WPL
Women Political Leaders

TIME FOR A CHECK UP: THE STATE OF MENTAL HEALTHCARE IN EUROPE

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PREFACE

Recent months of unprecedented crisis have left no doubt: the state of wellness is firmly rooted in mental well-being. Mental health afflictions do not discriminate; women and men, rich and poor, young and old are all affected. The burden on families is huge – depression and anxiety disorders cost the global economy over US$1 trillion, a sum further worsened by the pandemic.

In November 2020, the annual Reykjavík Global Forum – Women Leaders gathered influential women leaders and underlined the urgent need to seriously reconsider approaches to mental health in light of the heavy toll the pandemic has taken on the mental health of millions of people.

Given this imperative, Women Political Leaders (WPL), with the support of Centene Corporation, a multi-national healthcare enterprise, undertook a project to provide both an overview and a deeper understanding of the current state of mental healthcare in Europe.

This Europe-wide survey of political leaders, policymakers, and healthcare professionals comprehensively illustrates the state of mental healthcare in 28 countries, bringing greater attention to the strengths and weaknesses currently at play. The report was created to offer insights and data useful to help formulate approaches for the improvement of health systems at the national level, as well as offering evidence to guide the shaping of future healthcare solutions.

Silvana Koch-Mehrin
President & Founder of Women Political Leaders

FOREWORD

I am proud to say that Women Political Leaders have once again chosen to delve into an important area of concern not only for women, but indeed for all humanity.

Mental Health is an intrinsic part of people's health, and it should be afforded the same political will and investment as physical health. This is essential for humanity to enjoy holistic health and wellbeing. People with mental health challenges, however, are still experiencing severe human rights violations, discrimination and stigma because of their condition.

The United Nations acknowledged the important role of mental health by including the promotion of mental health as one of the targets of the Sustainable Development Goals 2030.

In its vision to achieve the highest standard of mental health and well-being for all people, The World Health Organisation, stresses the relevance of enhancing mental health advocacy and policies, to ensure that the human rights of people with mental ill health are respected.

On the other hand, public attitudes remain prejudiced against this particularly vulnerable group, and political decisions mostly reflect similar attitudes.
The current COVID-19 pandemic has clearly highlighted that mental health is everyone's business. There is an urgent need to address mental health at all levels, from placing mental health on the agenda of policymakers, to empowering communities and individuals.

I must therefore commend Women Political Leaders in taking this timely initiative to carry out a study among political leaders on Mental Health in the European Union. I am proud to say that this is another achievement of Women Political Leaders in addressing these current issues which are so important for our families, our communities and our world.

I must also thank Centene for their invaluable support.

This report includes a series of recommendations which are aimed to be translated and adopted into national mental health policies by politicians and policymakers alike.
In this context I urge the European Commission to ensure that mental health is prioritised on an EU level as well as on a national level in all EU Member States.

Today more than ever, I call upon all stakeholders across the European Union, including policymakers, to put Mental Health at the forefront of their agenda in order to safeguard the holistic wellbeing of our societies.

There is no health without mental health.

Marie-Louise Coleiro Preca
President of Eurochild; President of Malta (2014-2019), Member of WPL Board, Member of the Council of Women World Leaders

TACKLING MENTAL HEALTHCARE IN EUROPE

"Over 450 million people around the globe suffer from the consequences of mental health problems and this number will likely grow even further due to the effect of the COVID-19 pandemic. We - legislators - have to work very closely together with every stakeholder, with civil societies, so that we can formulate the best possible laws to help those who are in need.
That's why I am so honoured to be in the Advisory Panel and I am very determined to bring this knowledge forward and incorporate it into European legislation."

Katalina Cseh
Member of the European Parliament

"At Centene, we believe that mental health and wellness are foundational to whole health, especially for the vulnerable populations we serve. We are pleased to be partnering with Women Political Leaders to share important learnings about access to mental health services and to support positive policy recommendations for communities across Europe."

Michael Neidorff
Chairman, President and CEO, Centene Corporation

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EXECUTIVE SUMMARY

In the interest of supporting the creation of a more responsive and resilient mental healthcare system, Women Political Leaders (WPL), with the support of healthcare company Centene, set out to provide policymakers and healthcare leaders with up-to-date data concerning mental healthcare in Europe. The project and resulting report focused on five areas of mental healthcare key to ensuring a comprehensive overview: Awareness, Availability, Accessibility, Acceptability, and Affordability.

The research revealed that the COVID-19 pandemic has been heavily impacting mental healthcare. Results stressed the need for funding directed towards the expansion of available and affordable services; specialised training for medical staff as well as the development of educational programmes in schools. Moreover, focusing on mental health care within policymaking was emphasised as essential to de-stigmatise mental health disorders - a crucial determinant to create a resilient and inclusive healthcare system. A joint effort by governmental institutions and NGOs, at both national and local levels, was designated as imperative to create such a system.

Additionally, as indicated by the World Health Organisation, the private sector is a key component to include in any collaboration in this area (WHO 2018a). This is also an underlying message resulting from this work .

The core of the report was centered around a qualitative overview of insights from politicians, policymakers, and civil society organisations based on two types of questionnaire. On the one hand, through a closed-ended questionnaire, policymakers and politicians gave their opinion concerning the current status and challenges of mental healthcare in terms of Awareness, Availability, Accessibility, Acceptability, and Affordability. On the other hand, through an open-ended questionnaire, healthcare experts and civil society organisations focusing on mental health were able to reflect upon the current state of mental healthcare as well as best-practice solutions related to the five aforementioned indicators.

This qualitative overview was complemented by a quantitative mapping of the current state of mental healthcare in the 27 EU Member States and the UK which was published on November 4, 2020, during the Reykjavík Global Forum – Women Leaders. That mapping, based on the same five key areas of mental healthcare, can be found in the Annex of this report.

By clearly and comprehensively presenting the current state of, challenges to, and best-practice solutions for mental healthcare in Europe, the project seeked to offer evidence useful to policymakers in the shaping of future healthcare solutions.

ADVISORY PANEL

A multi-stakeholder advisory panel was created to guide the project, verify the information gathered, and oversee any conclusions. This group includes a range of public and private sector stakeholders with proven experience in the mental health sector, including politicians, academics, and clinicians.

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

Dr. Brett Hart

Chief Behavioral Health Officer, Centene Corporation

PROJECT OVERVIEW

"The COVID-19 pandemic has disrupted or halted critical mental health services in 93% of countries worldwide, while the demand for mental health is increasing" (WHO, 2020). Indeed, the pandemic has triggered "bereavement, isolation, loss of income and fear," impacting people not only physically but also mentally (ibid.).

"Good mental health is absolutely fundamental to overall health and well-being," according to Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO (ibid.). In light of the importance of mental healthcare and the uncertainties faced by the sector, Women Political Leaders has designed a report aimed at gaining both an overview and deeper understanding of the realities confronting governments and citizens around mental healthcare in Europe. This report provides politicians and policymakers with a benchmark, collecting information and data which may support policy-making in the area of mental healthcare. Centered around a qualitative overview of topical insights from politicians, policymakers, and civil society organisations, the report is complemented by a quantitative mapping of the current state of mental healthcare in 28 European countries.

On November 4, 2020, the first part of this report was published on the occasion of the Reykjavík Global Forum – Women Leaders. That publication described the project and presented the outcome of the quantitative mapping for the 27 EU Member States and the UK, illustrating data drawn from publicly available resources. The quantitative mapping can be found in the Annex of this report.

This final report presents the core of the research: the qualitative analysis of a Europe-wide survey of political leaders and policymakers, as well as in-depth questionnaires issued to healthcare-centered policymakers and political leaders to provide concrete insights intended to support any future policy-making activity surrounding mental healthcare.

Both the qualitative analysis and its quantitative complement focus on five indicators – each referring to a key area – to provide a thorough overview of the state of mental healthcare in Europe.

These indicators are Awareness, Availability, Accessibility, Acceptability, and Affordability. For the purposes of this report, they are 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 measures that must be undertaken to prevent the onset of mental health issues, as well as the care required to treat patients with mental health conditions.

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

Accessibility – The practical accessibility of assistance services. This evaluates the ease with which EU citizens can access mental health assistance and support services available in their countries. It takes into consideration both cultural and social barriers.

Acceptability – The level of acceptance in a given country of mental health as a "real" healthcare issue. This takes into consideration the stigma attached to mental health, particularly how it is introduced and portrayed in national media.

Affordability – The financial dimension of treatment. This measures how the costs (direct and indirect) borne by potential mental health service users can affect their willingness to access such services.

QUALITATIVE INSIGHTS

When the World Health Organization (WHO) surveyed countries regarding the status of their healthcare services during the first wave of the pandemic, almost "40% of participating European countries reported [that] they had stopped three out of four health services" (Bernardo, Álvarez Del Vayo, and Carmen Torrecillas 2020). This important number is even more worrying, knowing that mental healthcare has been particularly impacted by disruptions, even as the need for mental healthcare has increased, and that the sector was already facing shortages (WHO, 2020).

As such, in order to assess the state of, the challenges to, and the best-practice solutions for mental healthcare in Europe, this report is centered around a qualitative overview of insights and expertise from political leaders and policymakers across the EU.

