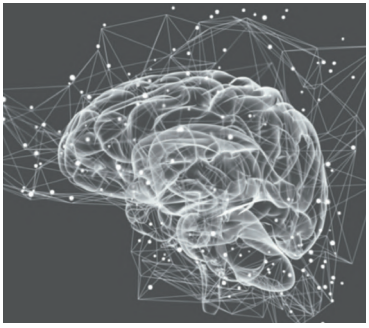
WPL
Women Political Leaders

# WPL REPORT ON THE STATE OF MENTAL HEALTHCARE IN EUROPE (EU+UK) PART 1



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# TABLE OF CONTENTS


| | |
|---|---|
| Executive Summary | 3 |
| Advisory Panel | 4 |
| Survey Overview | 5 |
| Quantitative Mapping | 6 |
| Qualitative Study | 23 |
| Closing Words | 32 |
| Bibliography | 33 |

# EXECUTIVE SUMMARY

In the interest of sustaining and improving the global state of mental health in difficult times, Women Political Leaders (WPL), with the support of healthcare company Centene Corporation, addressed our present challenges. Based on both quantitative and qualitative approaches, the project was designed to provide an overview as well as a deeper understanding of the current state of mental healthcare in Europe.

This report describes the project and presents the findings of its first (quantitative) phase, which has compiled data from publicly available resources to map the comparative state of mental healthcare in EU Member States and the UK by way of five key indicators: awareness, availability, accessibility, acceptability, and affordability.

A second (qualitative) phase, consisting of a Europe-wide survey of political leaders and policymakers, as well as in-depth interviews with policymakers and healthcare professionals, is ongoing and will be released in Q1, 2021. Predominantly women, drawn from the extensive network of WPL members, survey respondents and interviewees include civil society organisations, legislators serving on Parliamentary Health Committees, Ministers and Deputy Ministers of Health, members of economic and social committees, and other relevant leaders.

By clearly and comprehensively presenting the state of mental healthcare for these 28 countries, the project seeks to offer evidence useful to policymakers in the shaping of future healthcare solutions.

# ADVISORY PANEL PURPOSE

Women Political Leaders (WPL) assembled a multi-stakeholder advisory group to guide the project, verify the data, and oversee any conclusions. This group includes a range of public and private sector stakeholders, including politicians, clinicians and industry experts.

# ADVISORY PANEL

## H.E. Marie-Louise Coleiro Preca

President of Eurochild, President of Malta (2014-2019), Member of WPL Board

## Dr. Elisa Tarazona Gines

CEO, Ribera Salud

## Ms. Katalin Cseh

Member of the European Parliament

## Mr. Brett Hart

Chief Behavioral Health Officer, Centene Corporation

# SURVEY OVERVIEW

This year, the COVID-19 pandemic has affected billions of people and has subsequently impacted the mental health of many people, both young and old, around the world. According to the World Health Organisation, "Close to 1 billion people are living with a mental disorder, 3 million people die every year from the harmful use of alcohol and one person dies every 40 seconds by suicide" (WHO 2020).

This project is based on a quantitative and qualitative approach designed to gain an overview and understanding of the realities facing governments and citizens around mental healthcare in Europe. The results will provide politicians and policymakers with an authoritative benchmark, in the hope of facilitating better policymaking.

Both the quantitative and the qualitative studies focus on five indicators to provide a thorough overview of the state of mental healthcare in Europe. Each indicator refers to an area which is key to mental healthcare. These indicators are awareness, availability, accessibility, acceptability and affordability.

For the purpose of this report, each section is defined as follows :

**Awareness** - The extent to which EU Member States and their respective health systems are conscious of the existence of mental health issues and aware of the measures that need to be undertaken to prevent the onset of mental health issues, and the care required to treat patients with mental health conditions.

**Availability** - The availability of assistance services. This is the measurement of the width and variety of mental health assistance services available in a country, both in urban and rural areas.

**Accessibility** - The practical accessibility of assistance services. It evaluates the ease for EU citizens to access mental health assistance and support services that are available in their country. It takes into consideration cultural and social barriers.

**Acceptability** - The level of acceptance in a country of mental health as a "real" healthcare issue. It takes into consideration the stigma attached to mental health, especially how it is raised and portrayed in national media.

**Affordability** - The financial dimension of treatment. It measures how the direct and indirect costs that fall onto potential mental health service users can affect their willingness to access those services.

Hereunder follows the specific methodology which was used to produce the quantitative mapping.

# QUANTITATIVE MAPPING

The first part of this report is a quantitative study which presents a mapping of the current state of mental healthcare in Europe (EU27 + UK) on a national basis. By clearly and comprehensively presenting the state of mental healthcare for each country, this mapping underscores both areas for improvement and highlights best practices. As such, it provides meaningful input and subsequently ensures that key findings can be used by policymakers to shape future healthcare solutions.

# METHODOLOGY OF QUANTITATIVE STUDY

### 1. Questions, Parameters and Points System

Drawing from the five indicators, the literature and the available data, questions and parameters were selected for each section to map out the state of mental healthcare in each country.

Subsequently, a points system was created to enable the creation of graphs to display the data in an easily readable and digestible format.

Documented below are the questions, parameters and points system used.

#### Awareness

√ Is the mental health status of the population of particular groups being monitored?

- ¤ 1 point for 'yes'
- ¤ 0 points for 'no'

√ Presence of multisector governance approach

- ¤ 1 point for 'yes'
- ¤ 0 points for 'no'

√ Implementation of recommendations to build effective cross-sector partnership and cooperation

- ¤ 3 points for 'fully implemented'
- ¤ 2.5 points for 'Implemented to a big extent'
- ¤ 2 points for 'Implemented to some extent'

- 1.5 points for 'Implemented to a small extent'
- 1 point for 'not at all implemented'

√ Implementation of recommendations to strengthen information and research on mental health and wellbeing among children and adolescents

- 3 points for 'fully implemented'
- 2.5 points for 'Implemented to a big extent'
- 2 points for 'Implemented to some extent'
- 1.5 points for 'Implemented to a small extent'
- 1 point for 'not at all implemented'

√ Existence of a suicide prevention national programme/strategy

- 1 point for 'yes'
- 0 points for 'no'

√ Implementation of recommendations on policy and legislation for suicide prevention

- 3 points for 'fully implemented'
- 2.5 points for 'Implemented to a big extent'
- 2 points for 'Implemented to some extent'
- 1.5 points for 'Implemented to a small extent'
- 1 point for 'not at all implemented'

### Availability

√ How many mental healthcare professionals exist per 100 000 citizens?

- 3 points for > 249
- 2.5 points for between 200 - 249
- 2 points for between 150 - 199
- 1.5 points for between 100 - 149
- 1 points for between 50 - 99
- 0.5 point for < 50

√ How many mental healthcare hospital beds exist per 100 000 citizens?

- 3 points for between > 80
- 2 points for between 40 - 79
- 1 point for < 39

√ Implementation of recommendations to prevent mental health problems at workplaces

- ¤ 3 points for 'fully implemented'
- ¤ 2.5 points for 'Implemented to a big extent'
- ¤ 2 points for 'Implemented to some extent'
- ¤ 1.5 points for 'Implemented to a small extent'
- ¤ 1 point for 'not at all implemented'

√ Establishment of schools as settings for mental health promotion and prevention of mental disorders

- ¤ 3 points for 'Fully established'
- ¤ 2.5 points for 'Established to a big extent'
- ¤ 2 points for 'Established to some extent'
- ¤ 1.5 points for 'Established to a small extent'
- ¤ 1 point for 'not at all established'

Accessibility

√ Is there a training programme for healthcare professionals on depression and suicide?

- ¤ 1 point for 'yes'
- ¤ 0 points for 'no'

√ Existence of a national mental health programme at workplaces

- ¤ 1 point for 'yes'
- ¤ 0 points for 'no'

√ Existence of a national mental health programme at schools

- ¤ 1 point for 'yes'
- ¤ 0 points for 'no'

√ Implementation of training for all school staff on mental health

- ¤ 3 points for 'fully implemented'
- ¤ 2.5 points for 'Implemented to a big extent'
- ¤ 2 points for 'Implemented to some extent'
- ¤ 1.5 points for 'Implemented to a small extent'
- ¤ 1 point for 'not at all implemented'

√ Implementation of capacity building and intersectoral collaboration for suicide prevention

- ¤ 3 points for 'fully implemented'
- ¤ 2.5 points for 'Implemented to a big extent'
- ¤ 2 points for 'Implemented to some extent'
- ¤ 1.5 points for 'Implemented to a small extent'
- ¤ 1 point for 'not at all implemented'

### Acceptability

√ Implementation of recommendations to support the reintegration/return to work of people who have experienced mental health difficulties

- ¤ 3 points for 'fully implemented'
- ¤ 2.5 points for 'Implemented to a big extent'
- ¤ 2 points for 'Implemented to some extent'
- ¤ 1.5 points for 'Implemented to a small extent'
- ¤ 1 point for 'not at all implemented'

### Affordability

√ Is there public funding allocated to mental health issues, awareness and prevention?

