



# 'SHAPING A FUTURE EU MENTAL HEALTH STRATEGY: PRIORITIES AND ACTIVITIES'

## JOINT MEETING

## REPORT



**MEP ALLIANCE  
FOR MENTAL  
HEALTH**



**coalition**  
for mental health and wellbeing



**18 February 2020**

**European Parliament, Brussels**



# MEETING AGENDA

18 February 2020  
European Parliament

## WELCOME REMARKS

15:00 – 15:15

Alex Agius Saliba MEP  
Tomas Zdechovsky MEP  
Alviina Alametsä MEP

## BACKGROUND TO AN EU STRATEGY ON MENTAL HEALTH

15:15 – 15:25

Sarita Friman, Ministerial Adviser, Ministry of Social Affairs and Health, Finland

## THE EUROPEAN MENTAL HEALTH ACTION PLAN: SYNERGIES AND COMPLEMENTARITIES

15:25 – 15:35

Devora Kestel, Department of Mental Health and Substance Use, WHO

## WHAT COULD AN EU MENTAL HEALTH STRATEGY LOOK LIKE?

15:35 – 16:00

Meri Larivaara, Mental Health Europe (MIELI - Mental Health Finland)  
Erik Van der Eycken, GAMIAN-Europe

## THE VIEW OF THE EUROPEAN COMMISSION

16:00 – 16:15

John F. Ryan, DG Santé

## RESPONSE BY MEPS PRESENT

16:15 – 16:35

Radka Maxova MEP  
Tilly Metz MEP  
Estrella Dura Ferrandis MEP  
Juozas Olekas MEP

## AUDIENCE DEBATE

16:35 – 17:15

## CONCLUSIONS

17:15 – 17:30

Alviina Alametsä MEP  
Radka Maxova MEP



## WELCOME REMARKS



**Alex Agius Saliba MEP** welcomed participants and the huge interest in today's event, which demonstrates the keen interest of stakeholders to move forward on developing a comprehensive EU mental health strategy. As a co-chair of the MEP Alliance for Mental Health and an active member of the EP Coalition for Mental Health and Well-being he welcomed the two groups joining forces on this issue, as this cooperation will help to amplify the voice of MEPs and that of the mental health sector. He explained that the activities of the two groups are complementary; the domain of mental health is so large that there is room for several players. There are many priorities to be addressed and two groups, working in parallel, can help broaden and strengthen advocacy efforts. Turning to the topic of the event, Mr Agius Saliba MEP stated that in previous years, the Commission paid specific attention to mental health and took the initiatives for various concrete actions. However, currently, the Commission has opted to address mental health as part of its chronic disease activities. This lack of specific attention is no longer acceptable: it is clear that the (increasing) prevalence, burden, and impact of mental ill health needs to be addressed in all its aspects. Even more importantly, positive mental health needs to be actively promoted.

Fortunately, two recent developments provide useful policy hooks for change:

- the recent Finnish Presidency's 'Economy of Well-being' Conclusions and EPSCO Council conclusions inviting the Commission to propose a comprehensive EU Mental Health Strategy;
- Health Commissioner Stella Kyriakides underlining the importance of mental health during her hearing in the European Parliament and stating her intention to ensure that mental health would get back on the EU agenda.

Disappointingly however, mental health does not feature on the Commission's work plan for this year and that means the mental health sector we will need to raise its voice; and that is the aim of today's event.

MEPs can and are willing to help stakeholders push for action as the time has come to ensure that Health Commissioner Stella Kyriakides acts on her welcome commitment to become 'the voice for mental health across the Commission'.





## WELCOME REMARKS



**Alviina Alametsä MEP also** welcomed participants and underlined the importance of the meeting – not just for stakeholders present today, but for the many people across the EU affected by mental ill-health. In this respect it is important to take a broad view of mental ill health, rather than approaching this merely as a biological disease.

After a brief introduction of the background and work of the Coalition on Mental Health and Well-being, Alviina Alametsä MEP stated that joining this group was one of her first decisions after becoming a MEP. She briefly shared her own experience and background in mental health, which has given her the insight into the situation on the ground; it is not easy to have access to appropriate mental health services, as mental health remains on the sidelines of mainstream healthcare. This needs to be changed, as especially for young people, the lack of prevention and support is crucial. The voice of users needs to be heard and incorporated policy and service development.