The qualitative study consisted of two parts based on two different survey processes.

1. A closed-ended questionnaire, to gain a broader understanding of the opinions of policymakers and politicians on the current status of mental healthcare in terms of Awareness, Availability, Accessibility, Acceptability, and Affordability.

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

Mental healthcare in Europe: the experience of policymakers

The responses to the closed-ended questionnaire helped to discern immediate political challenges and to focus areas of address for policymakers within Europe.

The audience

Women Political Leaders relies on the support of a worldwide network of 14,650 women leaders in politics, business, academia, and civil society. For the purpose of this questionnaire, 362 recipients within this network were selected based on their being

female members of Parliaments within Europe (EU27 or the UK) or female members of the European Parliament.

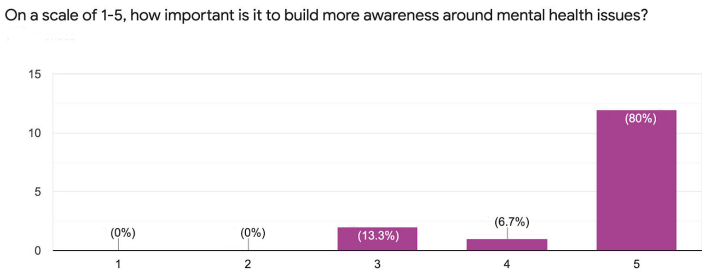
The questions

The aforementioned group was invited to participate in a written survey containing the following questions:

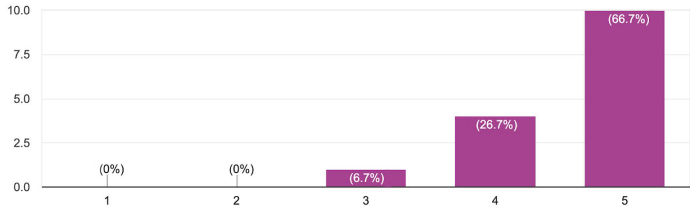
1. How important is it to build more awareness around mental health issues?
2. Should policymakers play a role in building awareness?
3. How important is it for those diagnosed with mental health issues to have quick and easy access to care?
4. Should policymakers make access to mental health care a 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?

Questionnaire recipients were invited to respond to the above questions on a scale ranging from 1 to 5, with 1 being "not at all important" and 5 "extremely important".

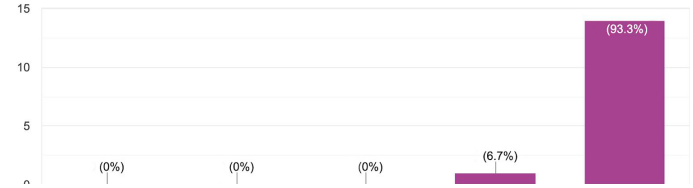
How do policymakers perceive challenges in mental healthcare? A graphic representation



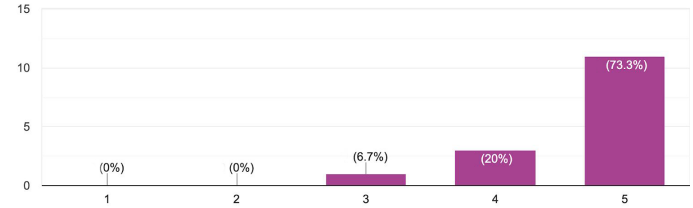
On a scale of 1-5, should policymakers play a role in building awareness?



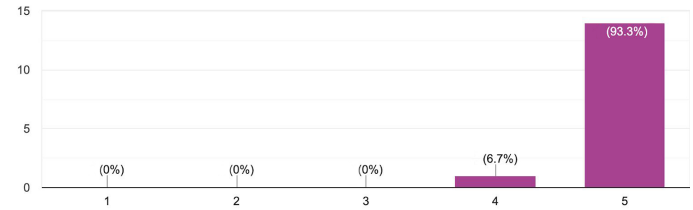
On a scale of 1-5, How important is it for those diagnosed with mental health issues to have quick and easy access to care?



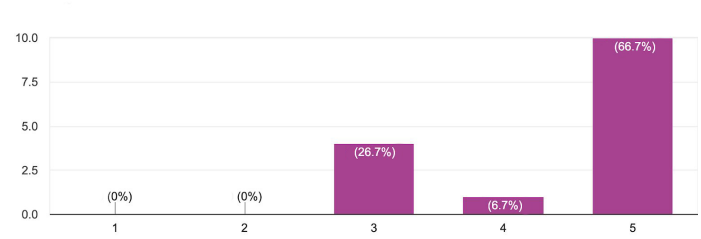
On a scale of 1-5, Should policymakers make access to mental health care a priority within national healthcare systems?



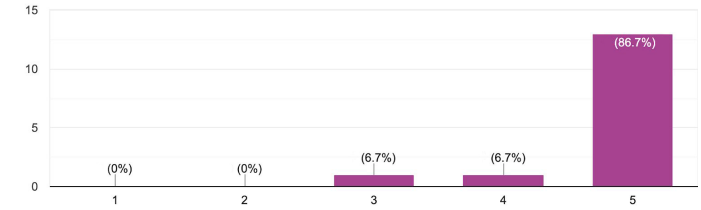
On a scale of 1-5, how important is it that patients with mental health issues accept the need for help and treatment?



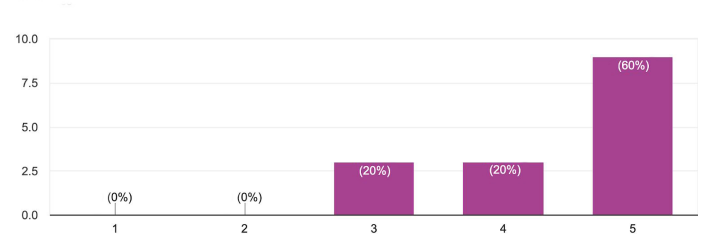
On a scale of 1-5, should policymakers encourage a campaign of “acceptance” in an attempt to de-stigmatise mental health issues?

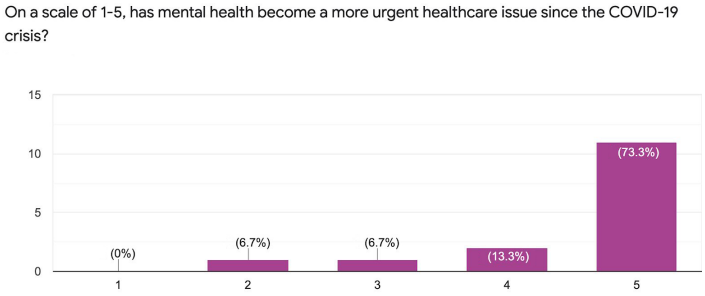


On a scale of 1-5, how important is affordable care for those diagnosed with mental health issues?



On a scale of 1-5, should policymakers push to make mental healthcare free?





Mental healthcare in Europe: in the words of healthcare experts

The second part of this qualitative overview consisted of specific open-ended questions answered by a select number of male and female policymakers with experience and expertise in healthcare, as well as prominent civil society organisations focusing on mental healthcare.

The audience

Group 1: Healthcare-focused policymakers

The first group answering the in-depth survey included 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 (within WPL's network).

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, the United Kingdom

In order to include, where possible, a variety of the aforementioned occupations, 5 to 6 members were identified for each region. This resulted in 6 members each for Western and Southern Europe, and 5 members each for Central, Eastern, and Northern Europe, for a total of 27 campaign members.

Group 2: Mental healthcare-focused civil society organisations

The second group answering the open-ended questionnaire included several civil society organisations that focus on mental health. These organisations were selected based on their location, to ensure a geographical balance.

Ultimately, 17 civil society organisations were selected to participate in the in-depth survey: 2 from Western Europe, 2 from Eastern Europe, 2 from Northern Europe, 5 from Central Europe, and 6 from Southern Europe.

The audience

The questions were divided by focus areas: Awareness, Availability, Accessibility, Acceptability, and Affordability.

In order to gather a variety of insights, each category of questions was assigned to one policymaker and one civil society organisation representing each region of Europe. Individuals were invited to participate anonymously in a survey containing the following questions, with responses limited to 250 words each:

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?

Responses and insights

Awareness

For a successful national mental health awareness programme, a comprehensive approach is essential. Responses gathered suggest that a structured and streamlined organisation of awareness programmes should include two strands of activities: medical activities (from tracing and screening to coordinated medical services) and informative activities. Key to success is a good nationwide strategy for information and communication, including information on how to support your loved ones with mental health issues, as well as encouragement for people to seek help early. Such a strategy will contribute to the general de-stigmatisation of mental health problems.

To be as effective as possible, these programmes need to be coordinated both "at the national and the local level", as well as include cooperation with civil society organisations focusing on mental health. Indeed, "cooperation is a way to get good information and feedback, and to spread awareness".

To create a coordinated approach at the national level which ensures a successful mental health awareness programme and educates the whole population, it is essential to keep demographics and budgeting in mind. "Using multiple channels of communication – such as posters, TV and radio programmes – is important." Also significant are celebrity endorsements of these communication materials, either offline or online, employing social media platforms like YouTube or TikTok, depending on the target population.

