions to support implementation by a range of providers trained for the task
- ☞ Implement mother-baby interaction antenatal home-based interventions to promote attachment development and health behaviour for mothers suffering from a mental illness
- ☞ Implement depression prevention programmes based on effective cognitive-behavioural models for children at risk
- ☞ Ensure that primary and secondary health care providers are trained and provide problem solving skills to patients at increased risk for emotional problems
- ☞ Ensure that primary and secondary health care providers are trained and provide diagnosis and treatment of depression and the recognition of suicidal risk
- ☞ Ensure that all people of older age have access to community networks and services that include physical activity, interventions to enhance social support and targeted depression prevention interventions for those at risk (e.g. suffering from chronic physical conditions)
- ☞ Increase the awareness of the population through media campaigns on the prevalence, symptoms, prevention and early interventions for depression
- ☞ Engage with other sectors to ensure the detoxification of domestic gas and car exhaust, the implementation of safety measures for high buildings and bridges, and controls on the availability of sedatives, pain-killers and pesticides

## 7. Prevent violence and the consequences of harmful substance use

### Making the case

Aggression and violence at home and in the community lead to mental and physical harm, including anxiety, depression, delinquency, theft and vandalism, physical and sexual abuse and murder and homicide. Women who have suffered violence have high rates of depression, anxiety, stress, pain syndromes, phobias, substance use disorders and poor subjective health. Substance use disorders are a classified mental disorder and are comorbid with a wide range of mental and behavioural disorders including violence, depression and suicide. They lead to intoxication and dependence, cause a wide range of harm to others, including homicide, and are an important cause of socio-economic inequities in health. Between them, the harm done by alcohol and tobacco cost the Union some €240billion annually.

### Aims

- Decrease aggression and violence in the community
- Decrease the harm done by alcohol, illicit drugs and tobacco

### Action

- ☞ Develop and implement a macro strategy for violence prevention that includes school, neighbourhood, regional and national intersectoral policy approaches to violence
- ☞ Implement a school holistic mental health promotion approach in the curricula which combines classroom behaviour management, enhancing social skills and bullying prevention
- ☞ Develop community support for violence prevention and implement community based policy initiatives and neighbourhood prevention programmes
- ☞ Implement internationally agreed conventions for illicit drugs and tobacco products
- ☞ Establish and implement fiscal and regulatory policies to limit the availability, accessibility and marketing of tobacco and alcohol products, notably to young people
- ☞ Establish and enforce regulatory practices to limit exposure to environmental tobacco smoke and reduce alcohol intoxication, including drinking and driving
- ☞ Implement brief interventions for smoking and harmful alcohol consumption widely in all countries
- ☞ Implement risk-containment strategies, such as needle exchange and maintenance programmes to reduce the harm done by drug use

## 8. Reduce disadvantage and social exclusion

### Making the case

Mental health is highly sensitive to socioeconomic circumstances, even in the most affluent societies, and therefore amenable to socioeconomic policy and action. Lack of income, education and employment are some of the main risk factors for mental disorders. Poverty, relative deprivation and social exclusion have a major impact on mental health. Social exclusion also results from racism, discrimination, stigmatization, hostility and unemployment. These processes prevent people from participating in education or training, and gaining access to services and citizenship activities. They are socially and psychologically damaging, materially costly, and harmful to health. People who live in, or have left, institutions, such as prisons, children's homes and psychiatric hospitals, are particularly vulnerable. The greater the length of time that people live in disadvantaged circumstances, the more likely they are to suffer from a range of mental health problems. Improved advantage leads to good mental health, social cohesion and increased physical health and productivity.

### Aims

- Reduce the number of people with socio-economic disadvantage
- Reduce social exclusion and discrimination

### Actions

- ☞ Develop and implement community support programmes for older people to avoid isolation, to increase social support and to increase access to healthy diets and physical activity
- ☞ Implement community development programmes to promote social inclusion in high risk areas
- ☞ Engage with the public health sector to demonstrate the mental health, social and economic benefits of policies that remove barriers to health care, social welfare, and affordable housing
- ☞ Engage with the labour market, education and family welfare sectors to demonstrate the mental health benefits of reducing social stratification by targeting policies and programmes to vulnerable groups
- ☞ Engage with municipalities and the economic sector to demonstrate the associated mental health and social benefits of implementing interventions to reduce poverty and social exclusion for individuals, families and neighbourhoods
- ☞ Engage with social inclusion units and other sectors to develop policies and programmes to protect minority and vulnerable groups from discrimination and social exclusion