She went on to underline that good mental health is not only about access to healthcare. First and foremost, it depends on a wide range of social factors – such as employment, education, and housing, and can be worsened by discrimination, stigma, violence, and human rights violations.

This is why there is a need to work across sectors to achieve real impact and bring results to the public; a true ‘health in all policies’ approach is required. MEPs are in a position to make sure that available EU policy tools – the European Pillar of Social Rights, the European Disability strategy – are conducive to good mental health; In addition, implementation of the international policy frameworks to achieve better mental health and equity are important as well, such as the UN Convention on the Rights of Persons with Disabilities by the European Union (UN CRPD), the WHO’s 2030 Agenda and its SDGs. These tools should be seen as opportunities to broaden the mental health agenda from a narrow focus on treatment to the improvement of mental health for all, the reduction of discrimination, the inclusion of people with psychosocial disabilities in society, and prevention and recovery.

Alviina Alametsä MEP concluded by emphasizing that the role of the EU is instrumental to shape the positive mental health of its society. To do it effectively, the EU needs a clear strategy for mental health. There is an urgency to do so and pressure is needed to make sure that Commissioner Kyriakides delivers on her commitment to give mental health the attention it deserves.





## BACKGROUND TO AN EU STRATEGY ON MENTAL HEALTH



The first speaker was **Sarita Friman (Ministerial Advisor, Ministry of Social Affairs and Health, Finland)**, who stated that for Finland, mental health remains a top priority. Last October the Council of the European Union adopted conclusions on the 'Economy of Well-being' as the new horizontal approach to political decision-making, defining priorities and governance; public resources allocated for improving people's wellbeing enhance economic growth and social stability, which in turn generates more resources that can be spent on increasing the wellbeing.

The October conclusions note that greater efforts are necessary to promote good mental health and to advance prevention, early diagnosis, treatment and destigmatisation of mental disorders, as mental health is one of the fundamental preconditions to wellbeing. It is also an important factor for the economy as well.

Mental health has huge financial impacts and costs. Based on the OECD's latest report (Health at a Glance: Europe 2018) the direct and indirect costs in mental health add up to 600 billion across the EU.

Mental health has a multidimensional impact; there are many policy areas involved. It is also one of the greatest public health challenges. While the population's physical health and life expectancy have improved, this is not the case, no similar positive trends can be observed in mental health.

Mental ill health typically develops when people are young, resulting in impaired education, employment, and social capacities. Up to one half of the population struggle with some mental health issue at some point in their lives, leading to people's loss of functional ability; nearly half of disability compensations are caused by mental health problems. Socioeconomic factors, such as income are connected with mental health. Those belonging to the lowest income quintile experience nearly twice as much mental strain than those in the highest income quintile.

All these factors provided the rationale behind the Council conclusions' invitation to the Commission to come forward with a comprehensive EU mental health strategy, addressing mental health in all its aspects. The support for this invitation was confirmed in the discussions of the EPSCO Council last October and December; many Member States stressed the need for promoting mental health. Health Commissioner Kyriakides' willingness to do her utmost to put mental health back high on the EU agenda, as expressed during her hearing in the European Parliament, is also encouraging.

As a positive example, Mrs Friman noted that a National Mental Health Strategy was adopted in Finland last week.

In conclusion, Mrs Friman expressed her belief in a comprehensive, cross-sectoral EU strategy for mental health, which will help to steer long-term policy and action based on research findings and impact assessments.





## THE EUROPEAN MENTAL HEALTH ACTION PLAN: SYNERGIES AND COMPLEMENTARITIES



The next speaker was **Devora Kestel (WHO)**; she has been active in the field of mental health for 30 years and was appointed Director of the WHO department for mental health a year ago.

When asked recently which countries are good examples of 'mental health friendliness', she was struggling to name a country. There are 194 MS in the WHO - and they probably all need to improve. Devora Kestel welcomed the obvious interest and commitment of previous speakers; it is clear that there is a willingness to change. A lot still remains to be done; but a lot of knowledge has already been gathered and can be implemented; in many cases, these actions do not even need huge resources; they can be implemented by existing means.