- ¤ 3 points for 'Yes in the 3 parameters – mental health in the workplace, mental health in schools, and suicide prevention'
- ¤ 2 points for 'Yes in 2 parameters'
- ¤ 1 point for 'Yes in 1 parameter'
- ¤ 0 points for 'No'

√ Total public expenditure in % of total government health expenditure

- ¤ 3 points for between > 10.0%
- ¤ 2 points for between 5.0 – 9.9%
- ¤ 1 point for < 4.9%

Note: Countries for which less than eight questions were able to be answered were excluded from the mapping.

## 2. Sources used

To produce this mapping and answer these questions, publicly-available data sources were examined. Most European countries contributed to reports, such as the EU Compass for Action on Mental Health and Wellbeing and/or the WHO's Mental Health Atlas, that were used to develop this mapping. For those countries not included in these reports, national reports were examined and the necessary data was extracted from them. (See bibliography for further details.)

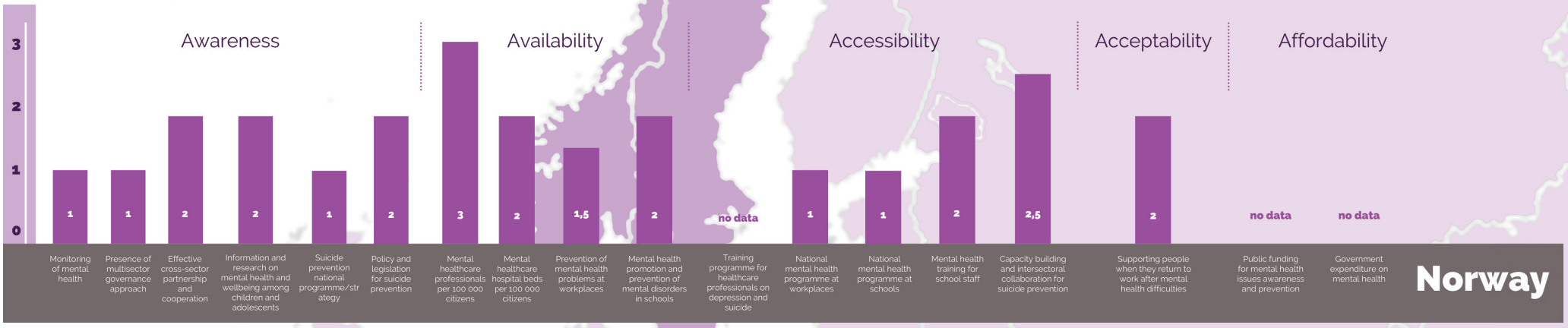
For most countries, the questions were answered and thresholds were established in the international reports and were subsequently transcribed in the mapping. However, the countries for which the international reports did not include adequate information such as France, Malta and Ireland, the thresholds had to be defined. As such, to define the extent to which something had been implemented was the following:

To a big extent:
- The issue is acknowledged and addressed in the current government actions
- AND/OR it has been found that it was already in place in the country

To some extent:
- The issue is acknowledged and addressed in the current government actions
- But unsure what the status of the implementation is at this exact moment

To a small extent:
- Either two issues are mentioned in the question and only one of them is addressed in the current government action
- OR the issue is not mentioned in the current government action but is already implemented to a small degree