## 9. Create supportive environments linking with other policies

### Making the case

Sound and integrated public policies, such as those that address labour, urban planning and poverty also improve mental health and reduce the risk of mental disorder. Improved mental health is an additional reason for such sound public policies, and their mental health impact needs to be assessed. Mental health policies require intersectoral linkages and should incorporate multi-sectoral and multi-disciplinary approaches. Low literacy and poor education remain a problem in some European countries, which limits the ability of individuals to access economic entitlements. Better education increases cognitive-emotional and intellectual competencies, job perspectives and reduces social inequity and the risk of mental disorders, including depression. Improving nutrition in socio-economically disadvantaged children can lead to improved cognitive development and educational outcomes and reduced risk for mental ill health. Mental retardation and impaired learning abilities are associated with a lack of iodine in the diet. As well as the direct effects of disadvantage, mental health can also be compromised by living in neighbourhoods with concentrations of deprivation, high unemployment, poor quality housing, limited access to services and a poor quality environment. Improved housing conditions can promote mental health and increase safety, crime reduction and social and community participation. Urban shape, zoning strategies, noise levels and public amenities can promote urban health and help to reduce stress, social dislocation and violence. Cycling, walking and the use of public transport provide physical activity, reduce fatal accidents, increase social contact and reduce air pollution. Regular physical activity promotes a sense of well-being and protects older people from depression.

### Aims

- Increase partnerships with different sectors to assess the impact of different policy options on improving mental health and its associated social and economic benefits
- Increase partnerships with different sectors to promote the added value of sound and integrated public policies for mental health and its associated social and economic benefits

### Actions

- ☞ Integrate mental health promotion components into existing and implemented health promotion and public health policies and programmes, such as those funded by the public health programme of the European Commission and those supported by the different WHO Health Promoting Networks
- ☞ Strengthen existing partnerships for health and social development, such as the networks of cities, schools and workplaces
- ☞ Develop training and advocacy efforts to inform and prepare health and other professionals from other sectors to recognize the importance and benefit of their policies and actions for population mental health and to act as enablers, mediators and advocates for mental health across sectors
- ☞ Engage with mainstream sectors responsible for employment, housing, education and finance to assess the impact of different policy options on mental health and to promote the added value of sound and integrated policies
- ☞ Identify and engage in specific collaborative initiatives with other sectors such as the environment, urban planning, social welfare, labour, education, criminal justice, nutrition, transport and human rights protection to promote mental health and prevent mental disorders

## 10. Prevent stigma and promote social cohesion and empowerment

### Making the case

The stigma frequently associated with mental health problems and disorders deprives people of their dignity and interferes with their full participation in society. Stigma and discrimination are one of the barriers crucial to be overcome if social inclusion and cohesion are to be promoted. Various forms of mass media can be used to foster more positive attitudes and behaviours towards people with mental disorders and those stigmatized because of gender, religion or personal values. Social support and social relations are important for mental health. Social support provides the emotional and practical resources that people need. Belonging to a social network of communication and mutual obligation gives value and esteem to people. This has a powerful protective effect on mental health. Supportive relationships may also encourage healthier behaviour. Support operates on the levels both of the individual and of society. Social isolation and exclusion are associated with increased rates of premature death. People who get less social and emotional support from others are more likely to experience less well-being, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases.

### Aims

- Decrease the number of people with mental and behavioural disorders that are stigmatized
- Decrease the number of people that are socially isolated and stigmatized because of their beliefs or behaviour
- Increase social support and cohesion in the community

### Actions

- ☞ Provide support to nongovernmental agencies that represent marginalized and impoverished groups and enable them to increase social cohesion and improve access to community coping resources
- ☞ Develop and implement policies, programmes and campaigns that reduce the stigmatization, discrimination and marginalization of people with mental health and behavioural disorders, increasing their access to home, work, public and social life
- ☞ Develop and implement policies, programmes and campaigns that reduce the stigmatization, discrimination and marginalization of people because of beliefs, religion, gender or background
- ☞ Implement evidence based prevention programmes for carers of people with mental and behavioural disorders
- ☞ Implement mental health promotion and empowerment programmes for people with mental and behavioural disorders to improve their well being and quality of life
- ☞ Implement educational and intervention strategies to improve the life skills and psychosocial wellbeing of people, empowering them to manage life situations, to make healthy choices, to influence the design and improvement of their living and work environment, and to participate in promoting health and wellbeing in their community
- ☞ Engage with partners from health, the environment, the economy, ecology, education, town planning and urban management to support the implementation of community development programmes in high-risk areas

## FIVE COMMON PRINCIPLES

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### 1. Expand the knowledge base for mental health