There are many reasons for supporting good mental health - but the main and best reason is the fact that people affected by mental ill health deserve access to good care.

The discussions regarding a new strategy are welcome from the WHO's global as well as regional perspective. Such a strategy could hopefully help and guide countries in their efforts to improve their mental health care provision and prevention.

Since the first WHO regional mental health declaration made at Helsinki in 2005, many commitments were already made but these still need to reap results. The objectives of better mental health promotion, prevention, and care are still valid. The needs are vast and there is room for all players to contribute to common goals at national and international levels.

The discussions regarding the Strategy and what that could entail are at a very early stage. In this context, Devora Kestel reminded the audience of the WHO Global Mental health Action Plan as well as the WHO European Mental Health Action Plan. These share objectives and areas for action, focusing on the need to strengthen health systems (including governance), human resources, service delivery, equal access to health care, protection of human rights, prevention, and mental health promotion...


How a new EU mental health Strategy can complement those strategies (which were agreed by the same Member States) to make them work better in an EU context needs to be explored and discussed.

Both WHO Plans are actually being reviewed and updated: in 2019 the World Health Assembly asked for an extension of the existing plan to 2030. Consultations on targets and indicators, to be used over the next decade as well as options for implementation of those objectives will be initiated in the short term. An online consultation for stakeholders will be launched within a few weeks.

The European Plan is due to expire in 2020 and a final report is expected next year. The development of a new framework or roadmap is being considered by the secretariat, in consultation with member states and other stakeholders, with a view to preparing this by September 2021.

In conclusion, Mrs. Kestel stated that this is a timely moment to reconsider the needs and to review the different tools and possibilities for actions, maximising synergies and pushing the agenda in order to meet the needs of those affected by mental ill health and their families. Coordination of actions between the various actors will be crucial. The WHO is willing and interested to take this work forward together.





## WHAT COULD AN EU MENTAL HEALTH STRATEGY LOOK LIKE?



The next speaker, **Meri Larivaara (Mental Health Europe (MIELE) - Mental Health Finland)**, stated that she had participated in the preparations of the Council Conclusions on the Economy of Well-being from the very beginning as well as in the designing and writing of Finland's new National Mental Health Strategy. She warmly welcomed the invitation to the European Commission to propose a Mental Health Strategy, as mental health simply is an extremely relevant and timely topic for European societies, which will become even more important in the future. According to Meri Larivaara, an EU Mental Health Strategy should comprise three aspects, i.e.

- a psychosocial approach to mental health,
- a Mental Health in All Policies approach,
- inclusion of people with mental health problems in society.

As for the **first**, a biomedical model of mental health which considers mental health as an illness to be treated does not suffice to address the full range of mental health related issues in our societies. We need a psychosocial approach that considers mental health as a result of enabling factors and barriers in society and which considers mental health as a resource. The psychosocial model should be used as a guiding principle to inform the Strategy and be mainstreamed throughout. In practice, this means that the Strategy will need to focus on the promotion of mental health and prevention of mental health problems and to address socio-economic determinants of mental health, human rights, and reduction of stigma to achieve real inclusion. Moreover, it will need to look at mental health as a resource that we all rely on and can be strengthened.

As for the **second**, mental health is a cross-sectoral subject that can have positive or negative impacts on various aspects of policy, society, and life. The European Mental Health Strategy should, therefore, foresee the inclusion of mental health in all policies, as well as consider the impact of different policies on mental health, such as education, employment, housing and, poverty.

The European Commission and the EU Member States have already developed a series of recommendations to include mental health in all policies. For instance, the Joint Action on Mental Health and Well-being left valuable material to take up as a starting point for developing a comprehensive Mental Health Strategy. However, the Member States have not implemented it optimally. The EU Compass project estimated in 2018 that only seven EU countries had fully implemented one or more recommendations. This only highlights the need for a European Mental Health Strategy that can support Member States in advancing their mental health policy.

As for the **third**, a European Mental Health Strategy needs to be truly inclusive. This means that people with lived experiences of mental ill-health and their representative organisations should be consulted and involved throughout the design, implementation, monitoring, and evaluation of the strategy in an environment that is free of conflicts of interest.