# RESULTS OF THE QUANTITATIVE MAPPING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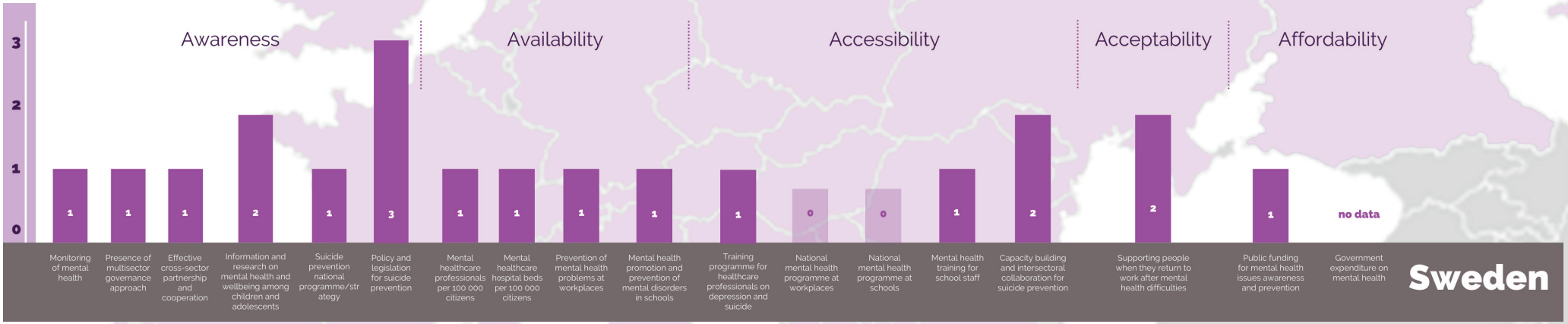
Norway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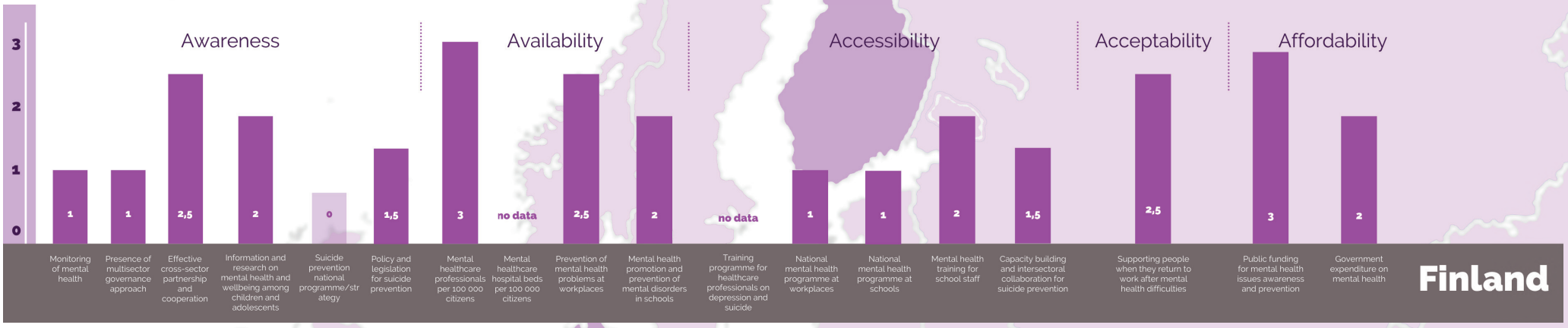
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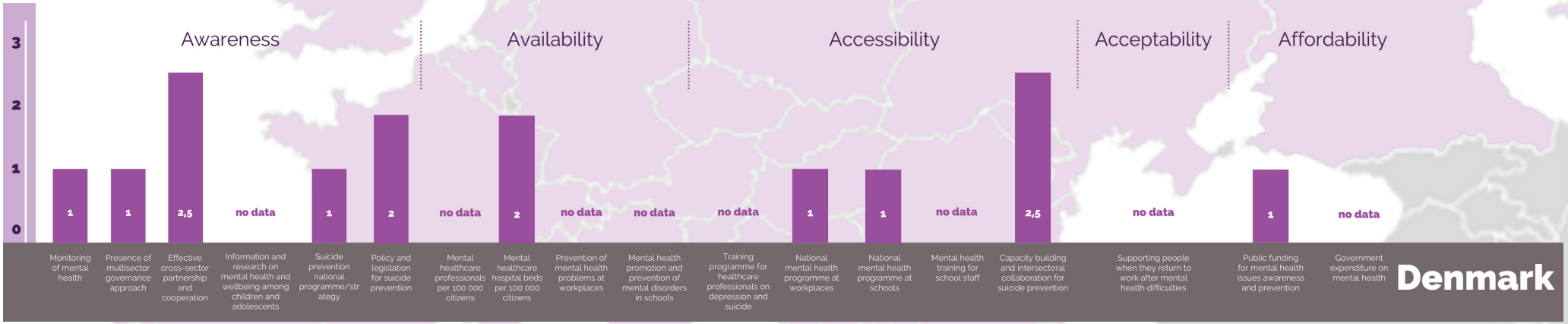
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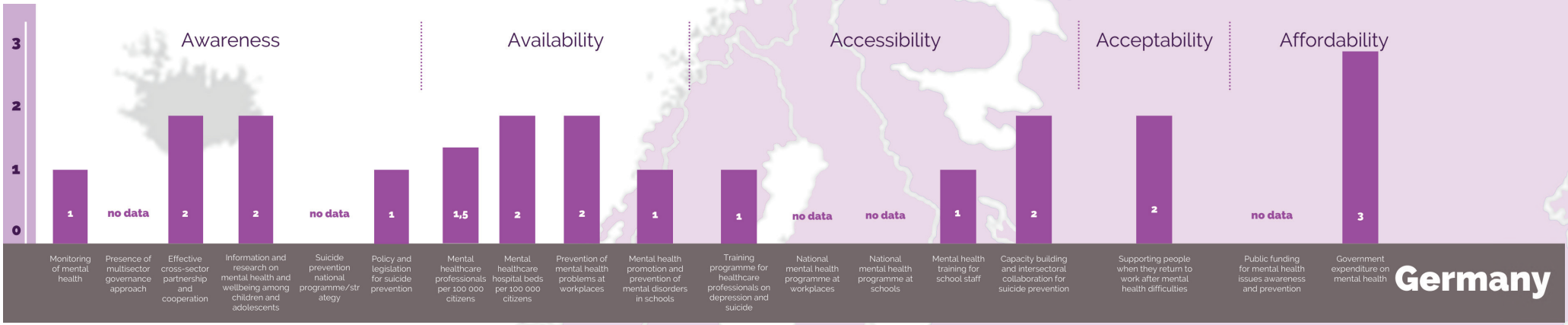
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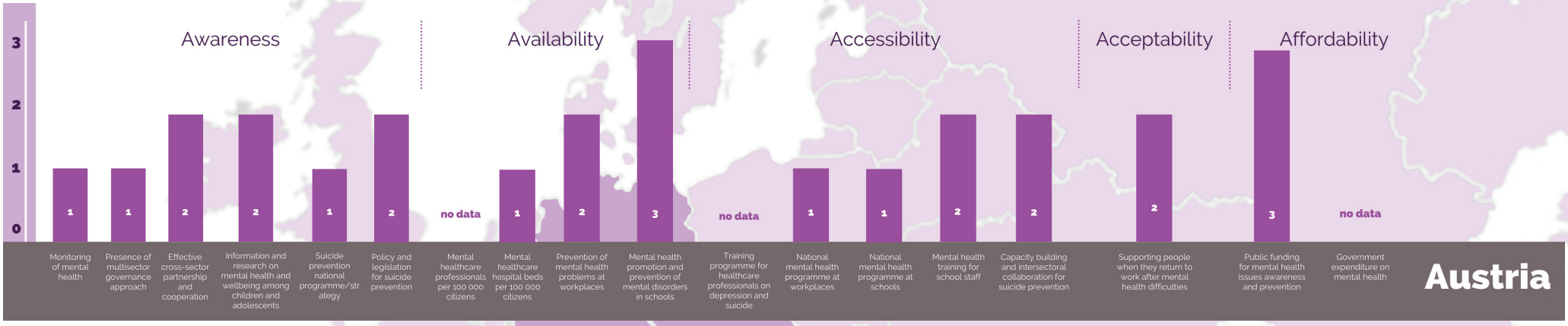
Germany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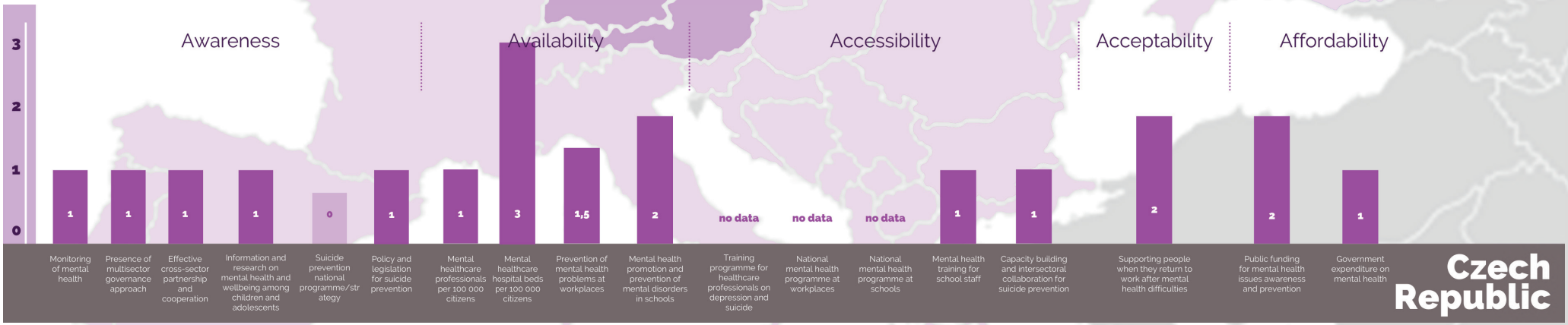
Austria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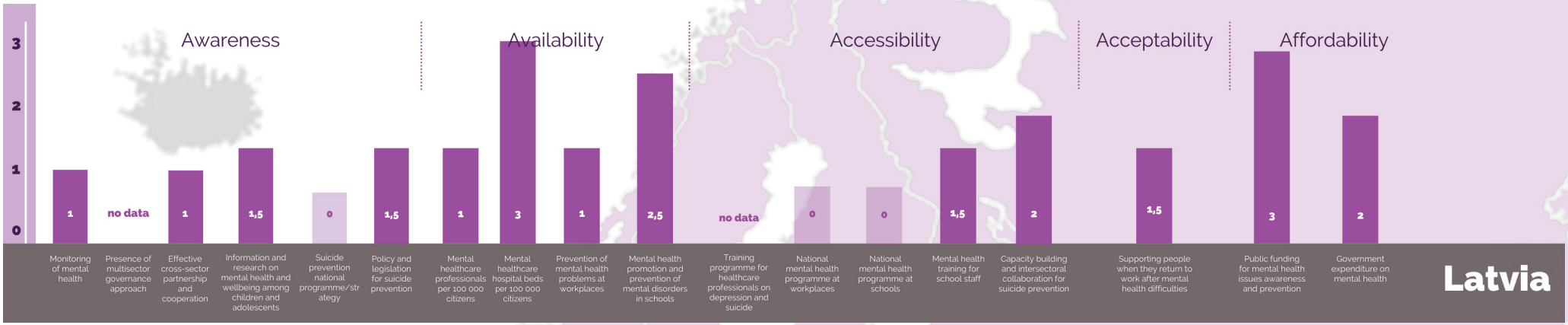