Acceptability

The press is crucial in promoting and encouraging discussions surrounding mental health issues. Responses reflecting on the role of the press focused on the importance of featuring mental health-focused NGOs. However, answers also mentioned that NGOs often "do not appear on TV or radio, but are rather present on social media channels" that are not always accessible to all, especially in countries with lower computer-literacy rates.

"Hope for a better future" is at the core of the responses concerning how countries deal with changing the perception of mental health issues and patients in mental healthcare services. Indeed, some governments have long failed to engage themselves in changing the often negative perceptions by society around mental health issues and patients in mental healthcare services.

Affordability

When asked about the challenges concerning affordability of mental healthcare in Europe, responses highlighted that the state of art is not adequate. "Funding of mental health care is definitely not on par with general healthcare, and patients are not receiving the treatment they deserve."

According to the insights collected, the gravity of the mismatch between the need for implementing affordable mental healthcare in Europe and the current state has emerged even more clearly during the COVID-19 outbreak, during which "many services have been closed or reduced in order to offer support for contact tracing."

According to the responses collected, funding should be devoted towards implementing three areas:

1. **Specialised staff training:** "Extra funding should be spent on human resources, better staffing, and more professional persons employed. Continuous professional development of all staff should be implemented." Over time, respondents reported that the shortage of specialised personnel and structures provoked situations where mentally ill patients would be inserted into hospital units struggling with a lack of qualified personnel able to acknowledge their disorders and provide the appropriate support.

2. **Services available:** Additional funding should provide "assistance on a 24/7 basis, as is done in general healthcare," to ensure that mental healthcare be as

inclusive as possible. In practice, according to the suggestions made, this would mean investing in community mental health services, such as support hostels, and implementing remote assistance services, such as helplines.

3. **Education:** Additional funding should be devoted to ensuring that mental health disorders be addressed at the earliest stages of life, fostering the overall de-stigmatisation of mental healthcare disorders from a very early age. Specifically, according to the insights provided, this would translate into extra funding for individual therapy, as well as family therapy.

Availability / Accessibility

Concerning the accessibility of mental health services, gathered responses highlighted the lack of opportunities for people in need to access these vital services. Indeed, "many people in need of specific assistance are cared for in the primary health network, due to the collapse of the health system, and are faced with long waiting lists to access mental health resources." Moreover, in some countries, "mental health is not endowed with the necessary financial budgets, and only a few of those who need care can access it with a minimum frequency."

Note on the private sector

Respondents have stressed the importance of collaboration between governmental institutions and civil society to create resilient and responsive mental healthcare systems. Bibliographic research emphasises the private sector as another important sector to consider and include in this transformation. Indeed, the 2030 Agenda for Sustainable Development with its Sustainable Development Goals calls for cooperation "between government, civil society, businesses and others to achieve these goals" (WHO 2018a). For the health sector, "this translates into an urgent need to build the capacity of all countries to better manage the private sector and mixed health systems to ensure that all providers, public and private, effectively contribute to a country's goals for universal health coverage" (ibid.). Concerning mental healthcare specifically, this includes "defining the respective roles of the public and private sectors in financing and provision of services" (WHO 2001). It also encompasses "identifying policy instruments and organizational arrangements required in the public and private sectors to meet mental health objectives" (ibid.).

CONCLUSIONS

"WHO urged countries to allocate resources to mental health as an integral component of their response and recovery plans" (UN News 2020)

As revealed by the insights collected, the COVID-19 pandemic has not only disrupted primary and urgent healthcare, but it has also heavily impacted specialised healthcare by further deepening the already existing gap between the resources invested in mental healthcare and general healthcare. This in turn has further overburdened persons affected by mental health disorders and their loved ones, unable to receive specialised support.

Specialised personnel and care have been redirected towards tracing and assisting COVID patients, limiting the availability of assistance for patients with mental healthcare disorders. In the words of our respondents, this underlines the need for funding specifically directed at three areas: expansion of available ad-hoc affordable services, specialised training for medical staff, and development of educational programmes for pupils in schools.

Respondents acknowledged an overall lack of funding directed at specialised healthcare, notably mental healthcare. Further investment in training and education would, on the one hand, improve the quality of medical services available by making it possible to diagnose and acknowledge mental health disorders at an early stage of life, and to address them appropriately. On the other hand, it would also contribute to the overall de-stigmatisation of mental health disorders by educating the population on their striking presence in our societies.

Awareness and acceptability of mental health disorders are crucial determinants of the creation of a resilient and inclusive healthcare system. To foster the construction of such a system, the underlying element bringing everything together should indeed be de-stigmatisation. In the considerations of our experienced respondents, this is something that can only occur through a joint effort by governmental institutions and NGOs, at both national and local levels. According to the informative picture that emerges, NGOs appear to be an appropriate ally in promoting informative and

educational communication strategies that make use of institutional and official channels, as well as less-structured, more-approachable means of communication such as social media.

Moreover, bibliographic research reveals the importance of considering and including the private sector to create resilient and inclusive healthcare systems through defining its role, setting "policy instruments" and determining "organizational arrangements" (WHO 2001).

This qualitative research has aimed to shed light on consistently underrated facets of this crucial component of healthcare by reflecting on the thoughts of experts. Together with its complementary quantitative mapping, this report, with the patronage of Centene Corporation, ultimately provides a valuable and comprehensive overview of the current state of play of mental healthcare in Europe, in hopes of supporting better policy-making in the field to create a more responsive and inclusive mental healthcare system.

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ANNEX

This Annex contains a quantitative mapping of the current state of mental healthcare in Europe (EU27 + UK) on a national basis. The aim of this quantitative mapping was to support and complement the qualitative research conducted by clearly and comprehensively presenting the state of mental healthcare for each country, underscoring both areas for improvement and highlighting best practices currently in place. As such, it provides meaningful input and subsequently ensures that key findings – complemented by factual data – can be used by policymakers to shape future healthcare solutions.

Methodology of Quantitative Mapping

This mapping has been consolidated by analysing five indicators (Awareness, Availability, Accessibility, Acceptability, and Affordability), mirroring the structure of the qualitative analysis.

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, points system, and sources used.

The questions, parameters, and points system

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 fewer than eight questions could be answered were excluded from the mapping.

The 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 were extracted from them. (See bibliography for further details.)

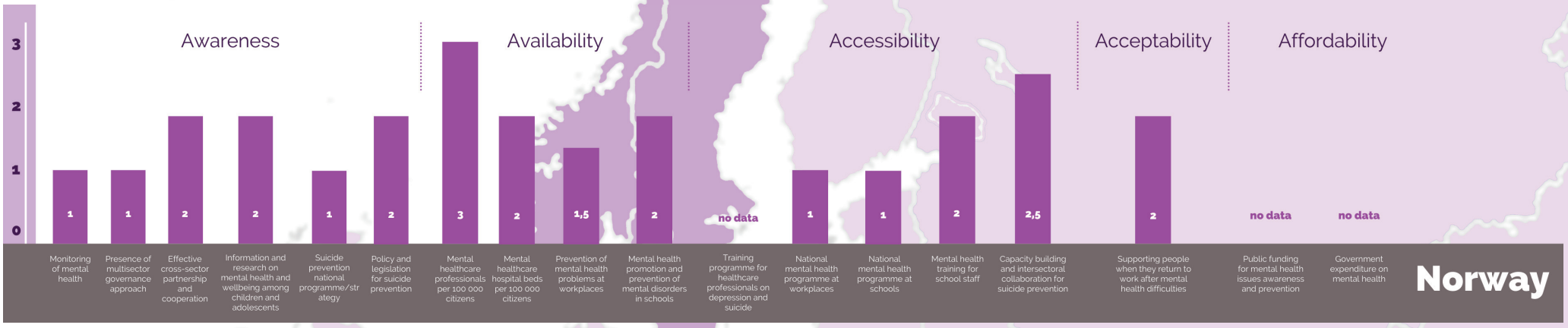
For most countries, the questions were answered and thresholds were established in the international reports and subsequently transcribed in the mapping. However, the countries for which the international reports did not include adequate information (such as France, Malta, and Ireland), the thresholds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