#### Making the case

All policies and actions to improve mental health need a firm knowledge base. Research and information systems are crucial for the development and implementation of an action plan for prevention and promotion in mental health and should be strengthened. Research policies for mental health promotion should anticipate future needs and challenges and identify the gaps in evidence where the knowledge base is insufficient, including the assessment of the cost-effectiveness of interventions or the development of new approaches to deal with broader societal changes, for example, socioeconomic deprivation. There must be a better match between the needs for mental health promotion research as perceived by decision-makers and planners and the research priorities set by the research community. Mechanisms should ensure that new evidence from research is actually introduced into daily practice. Information on mental health status and risk factors is crucial for the development of preventive interventions. Groups at risk should be identified on the basis of country information. Information systems for gathering and disseminating widely the knowledge base should be developed and supported, such as registries and databases. International research collaboration at the European level should be strengthened, with greater emphasis placed on needs-based research, an increase in inter-country research programmes and better exchange of information. Evidence should be translated into practical toolkits or guidelines to support implementation of prevention and promotion programmes for mental health.

#### Aim

- Have research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to promote mental health and to prevent mental disorders

#### Action

- ☞ Develop a multi-sectoral research policy for mental health promotion and mental disorder prevention, striking a balance between basic and applied research, addressing the gaps in evidence (e.g., cost-effectiveness of interventions) and the development of new approaches to deal with societal challenges (e.g., socioeconomic deprivation)
- ☞ Set up systems to match the needs for mental health promotion research as perceived by decision-makers and planners and the research priorities set by the research community
- ☞ Set mechanisms to ensure that new evidence from research is actually introduced and used in daily practice, by, for example, translating the evidence into practical toolkits and guidelines
- ☞ Gather information on mental health status and risk factors according to population's needs, use the information to identify groups at risk, to further develop preventive interventions, to improve existing practices and to set up new priorities
- ☞ Strengthen research collaboration at the European level with emphasis on needs-based research, inter-country research programmes and better exchange of information
- ☞ Develop and support information systems to make knowledge widely available such as registries and databases that include information on mental health status, evidence based promotion and prevention, and the effective policies and strategies to support and improve implementation

## 2. Support effective implementation

### Making the case

As a policy or programme is widely implemented, programme implementers in collaboration with programme evaluators will need to ensure high quality implementation, providing the supportive elements needed for success and adopting and fitting initiatives to each specific cultural situation.

Use should be made of administrative, financial and management instruments, and of measures to affect and support implementation, research and training. The use of quality assurance in implementation, and continuous improvement of implemented action will be essential. Emphasis should be given to mechanisms to inform, involve and promote networks of influence and development within civil societies.

### Aims

- Create and strengthen appropriate administrative, financial and management instruments to ensure a high quality of implementation of policies and programmes

### Actions

- ☞ Strengthen and modernize public health infrastructures and functions in line with the needs of mental health promotion and mental disorder prevention at country, regional and local levels
- ☞ Engage the media and communication sector to inform, educate and persuade all people of the individual and collective importance of mental health promotion and mental disorder prevention, and to provide options for action
- ☞ Engage relevant sectors (e.g., schools, hospitals, community centres) in supporting implementation
- ☞ Develop partnerships and participatory planning models, for example formal statutory committees and councils with long term mandates, formal partnership groups, and specialized working groups, to support development and implementation of mental health promotion and mental disorder prevention

### 3. Build capacity and train the workforce

#### Making the case

Mental disorder prevention and mental health promotion require a broad based professional workforce as well as an informed active citizenry. European countries and the European Community should build capacity by ensuring that all education of health care professionals imparts the relevant knowledge, attitudes and skills for mental health promotion and mental disorder prevention; that the education of public health professionals prepares them to act as enablers, mediators and advocates for mental health in all sectors, and to work with a broad set of partners in society; and that the education of professionals in other sectors prepares them to recognize the importance and benefit of their policies and actions for population mental health. Interdisciplinary research training programmes should be made available to develop research skills to conduct evaluations and to improve the quality and effectiveness of practice. New training opportunities must respond to the needs for expertise in all roles and tasks to be undertaken.