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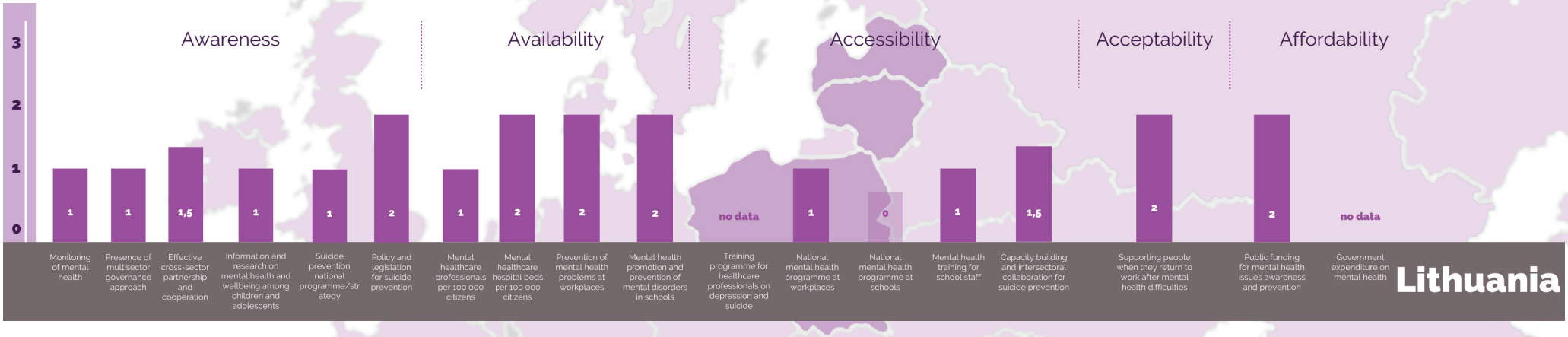
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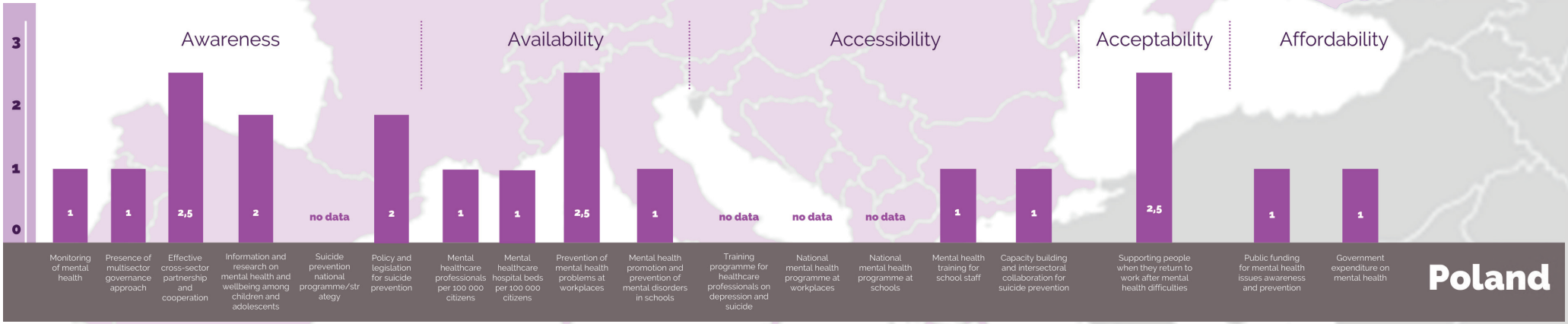
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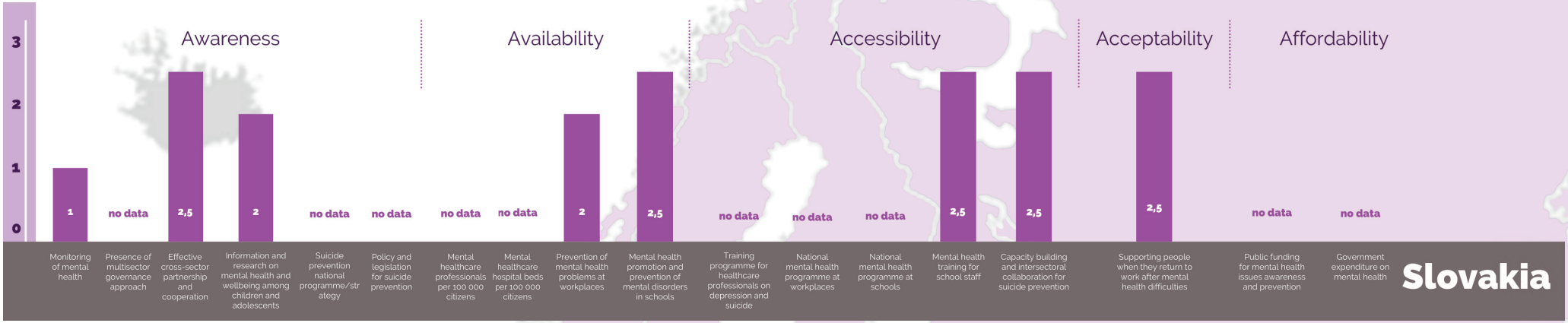
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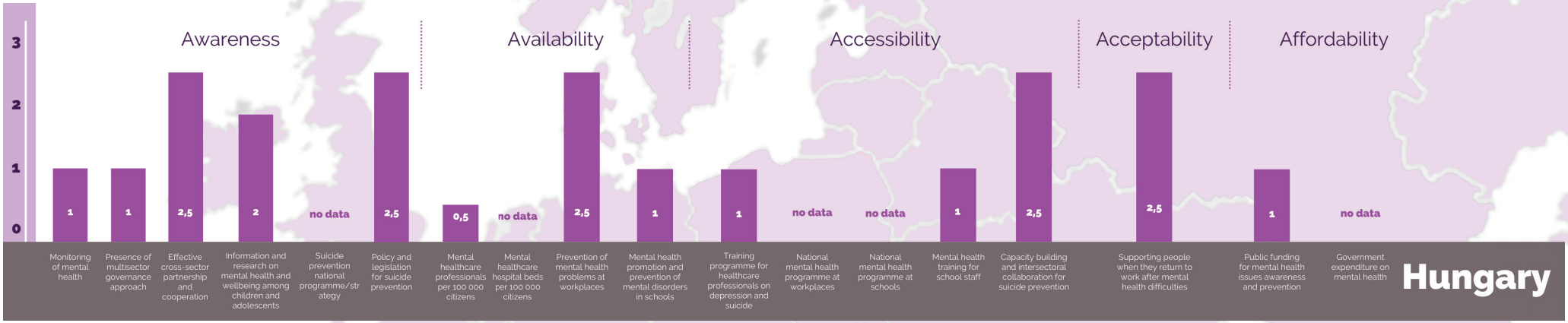
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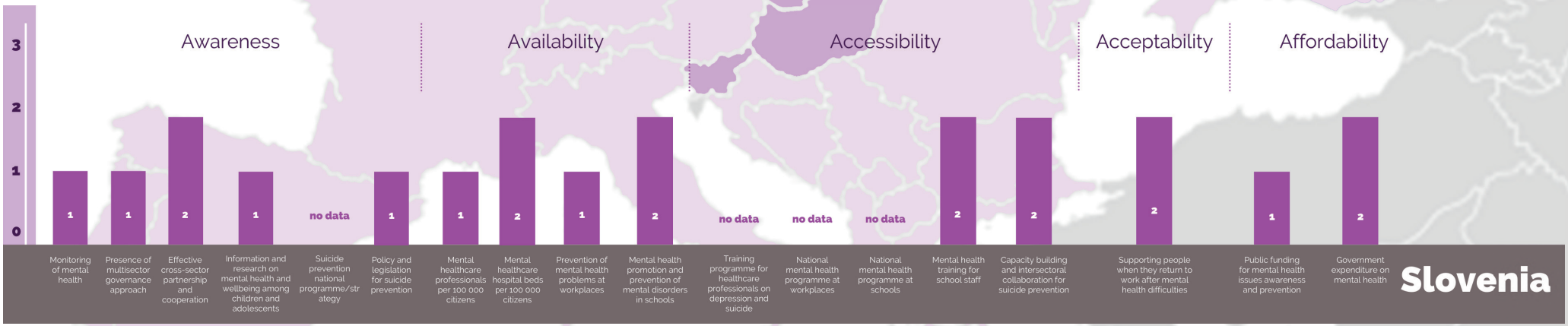
Hungary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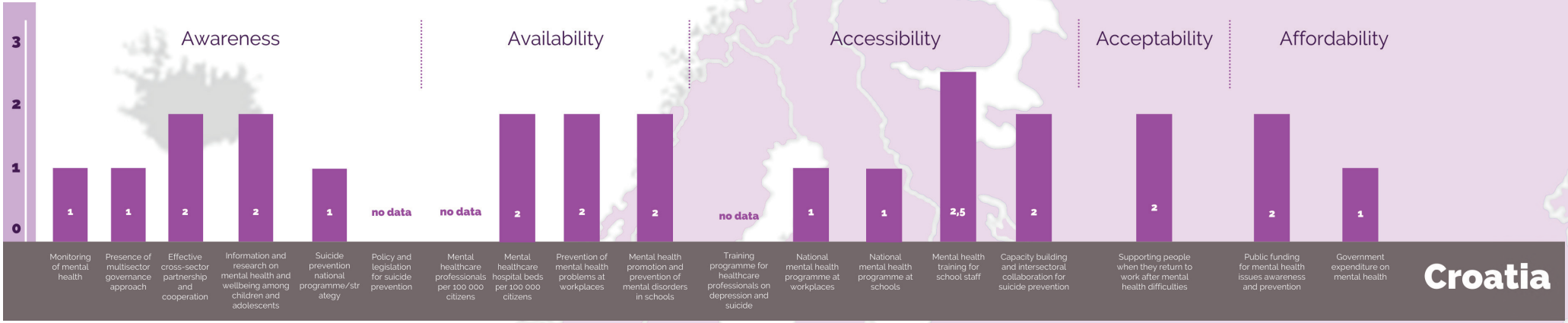
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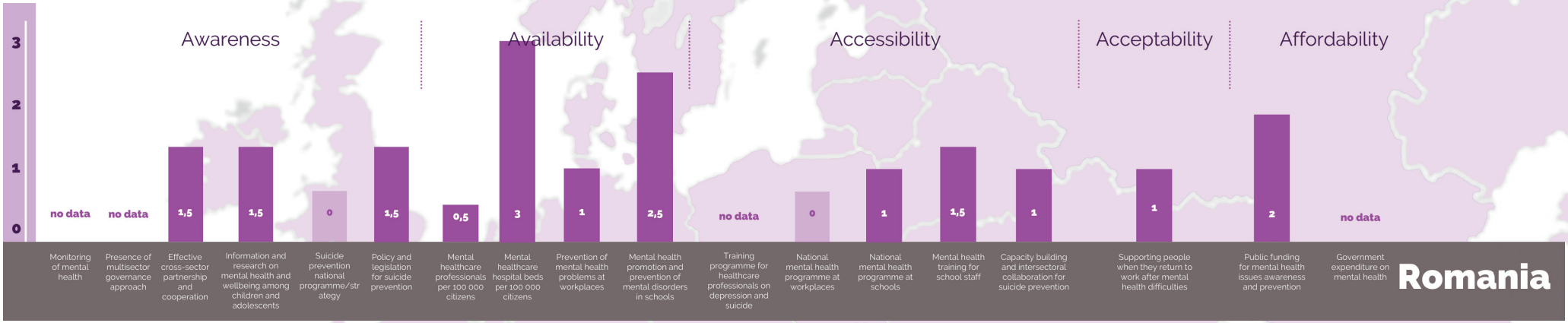