## WHAT COULD AN EU MENTAL HEALTH STRATEGY LOOK LIKE?



It is of the utmost importance to safeguard the voice of citizens and the people with lived experiences, and transparency and independence.

The EU has policy, legislative, and governance frameworks, which should be fully used to implement and monitor the future Strategy and assess its effectiveness and impact, also in Member States. The Strategy should be seen as a significant contribution to the European Pillar of Social Rights and to the Disability Strategy, as well as to the commitment of the EU and its Member States to the SDGs. Meri Larivaara stated that a European Mental Health Strategy should have comprehensive objectives with clear benchmarks, indicators, timeframe, timeline for implementation and adequate budget.

She also added that in order to contain a Health in All Policies approach, a mechanism should be put in place to overview various policy impacts and to coordinate the work in different European Commission's Directorate Generals and agencies. She emphasized that investing in mental health will positively impact individuals, the labour market and the economy as a whole.

Meri Larivaara concluded by saying that people's wellbeing is at the heart of the European project, as a value in itself. Article 3 of the Treaty on the European Union defines the promotion of people's well-being, including mental health, as one of the Union's aims, placing it, thus, at the centre of EU's policy-making and actions.

**Erik Van der Eycken (GAMIAN-Europe)** also addressed the potential structure and content of a comprehensive EU Strategy on Mental Health. As a person with a lived experience of mental health, he shared his experiences, underlining the possibility to recover and to be present in this event - as opposed to many of his peers who are still struggling with their mental health.

He provided some statistics of the huge impact of mental health on our life and society, underlining the fact that good mental health and well-being is a key factor for social cohesion, economic progress and sustainable development in the EU; also, it is important to note that mental ill health can be prevented, cured, treated and managed. Moreover, there are reasons to address and ensure mental health and well-being at EU level, as all Member States are facing the same issues in relation to tackling mental ill-health; they can all benefit from cooperation, mutual learning and the exchange of good and bad practices and there is a need for effective and sustainable care provision models across the EU.

So, a dedicated European Mental Health Strategy is needed now. It is in line with earlier dedicated actions in mental health and the political momentum for such as initiative is right. This strategy should be built on the notion of 'parity of esteem': mental health should have the same level of importance as physical health. It should address all relevant spheres of life (work, schools and others) as well as all ages. It should focus on the entire spectrum of mental health: prevention, early diagnose, appropriate treatment and services as well as long term care. And it should be adapted to new developments, such as cyberbullying.







## WHAT COULD AN EU MENTAL HEALTH STRATEGY LOOK LIKE?

A Strategy could be composed of 6 'workstreams':

- *Mainstreaming*: Inclusion of mental health as a priority in all relevant policy development. Many current EU- level initiatives could - and should - have a mental health focus, such as the European Pillar of Social Rights, the Employment Strategy and many others.
- *Awareness-raising and good practice exchange* to facilitate mutual learning: the Strategy should ensure and coordinate exchange of information, experience and good practices between relevant stakeholders and Member States. Designating one of the coming years as the European Year of Mental Health and Well-being would be another option.
- *Stimulate the development of national action plans* on mental health and well-being (as in, for instance, the EU cancer and rare disorder programmes).
- *Financial support for innovative projects and advocacy efforts*: the Health Programme, Structural Funds or Horizon Europe programme could contribute to capacity building of mental health organisations.
- *Meaningful data collection and research*: the EU-funded ROAMER project roadmap for mental health research can guide priority setting. Horizon Europe should continue with specific calls for mental health research; and mental health stakeholders should be involved with priority setting.
- *Inclusion of mental health stakeholders*, including experts by experience in policy development, reflecting the growing recognition of the valuable expertise of people who have experienced mental health problems. This expertise should be put into the development of the Strategy so that 'mental health friendly' policies across the board can be ensured.





## THE VIEW OF THE EUROPEAN COMMISSION



The next speaker, **John Ryan (European Commission, DG SANTE)** stated that there was no need to remind this audience of the important contribution of mental health and well-being to our society, nor of the challenges posed by mental ill-health. The (2018) report on the State of Health in the EU included a dedicated chapter on mental health, making a strong case for promoting mental health, preventing mental illness and improving access to treatment for people with poor mental health. In the EU, over € 600 billion is spent on the consequences of mental ill-health - more than 4% of GDP. It is important to keep in mind that only a third of these costs reflect direct spending on health care. As much as € 240 billion represents indirect costs to the labour market due to lower employment and productivity; the remaining € 170 billion is spent on social security programmes.