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

THE QUANTITATIVE MAPPING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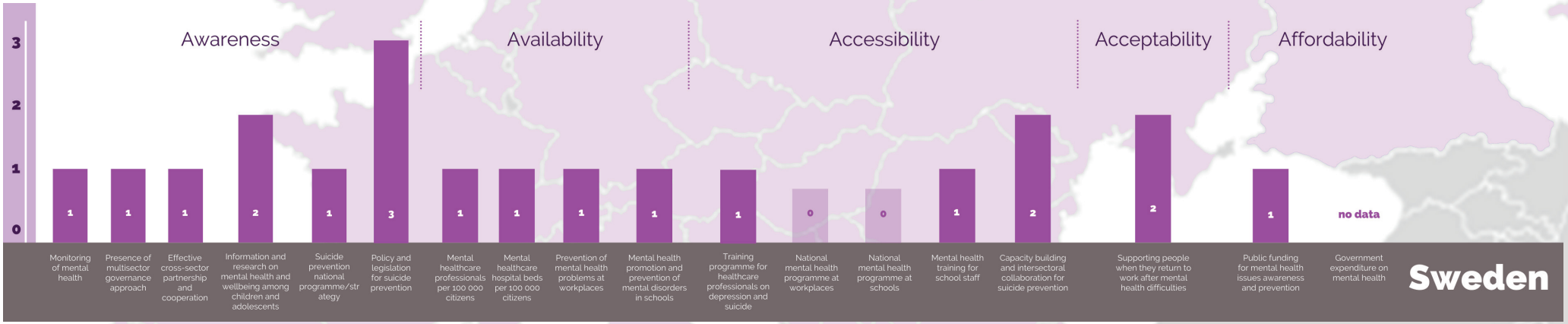
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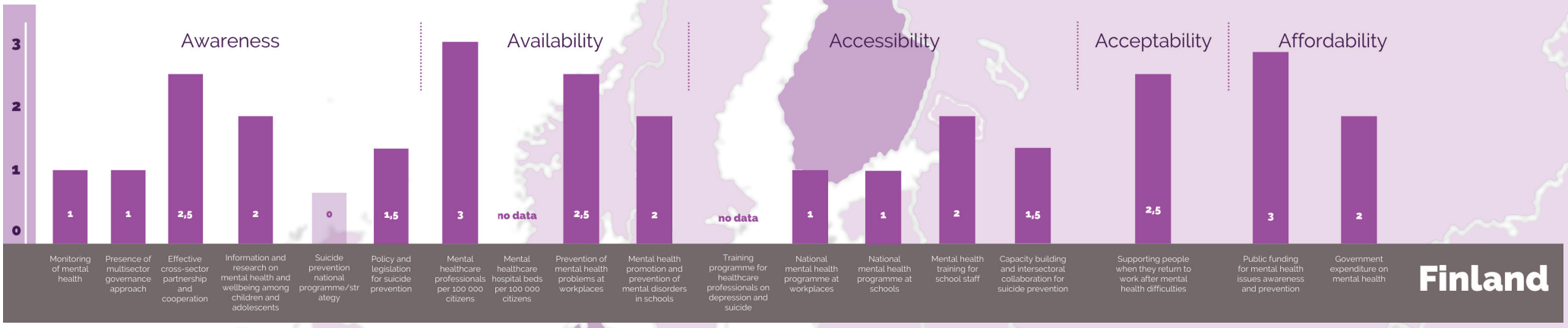
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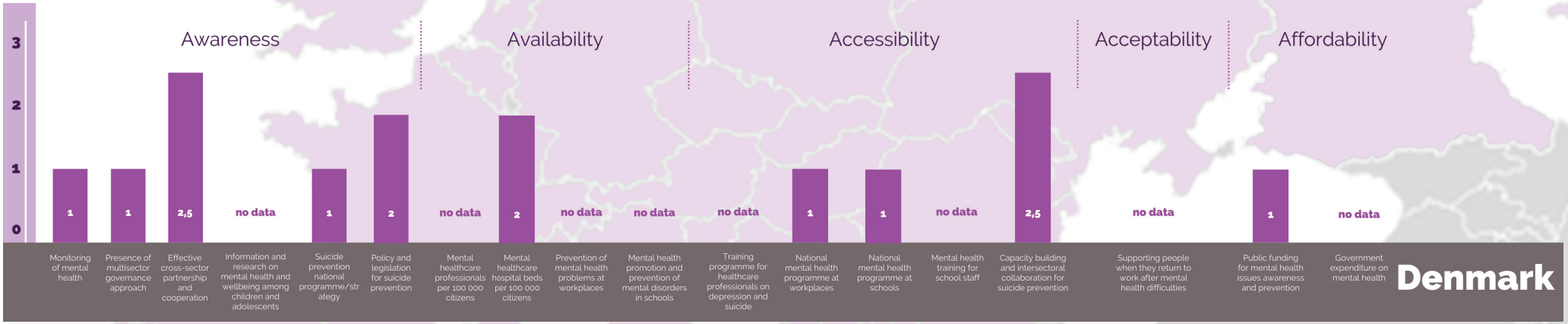
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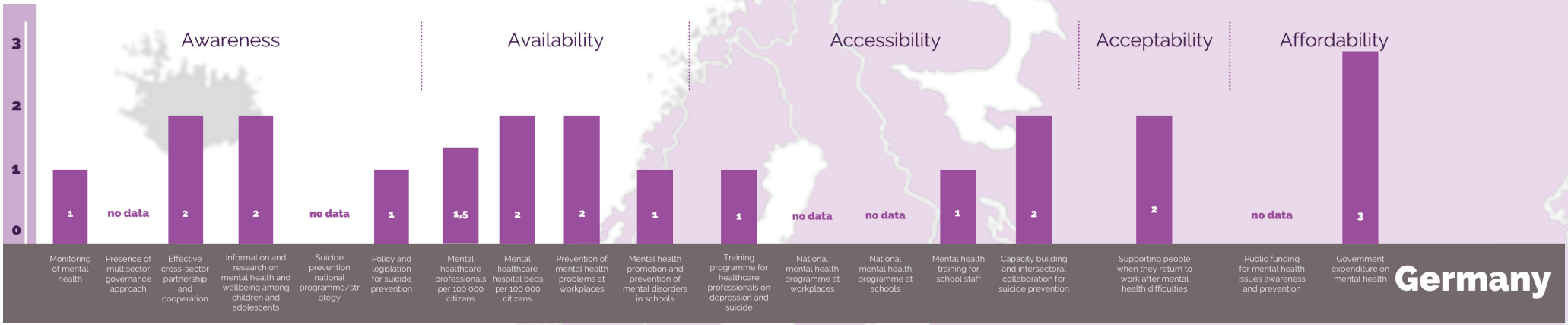
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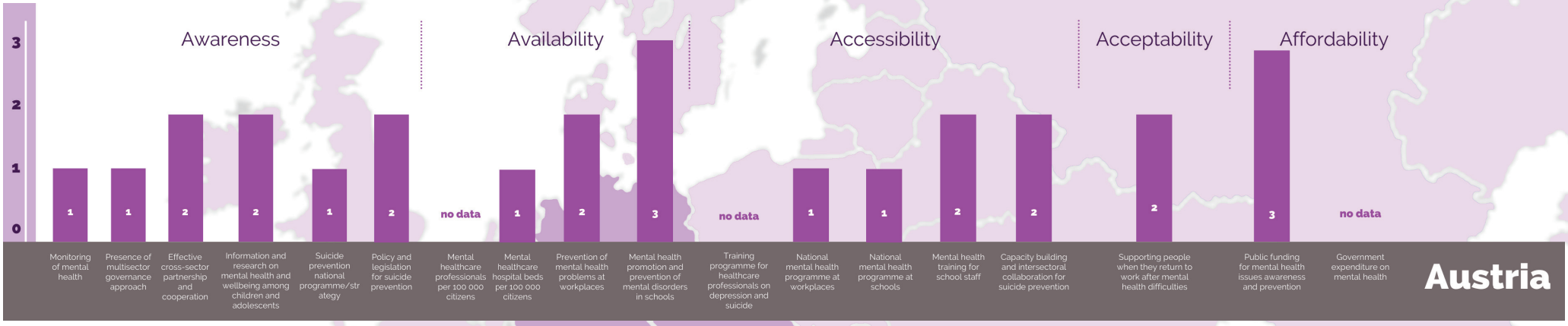
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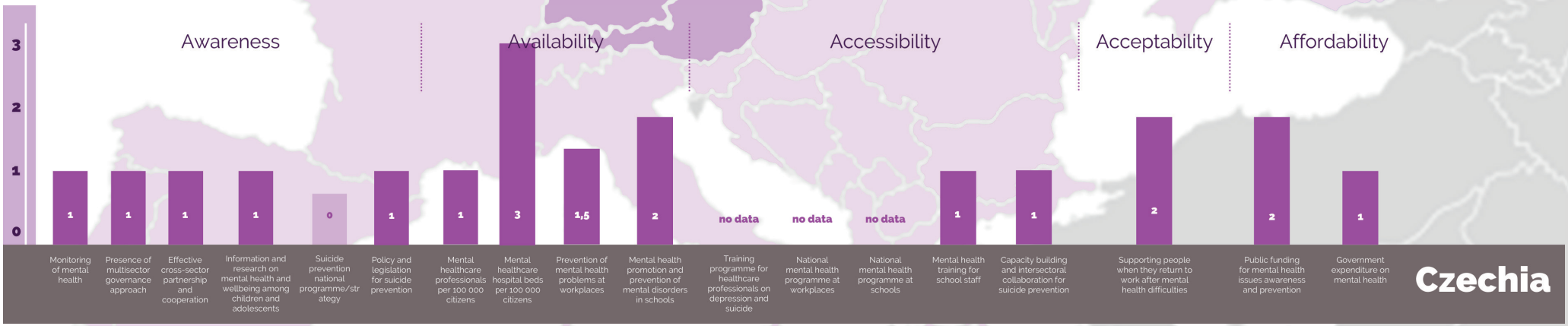
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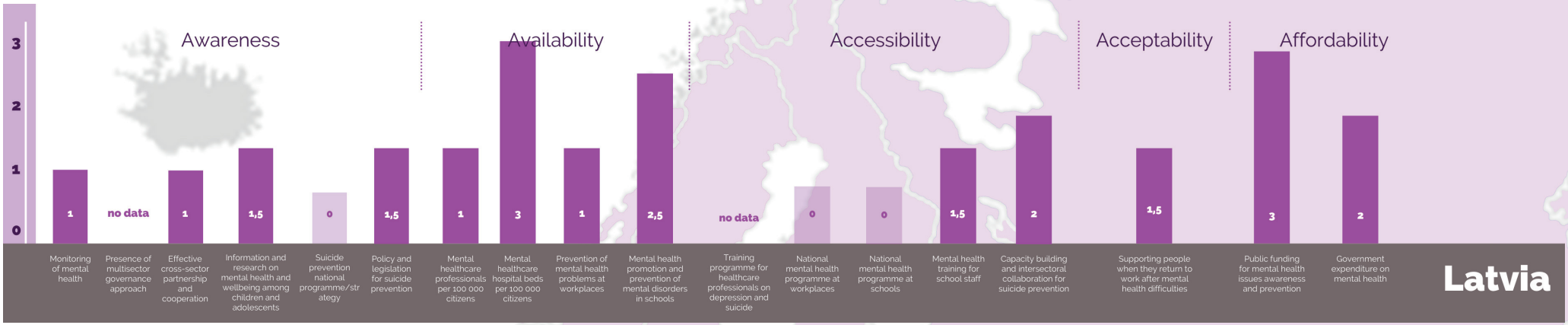