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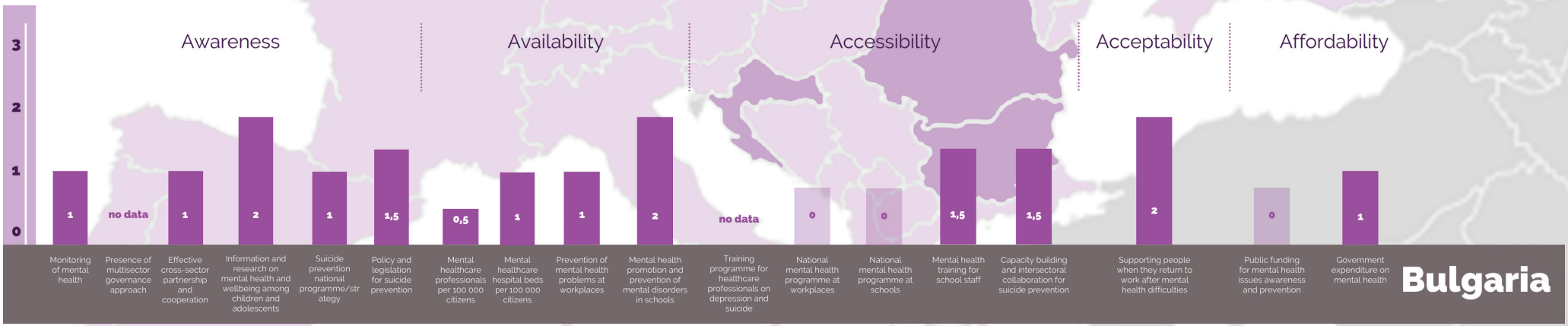
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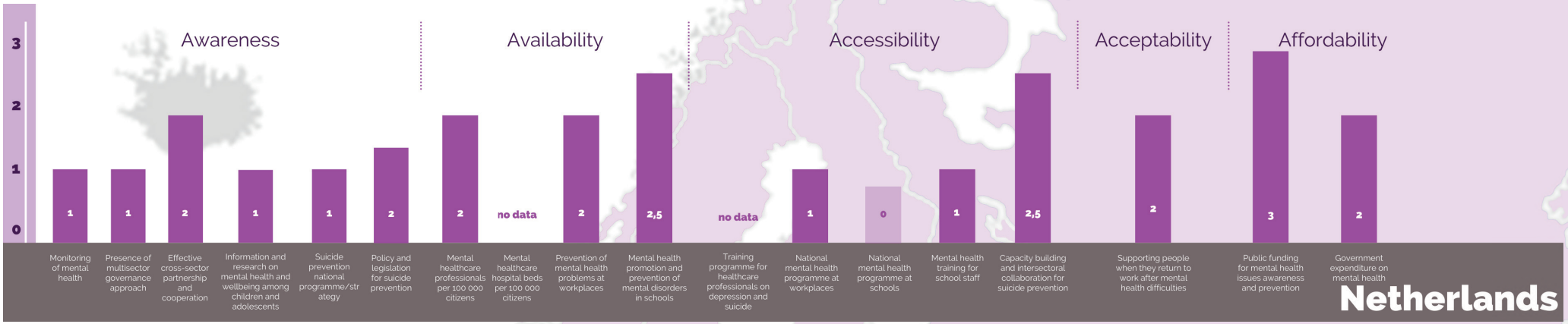
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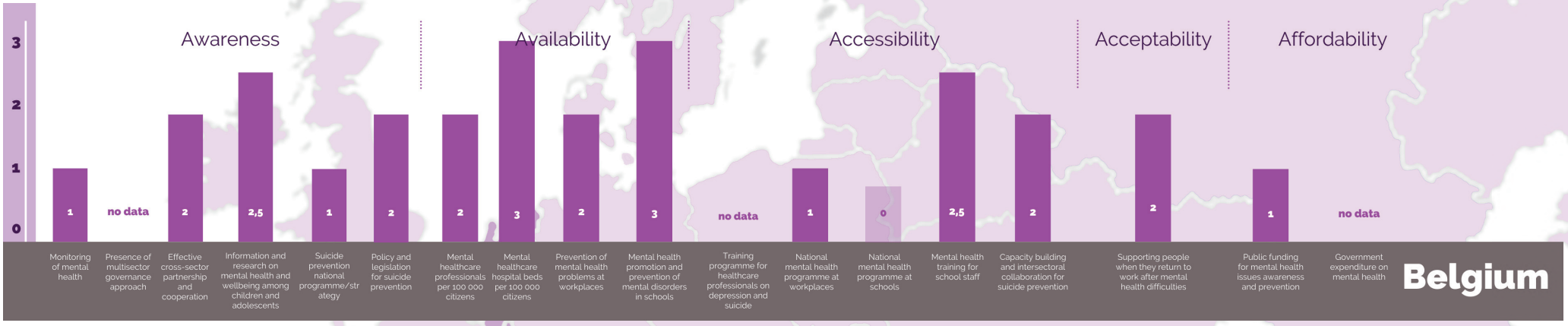
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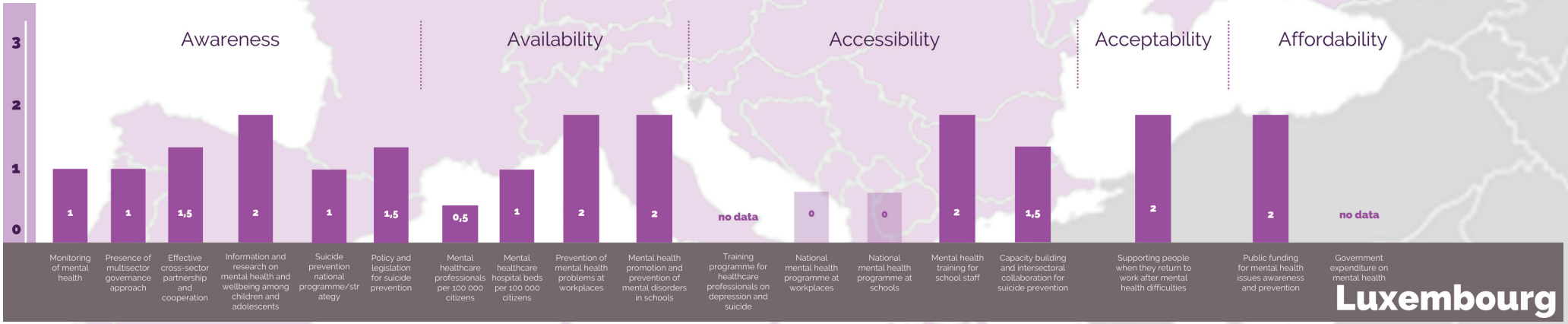
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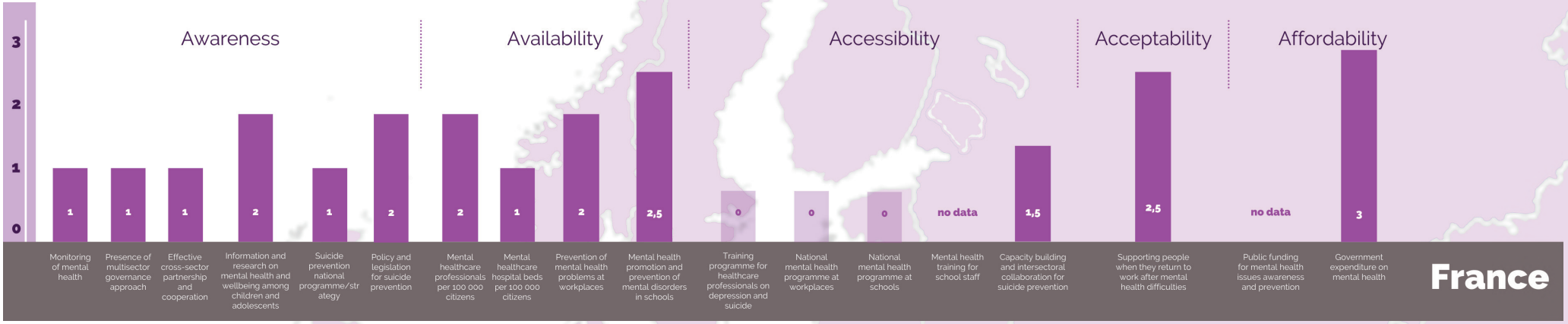
Luxembourg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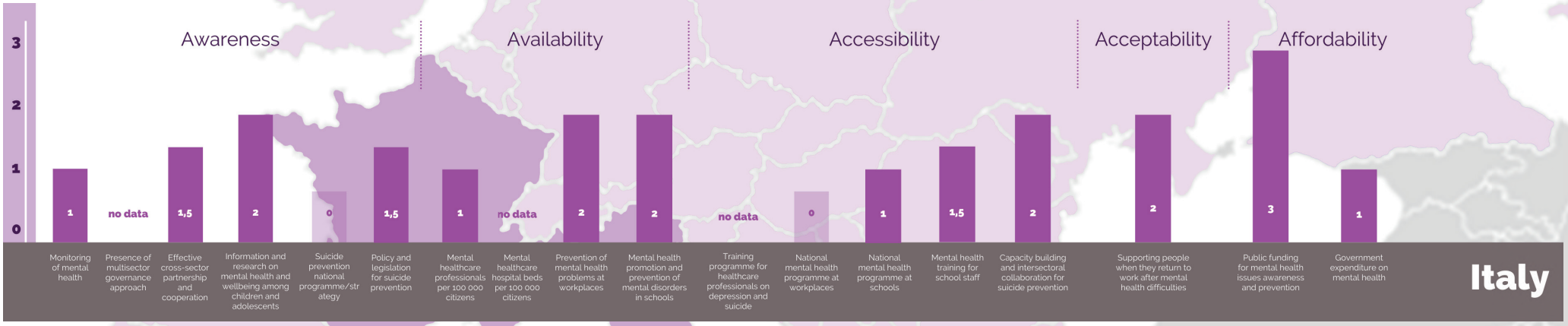
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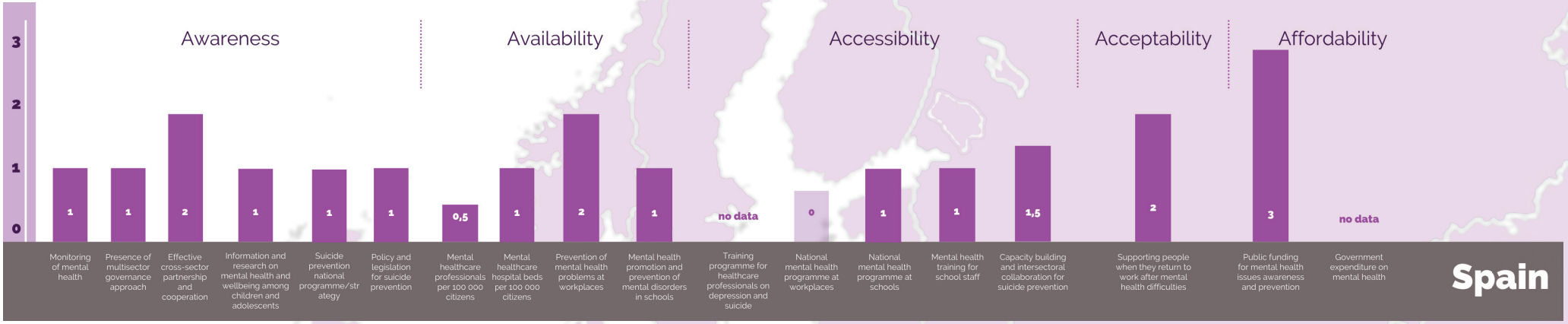