#### Aims

- Build up an effective workforce for mental health promotion and mental disorder prevention both in the health sector and in other sectors that have an impact on mental health

#### Actions

- ☞ Ensure that the education of public health professionals prepares them to act as enablers, mediators and advocates for mental health in all sectors, and to work with a broad set of partners in society
- ☞ Ensure that the education of professionals in other sectors prepares them to recognize the importance and benefit of their policies and actions for population mental health
- ☞ Support the development and training of a specialized workforce for the provision of prevention and promotion services for mental health
- ☞ Support the development of integrated training schemes for health care providers that include components of promotion of mental health and prevention of mental disorders in already existing training initiatives and university curricula
- ☞ Ensure that the education of health care professionals imparts the relevant knowledge, attitudes and skills for mental health promotion and mental disorder prevention, including good quality public health practice, and the essential aspects of economics and social sciences relevant to improving mental health
- ☞ Develop strategies that broaden the capacity for implementation of mental health promotion and prevention in mental health including key actors in the community
- ☞ Develop advocacy tools that support information on mental health and the benefits of mental health promotion and mental disorder prevention

## 4. Engage different actors

### Making the case

European countries and the European Community should ensure that structures and processes exist at all levels to facilitate the harmonized collaboration of all actors and sectors in mental health development. Many of these potential partners are not aware of the benefits they can gain from investing in mental health promotion. One of the problems is the lack of mechanisms to bring partners together in systematic cooperation. There is a need to overcome the problems posed by single-sector approaches and specific organizational objectives, budgets and activities. The health sector can provide leadership by engaging in active promotion and advocacy for mental health and by encouraging other sectors to join in multisectoral activities. Small changes in the way that the private sector does business can unlock money which will not only improve mental health but also increase profitability. Partnerships are required at different levels: international, country, regional and local; involving a wide range of actors: governmental and non-governmental, professionals in and outside the health sector, the industry and private sector, the media and civil society. The involvement of all sectors is fundamental to ensuring that programmes reflect priorities, have widespread support and are sustainable. Especially non-governmental organizations are essential partners for accountability for mental health; they are a vital component of a modern civil society advocating change and creating a dialogue on policy.

### Aim

- Engage different actors at all levels, including governmental and non-governmental organizations, the public and private sector to work together to promote mental health

### Actions

- ☞ Strengthen existing partnerships for mental health and social development, such as the networks of cities, schools and workplaces, and explore the potential for new partnerships at all levels
- ☞ Engage with all sectors and actors in mental health to identify and take into account the mutual benefits of investment in mental health
- ☞ Create mechanisms to facilitate the joint development, implementation and evaluation of policies and strategies for promoting mental health and preventing mental disorders across different sectors and actors
- ☞ Disseminate information to other sectors on the multiple health, social and economic gains to be made in mental health
- ☞ Emphasize the need to build alliances and partnerships for mental health at all levels, empowering people and creating networks
- ☞ Provide public health leadership that motivates, inspires, facilitates and engages all sectors for mental health
- ☞ Strengthen international solidarity for mental health development using European structures for intergovernmental cooperation and action
- ☞ Support and strengthen the role of non-governmental organizations in mental health promotion and mental disorder prevention; of particular importance are those organizations that deal with civil, cultural, economic, political, and social rights, the rights of children, religious or ethnic minorities and persons with physical and mental disabilities

## 5. Monitor the impacts of implemented policies and programmes

### Making the case

European countries should develop, use and report on a common set of mental health indicators according to an agreed methodology to monitor the impact of implemented policies and programmes. The development and assessment of indicators should also include indicators of structural, environmental, behavioural and social determinants.

European countries and the European Community should require all sectors of society to be accountable for the mental health impact of their policies and programmes, recognizing the benefits to themselves of promoting and protecting mental health. Mental health impact assessment must therefore be applied to any social and economic policy or programme, as well as development projects, likely to have an impact on mental health.

### Aim

- Monitor the impact of implemented policies and programmes and revise them accordingly

### Actions

- ☞ Carry out periodic population-based mental health surveys and assess mental health trends based on agreed European methodology
- ☞ Evaluate the impact of policies and programmes on mental health outcomes and mental health determinants
- ☞ Develop a harmonized, comparable data collection system across countries for monitoring progress towards improved mental health, increase the efforts to streamline data collection and establish a more uniform selection of mental health promotion indicators, so that mental health information and communication systems are internationally coordinated
- ☞ Ensure long term evaluation and monitoring of implemented policies and programmes, which not only includes outcomes on mental health, but also long term benefits on physical health, and social and economic outcomes
- ☞ Ensure that effective mechanisms are in place to incorporate evaluation results and evidence based elements in the revision and improvement of programmes
- ☞ Set up and maintain health and health-related information databases to support the monitoring and evaluation of mental health promotion policies and programmes, enhance accountability for mental health, facilitate the sharing of knowledge within and between countries, and help raise people's awareness of the importance of mental health promotion and mental disorder prevention
- ☞ Develop and assess indicators of structural, environmental, behavioural and social determinants related to mental health, including indicators of the mental health impacts of non-health sector policies and programmes
- ☞ Dedicate 10% of implementation budgets to monitoring and evaluation