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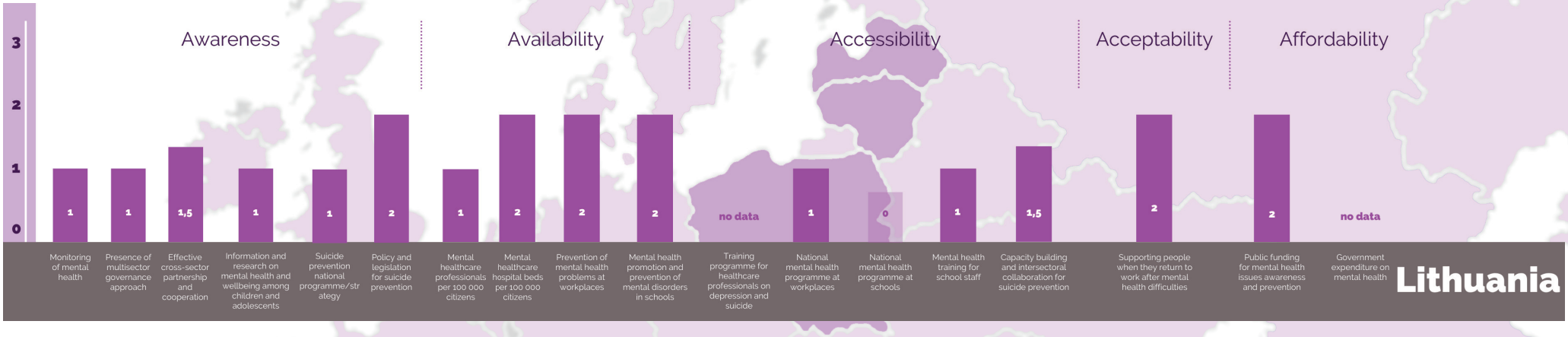
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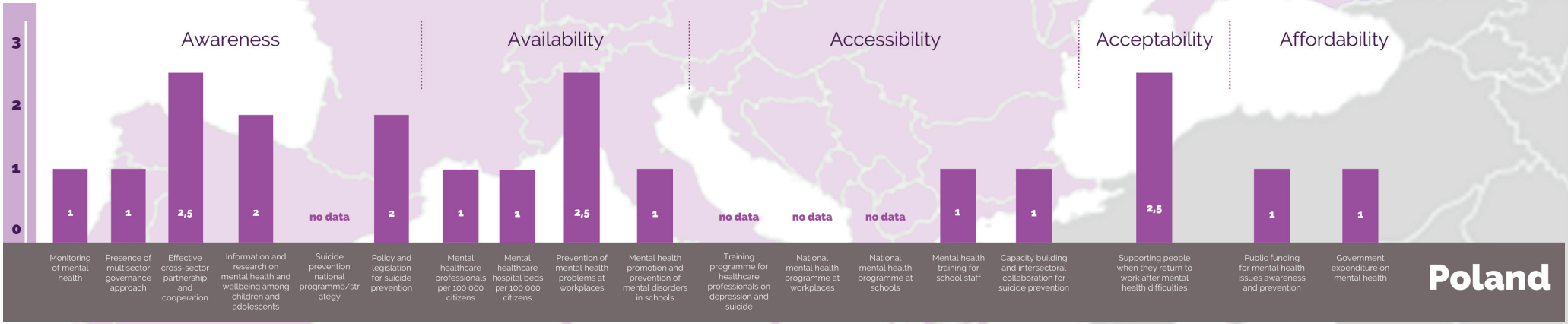
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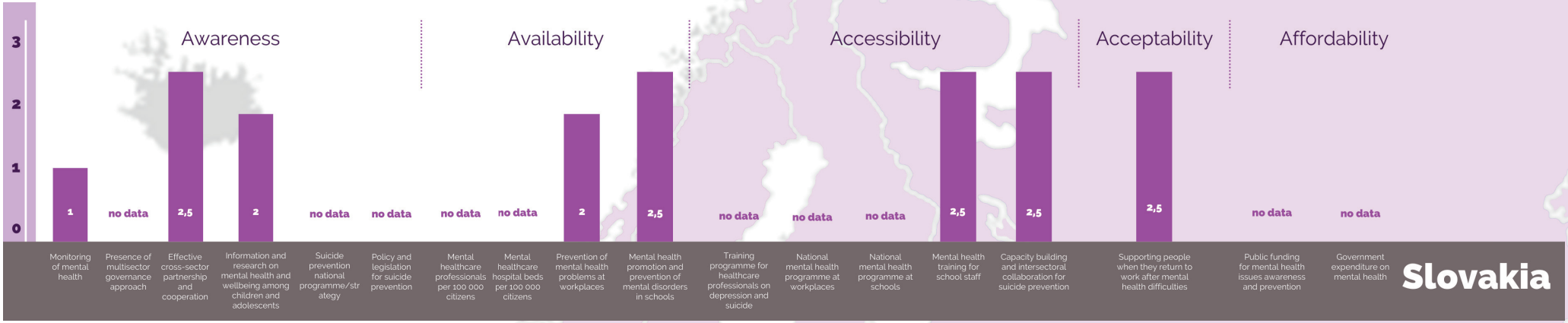
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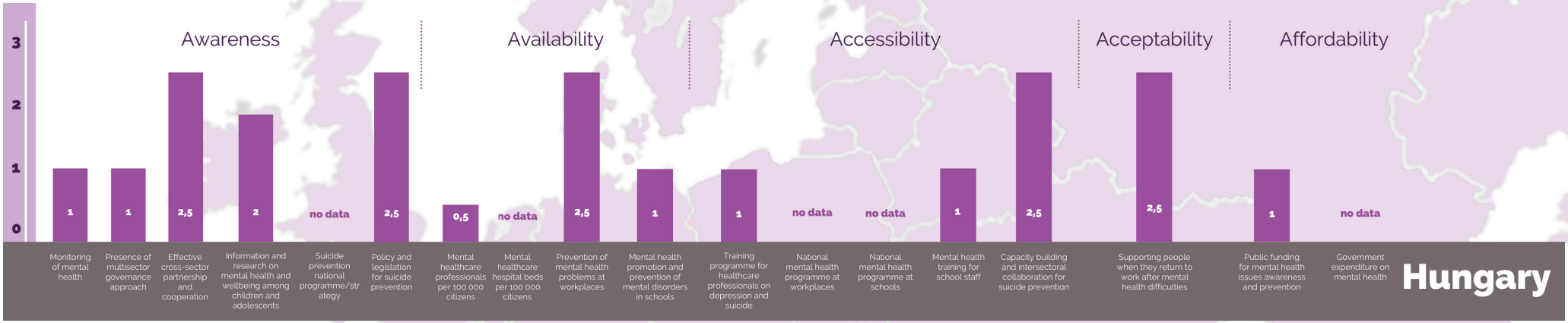
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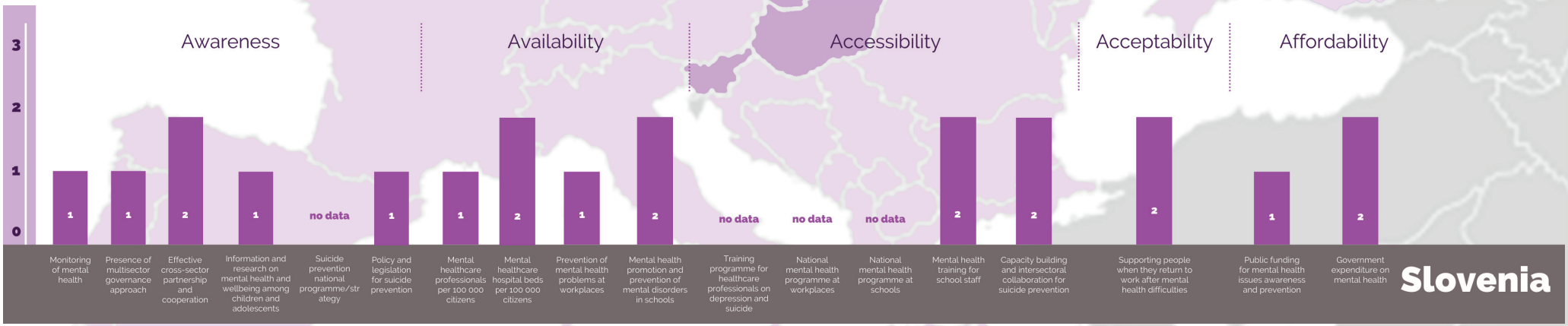
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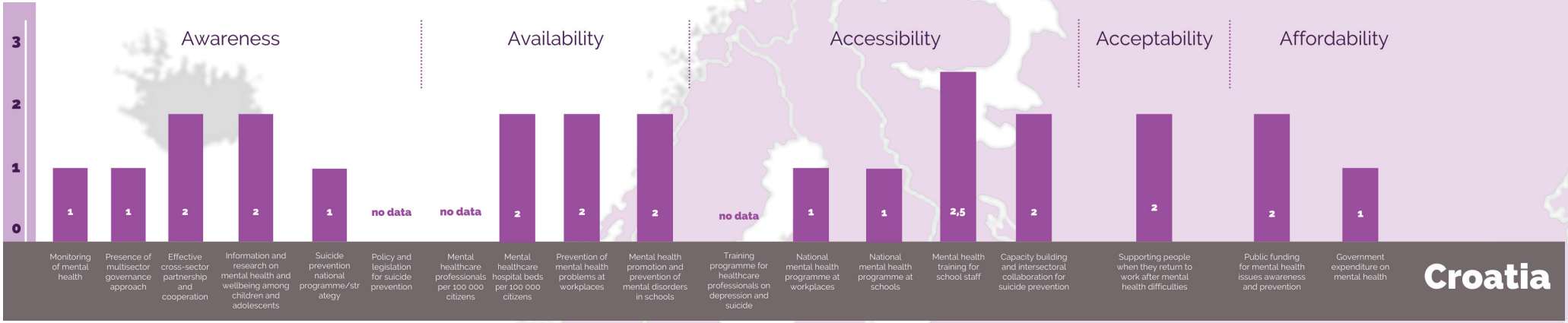
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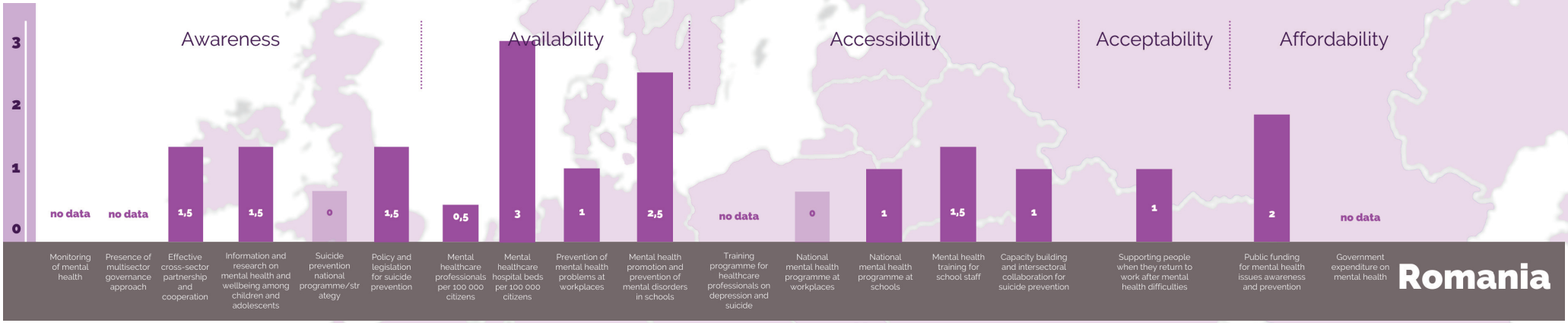