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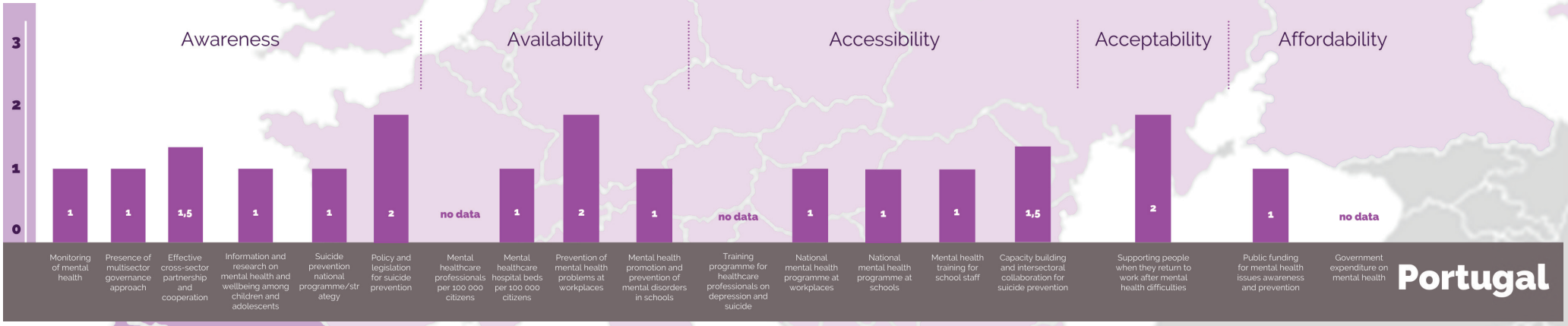
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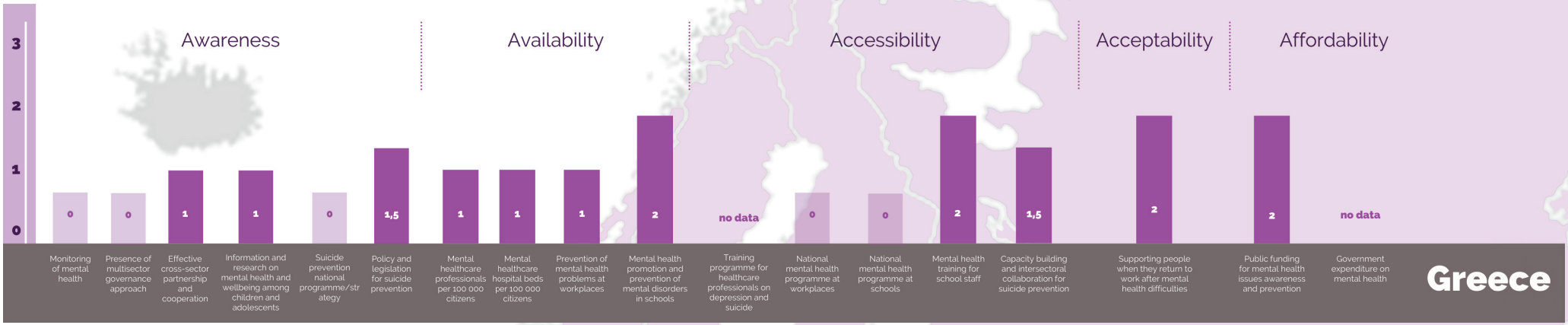
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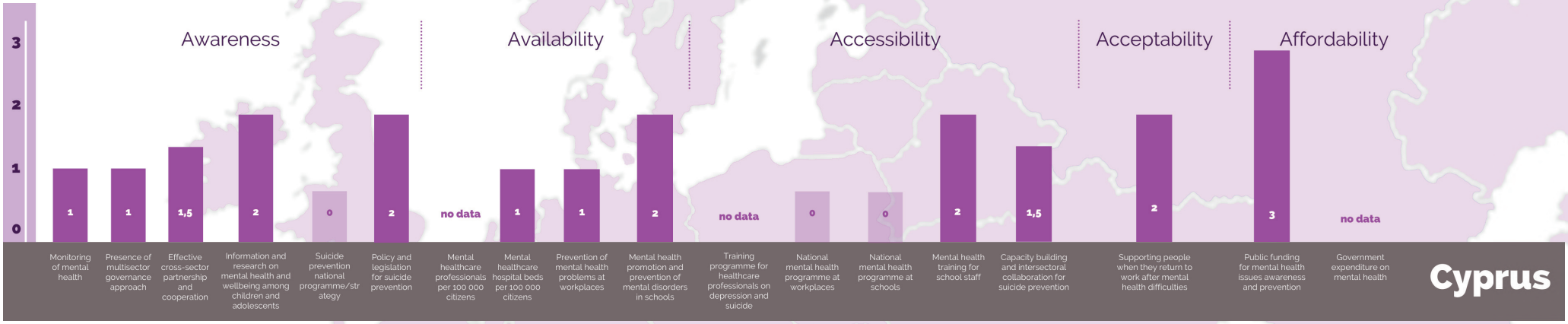
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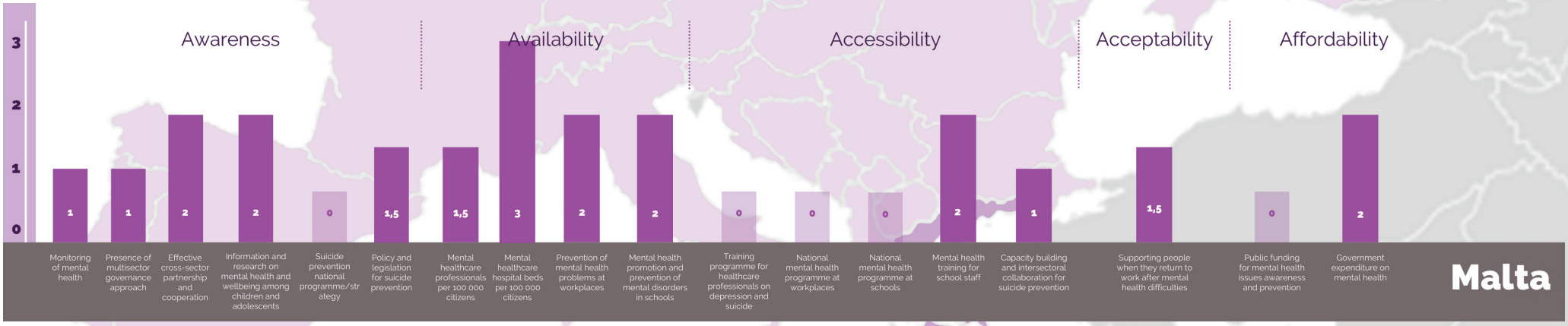
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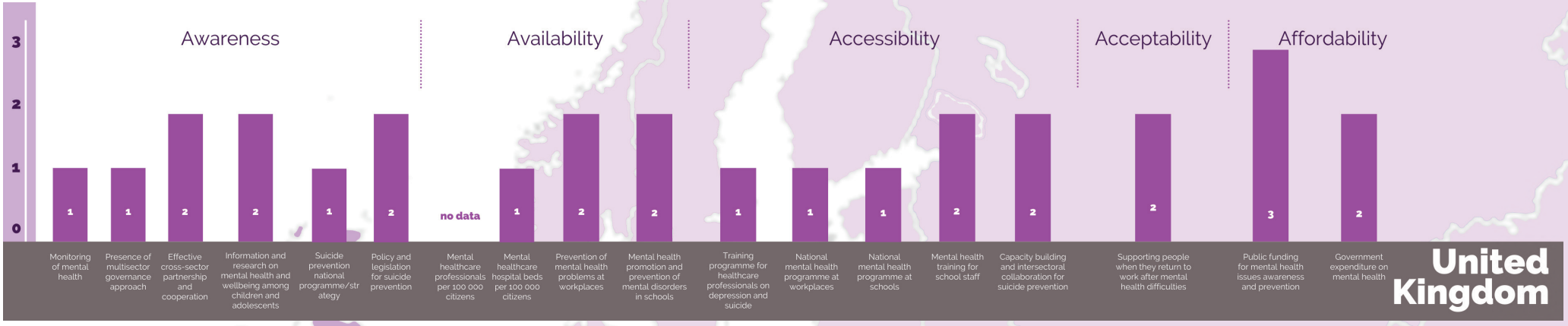
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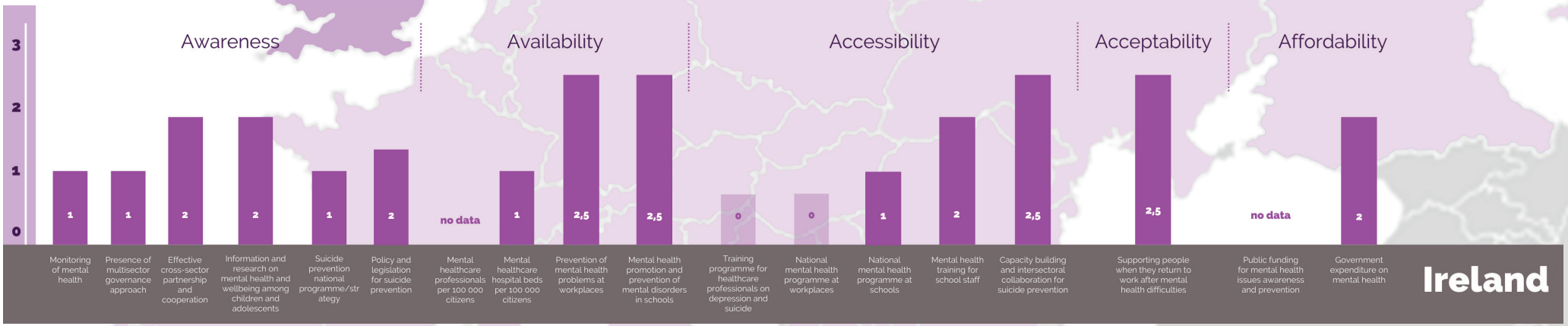
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# QUALITATIVE STUDY