Government expenditure on mental health
Croatia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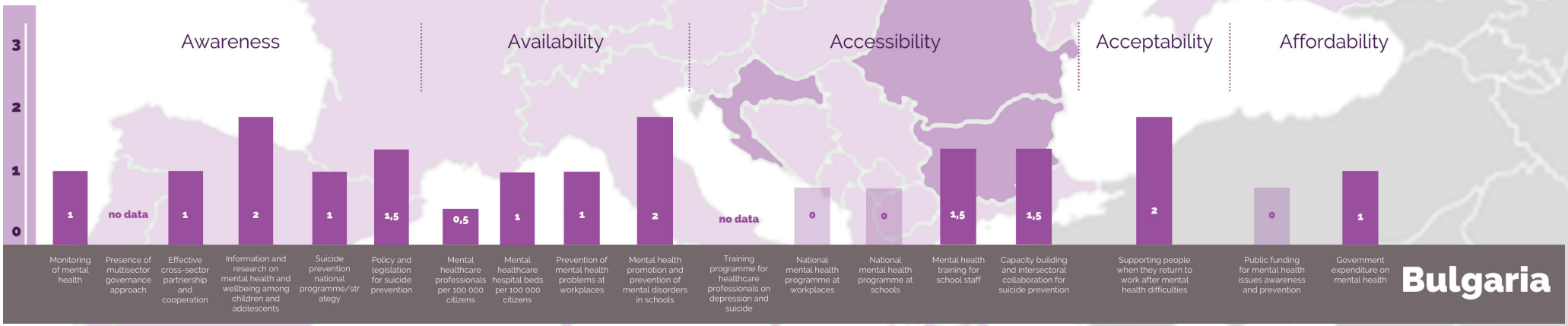
Romania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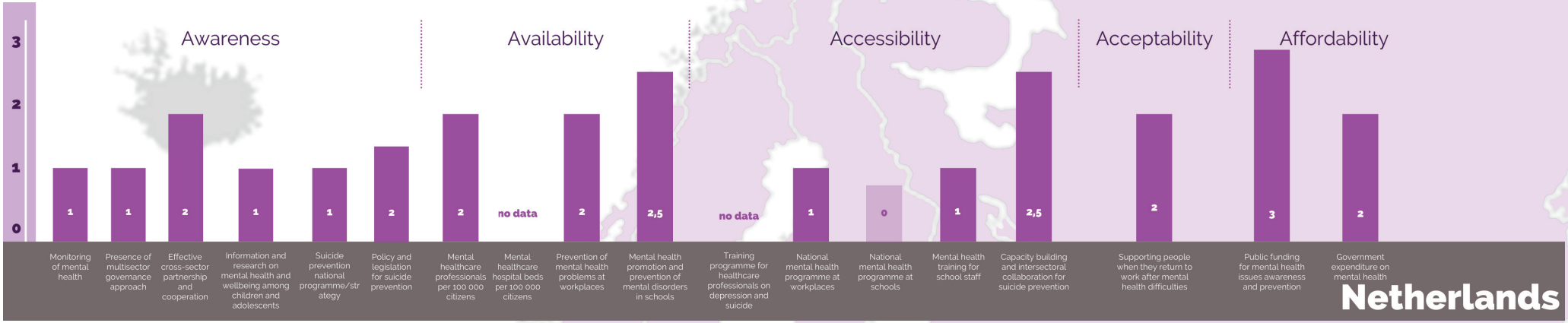
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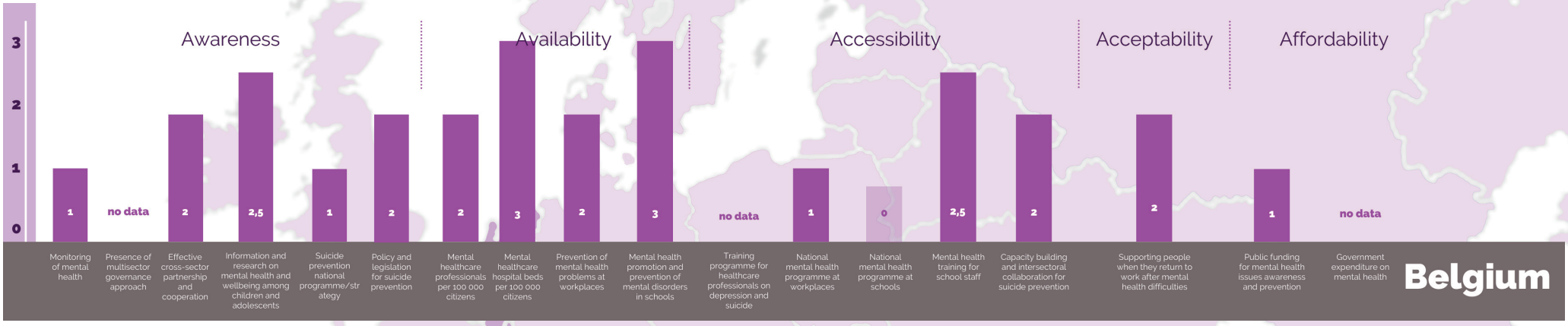
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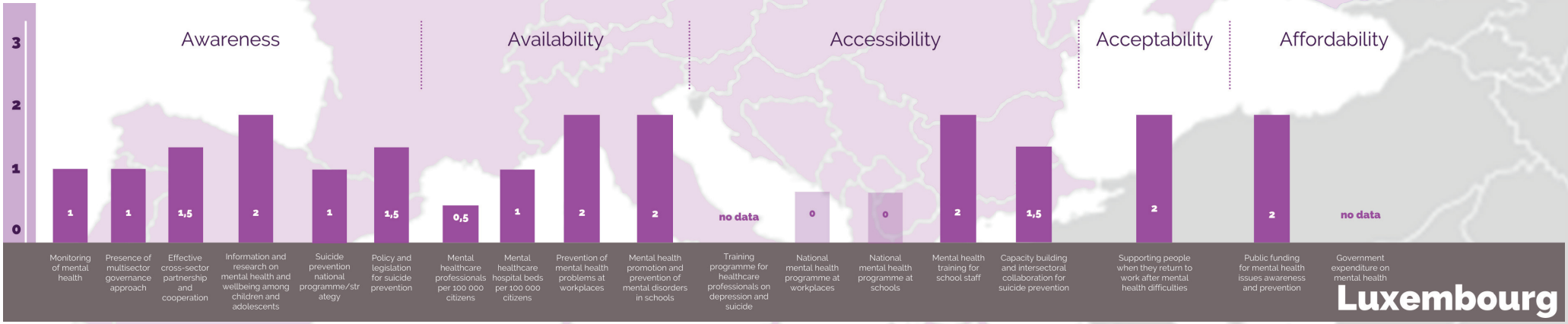
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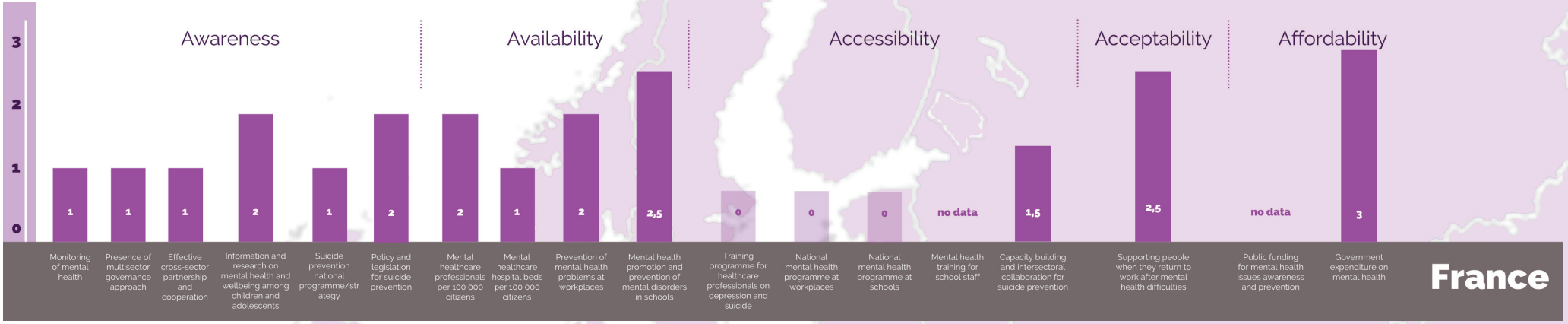
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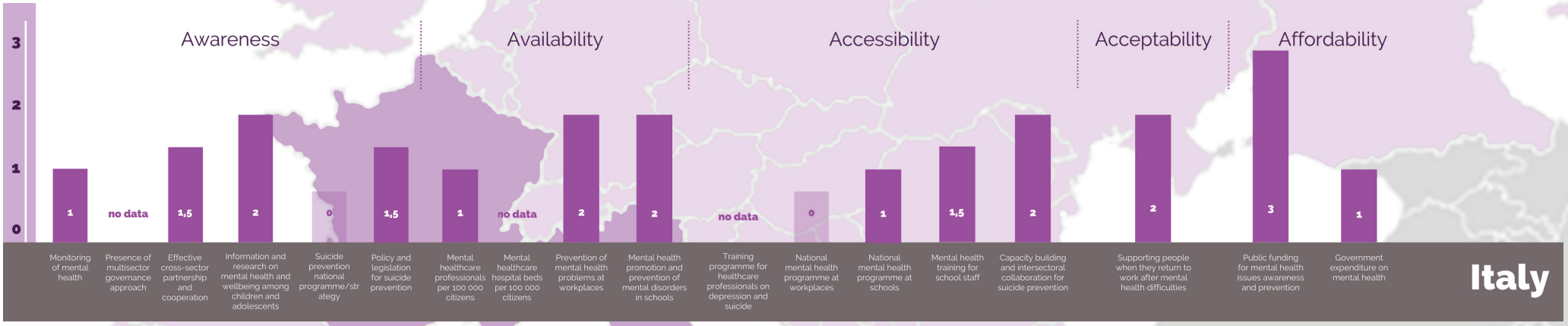
France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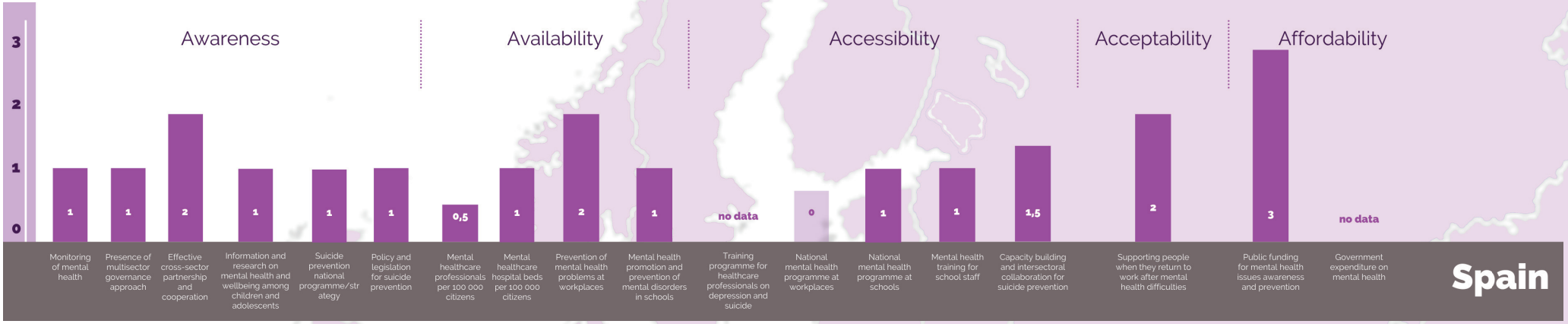