The second part of this report is a two-part qualitative analysis which is conducted to collect insights and expertise from political leaders and policymakers across the EU. This qualitative study of the project is ongoing and will be completed by the end of 2020.

This qualitative study has been divided into two parts:

1. A general questionnaire to gain a broader understanding of policymakers and politicians' knowledge of mental healthcare awareness, availability, accessibility, acceptability and affordability

2. An in-depth open-ended survey to gather specific insights from healthcare experts and civil society organisations focusing on mental health to reveal the current state of mental healthcare and best practice solutions on the five aforementioned indicators.

## PART 1 - THE GENERAL QUESTIONNAIRE

### The audience

Women Political Leaders has access to a worldwide network of 14,650 women leaders in politics, business, academia and civil society.
Of these, approximately 4,500 members are located within the EU. To identify members for this survey, we applied the following filters to this group:

1. Female
2. A Member of Parliament in Europe or a Member of the European Parliament
3. Member is from an EU 27 Member State or the United Kingdom
4. The member has a contactable email address

The search including these filters produced a list of 363 campaign members, including participants from across regions (North, South, East, West and Central Europe) as well as Members of the European Parliament.

Their responses will help discern live political challenges and focus areas for policymakers within the EU.

### The questions

The aforementioned group has been invited to participate in a survey containing the following questions:

1. How important is it to build more awareness around mental health issues?
2. Should policymakers play a role in building awareness?
3. How important is it for those diagnosed with mental health issues to have quick and easy access to care?
4. Should policymakers make access to mental health care a priority within national healthcare systems?
5. How important is it that patients with mental health issues accept the need for help and treatment?
6. Should policymakers encourage a campaign of "acceptance" in an attempt to de-stigmatise mental health issues?
7. How important is affordable care for those diagnosed with mental health issues?
8. Should policymakers push to make mental healthcare free?
9. Has mental health become a more urgent healthcare issue since the COVID-19 crisis?

They were invited to respond to these questions, based on the following key:

1 - not at all important
2 - not very important
3 - quite important
4 - important
5 - extremely important

## PART 2 - THE IN-DEPTH SURVEY

The second part of the qualitative analysis consists of specific open-ended interview questions answered by a selected number of male and female policymakers with experience and expertise in healthcare as well as prominent civil society organisations.

### Group 1: Ministers, Deputy Ministers, Members of Parliament and Member of the European Parliament

The first group answering the in-depth survey includes Ministers of Health, Deputy Ministers of Health, Members of Parliamentary Health Committees, Members of the European Coalition for Mental Health and Well-Being, and Members of the European Parliament's Committee on the Environment, Public Health and Food Safety.

To identify the second group, the following filters were applied:

1. Member is from an EU 27 Member State or the United Kingdom
2. Member is a Minister of Health, Deputy Minister of Health, Member of a Parliamentary Health Committee, Member of the EU Coalition of Mental Health and Well-Being, Member of ENVI
3. The member has a contactable email address

To ensure a geographical balance, the EU 27+1 countries were divided into regions:

Central Europe: Austria, Croatia, Czech Republic, Slovenia
Eastern Europe: Hungary, Lithuania, Poland, Romania, Slovakia
Northern Europe: Denmark, Estonia, Finland, Ireland, Latvia, Sweden
Southern Europe: Cyprus, Bulgaria, Greece, Italy, Malta, Portugal, Spain
Western Europe: Belgium, France, Germany, Luxembourg, the Netherlands, United Kingdom

5-6 members were then identified for each region to include, where possible, a variety of the aforementioned occupations. This resulted in 6 members for Western Europe and Southern Europe respectively, as well as 5 members for Central, Eastern Europe, and Northern Europe, totalling 27 campaign members. All members that were selected to participate in the in-depth survey of Part 2 were subsequently removed from the Part 1 general questionnaire.

### Group 2: Civil Society Organisations

The second group answering the in-depth survey includes several civil society organisations which focus on mental health. These organisations were selected based on their location in order to ensure a geographical balance.

After a first phone contact to be in touch with a specific person within the organisation, in total, 17 civil society organisations were selected to participate in the in-depth

survey: 4 from Central Europe; 6 from Southern Europe; 2 from Western Europe, 2 from Eastern Europe and 2 from Northern Europe.

### The questions

As for the quantitative analysis, the questions were divided by focus areas: awareness, availability, accessibility, acceptability and affordability, as well as a category of general questions.

To gather a variety of insights, each category of questions was assigned to :

- One policymaker from group 1 from each region of Europe (Central, Eastern, Northern, Southern and Western Europe)
- One civil society organisation from group 2 from each region of Europe (Central, Eastern, Northern, Southern and Western Europe)

The individuals were invited to participate in a Google Forms Survey containing the following questions:

#### General

1. How do the health services of your country manage mental health?
2. How are general healthcare practitioners trained in your country to deal with mental health issues? If they are trained, what type of training do they receive?

#### Awareness

1. What are the most important elements for a successful national mental healthcare awareness programme?
2. How can a coordinated approach at the national level be achieved to ensure a successful mental health awareness programme that comprehensively educates citizens?

#### Availability | Accessibility

1. Is there sufficient access to mental healthcare for patients requiring help? What is your definition of “sufficient”?
2. What are the hurdles or barriers to access? (Please include bureaucratic hurdles as well as social or cultural hurdles like stigma and perceptions.)

### Acceptability

1. What role does the press play in your country in promoting or discouraging a discussion around mental health issues? How can they do more?
2. How do the health services in your country deal with societal perceptions, such as people with mental health issues not understanding, or wanting to admit, there is a problem?