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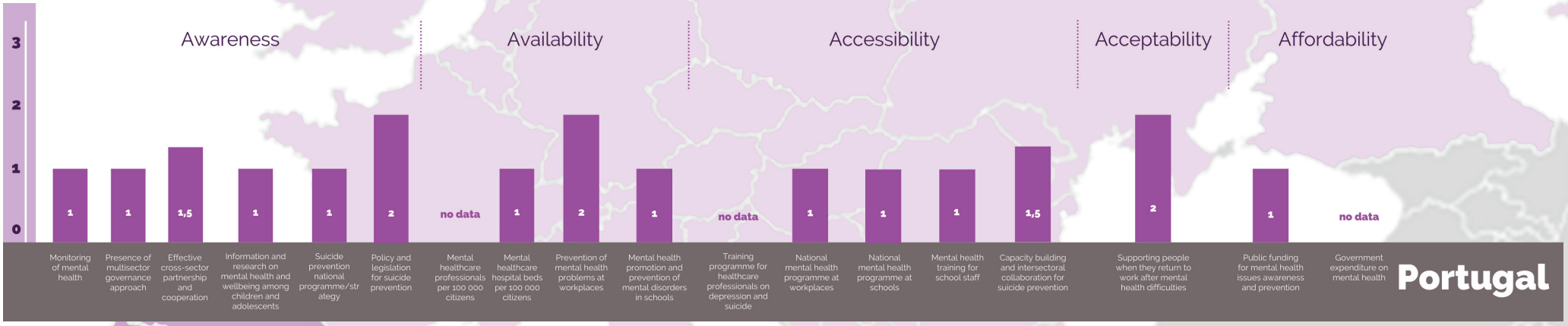
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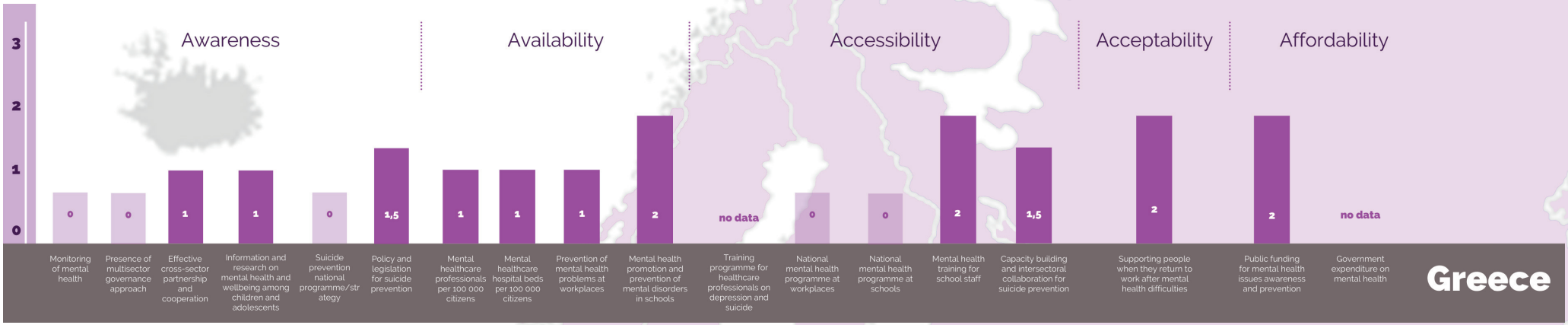
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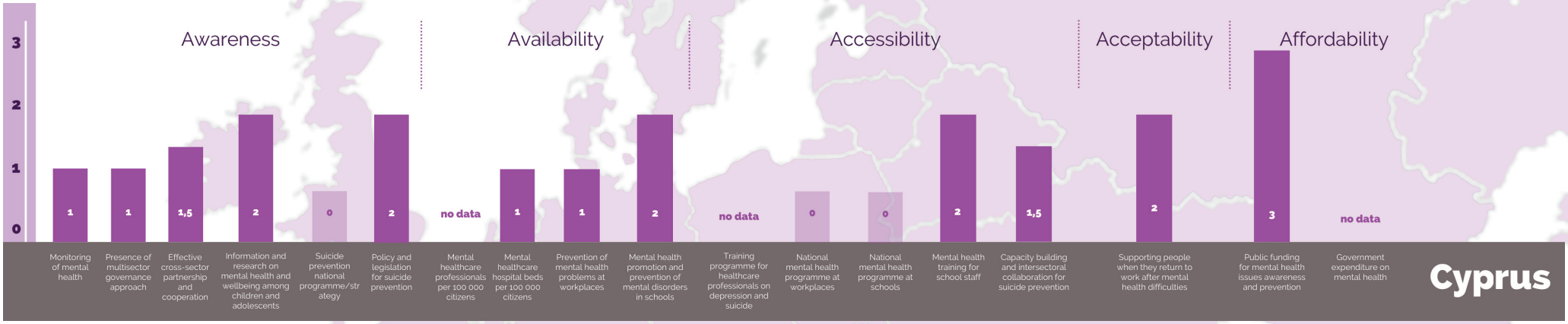
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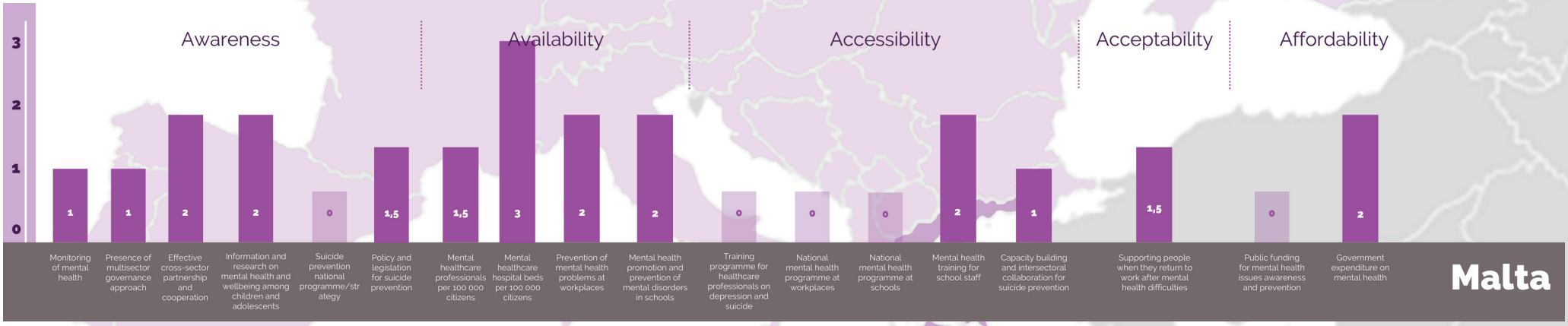
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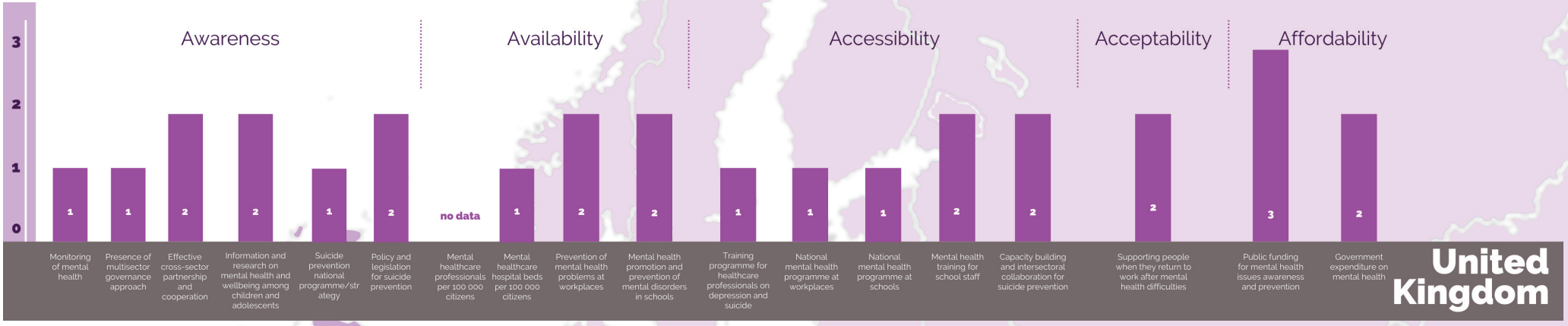
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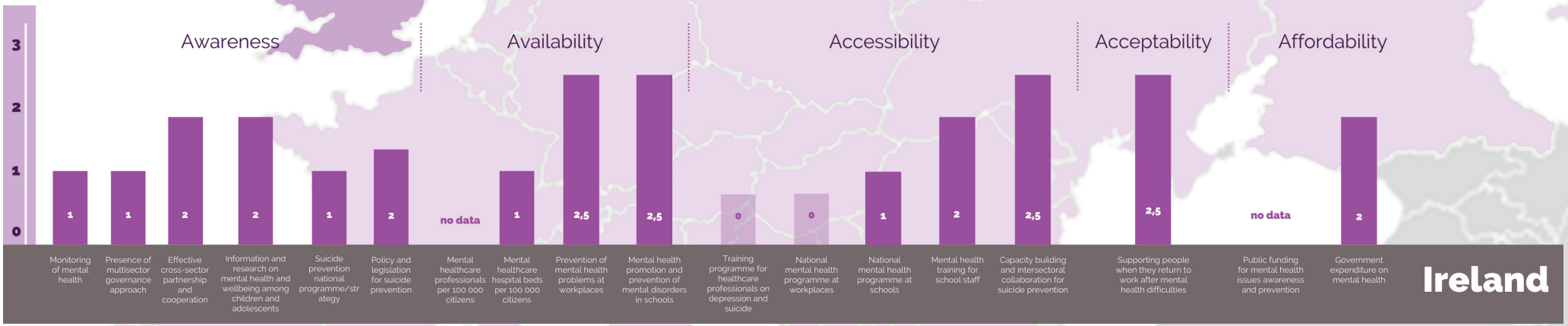
United Kingdom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ACKNOWLEDGEMENTS

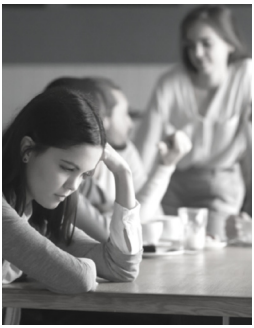
In the midst of the COVID-19 pandemic, and due to the undeniable impact it has had on people's mental health, Women Political Leaders, with the support of Centene, undertook this important research project to provide policymakers and healthcare leaders with up-to-date data concerning mental healthcare in Europe. Indeed, the pandemic has revealed the importance of mental healthcare, as well as shortages that the field has been facing for years. Many individuals provided valuable contributions in this effort to support the creation of a more responsive and resilient mental healthcare system.

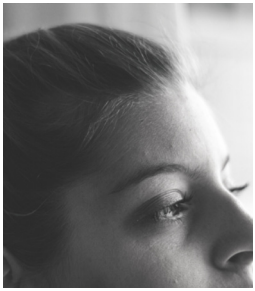
H.E. Marie-Louise Coleiro Preca, Dr. Elisa Tarazona Gines, Ms. Katalin Cseh and Dr. Brett Hart, as members of the advisory panel, shared their expertise through useful insights to guide the project.

Ross Melzer and Lucia de Luca, respectively Partnerships Director and Managing Director at WPL, supervised the creation of this report through decision-making as well as valuable feedback, advice, and suggestions.

Angela Lowe used her relevant experience as the Programme and Communities Manager at WPL to help engage the WPL communities in this important report.

Finally, Giulia Brambilla and Yaëlle Assous, respectively Communications and Programme Assistants at WPL, applied their research, analysis, and coordination skills to create the content of this report and oversee its publication.





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