### Affordability

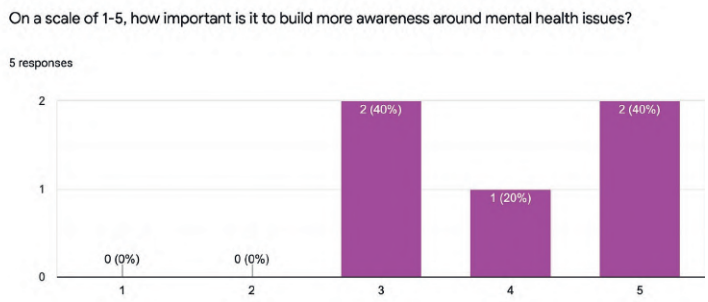
1. Is there sufficient government funding to ensure that mental health patients receive the required treatment? If not, where should additional funding be spent?
2. Is there sufficient government funding to identify mental health issues, even if citizens are not aware that they may require help and treatment. If not, where should additional funding be spent?

Note: Responses were limited to 250 words each.

## PRELIMINARY RESULTS OF THE QUALITATIVE STUDY

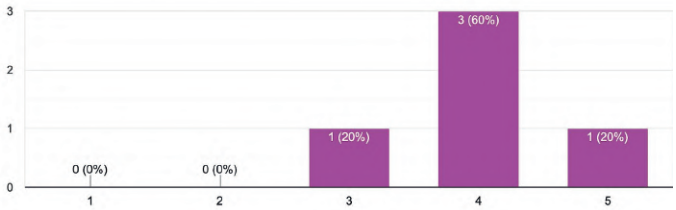
Note: For both types of surveys, these are preliminary results as answers are still being gathered.

### 1. Preliminary Results of the General Questionnaire



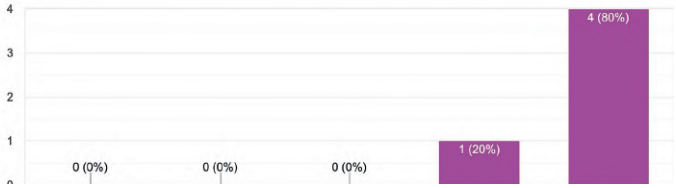
On a scale of 1-5, should policymakers play a role in building awareness?

5 responses



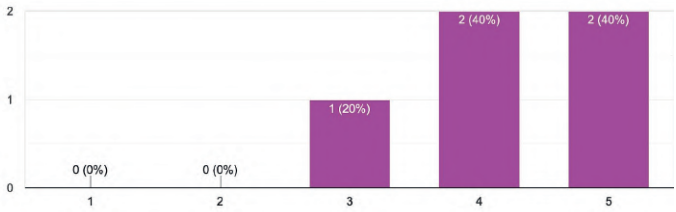

On a scale of 1-5, How important is it for those diagnosed with mental health issues to have quick and easy access to care?

5 responses



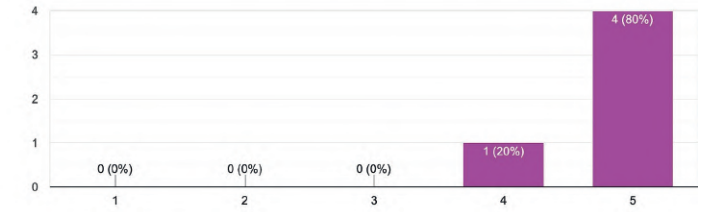

On a scale of 1-5, Should policymakers make access to mental health care a priority within national healthcare systems?

5 responses



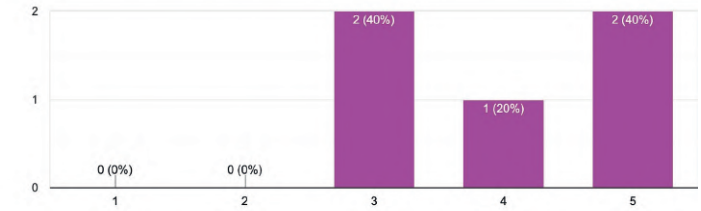
On a scale of 1-5, how important is it that patients with mental health issues accept the need for help and treatment?

5 responses



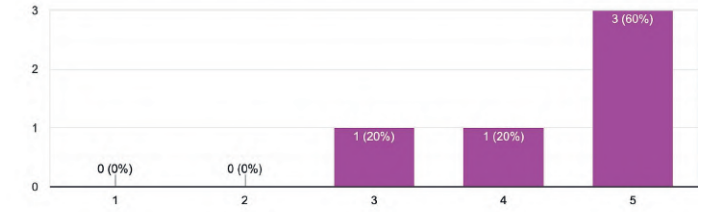

On a scale of 1-5, should policymakers encourage a campaign of "acceptance" in an attempt to de-stigmatise mental health issues?

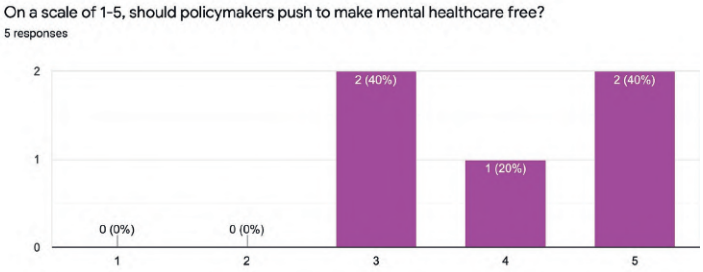
5 responses

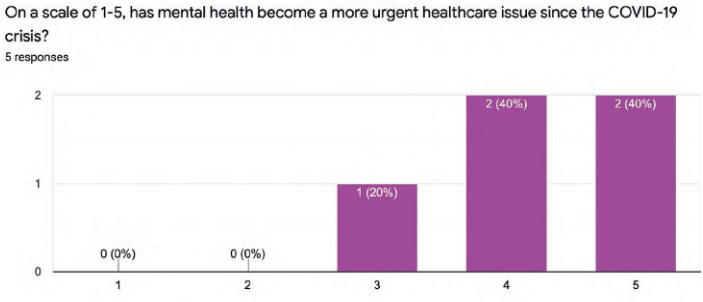



On a scale of 1-5, how important is affordable care for those diagnosed with mental health issues?

5 responses






## 2. Preliminary Results of the In-depth Survey

Up to October 30th 2020, five insightful answers for the in-depth surveys which pertain to the following categories were received:

- 1 answer for the "awareness" category
- 1 answer for the "acceptability" category
- 3 answers for the "affordability category

### Awareness:

For a successful national mental health awareness programme, the repondant believes that a "well thought out plan" working at both a "national and local level" is needed. The programme should include clear themes and points of actions including "destigmatisation", "encouraging to seek help", "information on how to seek support".

This respondent also puts forward the importance for governments to work with NGOs focusing on mental health. Indeed, "it is a way to get good information, feedback and they can spread your message".

To create a coordinated approach at the national level which ensures a successful mental health awareness programme which educates the whole population, the respondent claims that it is essential to keep in mind demographics and budget. To be successful, "using multiple channels of communication is important such as posters, TV and radio programmes, having celebrities endorse the programme etc.".

### Acceptability:

The extent to which the press can play a role in promoting/discouraging a discussion around mental health truly depends on "people's access to the internet". In some countries, such as Romania, "there used to be very poor to no press at all" which hinders its capacity to play a role in the mental health debate.

Moreover, some health systems still do not really tackle mental health. The respondent explained that he has witnessed a slight improvement in his country but that the mental health services in his country, Romania, "did not deal with mental health/illness related subjects at all".

### Affordability:

All three respondents agree that there is not sufficient government spending to ensure that mental health patients receive the required treatment. Two of them claim that there should be "assistance 24/7 e.g. a helpline" everywhere. Moreover, one respondent believes that "Extra funding should be spent on human resources, better staffing and more professionals employed" and that more emphasis should be placed on "support hostels, family therapy, individual therapy and education on mental health care starting in schools".

All three respondents agree that there should be a more efficient way to identify mental health issues. They claim that there should be "more awareness to lessen the stigma around mental health" and that the "Educational Systems and Employment Centers" should be at the forefront of this. Indeed, "the Education system is where students with mental health problems can be identified at an early stage" and at Employment Centers "people who are unable to keep a job can be offered assistance such as job coaching and mediation between employer and employee".

# CLOSING WORDS

*"Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life." (WHO 2018)*

The importance of protecting people's mental health is undeniable. This ongoing report is designed to gain an overview and understanding of the realities facing governments and citizens around mental healthcare in Europe. Subsequently, the final results of this research will provide politicians and policymakers with an authoritative benchmark, with the ultimate goal of facilitating better policy making around mental healthcare.

Based on publicly-available sources, the quantitative mapping presented a mapping of the current state of mental healthcare in Europe (EU27 + UK) on a national basis. This first part of the project revealed both areas for improvement and highlighted best practices.

The qualitative study forms the second part of this project and is conducted to collect insights and expertise from political leaders and policymakers across Europe. This section of the research is currently in progress and is based on two parts: a general questionnaire has been sent out to policymakers and politicians; an in-depth, open-ended survey has been sent out to healthcare experts and civil society organisations specialising in mental health.

## What's next?

The conversation is just beginning. The report will be announced at the Reykjavík Global Forum - Women Leaders 2020 on the occasion of the Panel "There Can Be No Health Without Mental Health".

Women Political Leaders is currently gathering further responses from the qualitative study which will be available during the first quarter of 2021 in an updated version of this e-report.

For more information, please write to: mail@wpleaders.org.

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