These figures also point to the potential gains that could be achieved via a 'mental health in all policies' approach, which is also a key theme in the Council Conclusions on the Economy of Well-being. John Ryan then presented an overview of the EU's efforts in the field of mental health over the past fifteen years, such as the 2005 Green Paper 'Improving the Mental Health of the Population', the 2008 'European Pact for Mental Health and Wellbeing', and the EU-funded Joint Action on 'Mental Health and Wellbeing' between 2013 and 2016, culminating in the 2016 'European Framework for Action on Mental Health and Wellbeing'.

In order to implement this, the Commission created the 'EU Compass for Mental Health' that ran from 2016 to 2018, collecting policies and good practices dedicated to the main thematic areas of the Framework. It also assessed progress in member states on those areas. When the work of the Compass came to an end, the good practices were integrated in the EU's (then) new 'Best Practice Portal'. Around the same time as the Compass work came to an end, The Commission adopted a more horizontal approach in their work with member states, via the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases. Late 2018, this Group prioritised mental health as an area for best practice implementation. A selection of best practices has been presented to Member States since then and ranked according to the relevance to their national priorities. The Commission's 2020 Health Programme Work Plan now includes two calls to support rolling out these 'best in class' approaches.

John Ryan also explained that the Commission's main role in the field of health is to support Member States' policy priorities. The aim is to support real action on the ground where it matters most to Member States, based on expertise shared and developed by stakeholders, experts and policy makers over the past fifteen years. Thus, the Commission is following up on the Framework and Compass for Action, as was called for in the recent Parliament resolution on employment and social policies in the Euro area (October 2019). In addition, the Commission is currently exploring options to address mental health within the context of Europe's 'Beating Cancer' Plan.





## THE VIEW OF THE EUROPEAN COMMISSION

This plan - a key priority for Commissioner for Health and Food Safety Kyriakides- is still very much under development; participants were invited to contribute to the consultation process that was launched earlier this month. Taking a horizontal approach, the plan will address all key stages of the disease. There are various options for synergy here (including specific health promotion needs of people with mental ill-health, comorbidity, and the mental health burden of cancer diagnosis, treatment, and survivorship) and to address issues such as stigma, the right to work and return to work, and the position of informal carers.

John Ryan thanked Finland for being such a strong and consistent advocate for mental health in Europe and offered his congratulations on their new national mental health strategy. He reminded the issue of 'mental health in all policies' was central to the Council Conclusions on the Economy of Well-being, inviting the Commission to take account of the cross-sectoral impacts of different policies on mental health. He stated that mental health and well-being are cross-cutting issues that are dealt with and reinforced by other sectors including education, employment, social inclusion, and poverty.



He noted that Commissioner Kyriakides has already indicated she will make the case for mental health to be properly addressed and supported across EU policies.

John Ryan also informed the audience of two major financial instruments foreseen in the new Multi-Financial Framework, bearing in mind this Framework is still under discussion and the budget is not set yet. The ESF+ will include a strand on health; within that scope, the issue of mental health is mentioned. In addition, the planned budget for health research in the Horizon Europe is 7.7 billion over the next seven years. The work plan is still under development and stakeholder expertise and papers can still inform that process. He also mentioned the State of Health in the EU (which included a dedicated chapter on mental health in 2018) is set to inform future work within the framework of the European Semester.

Finally, John Ryan encouraged participants to make optimal use of the opportunities that the Health Policy Platform has to offer as an instrument for dialogue. It currently has no dedicated network on mental health and the Commission would be pleased to see this changed.



## RESPONSE BY MEPS PRESENT

**Estrella Dura Ferrandis MEP** also stated her commitment to address and improve mental ill health, with a particular focus on workplace mental health. The workplace is an important environment, which can ‘make or break’ mental health. The awareness of what is required and what can be done to avoid mental ill health needs to be increased. The existing good practice needs to be disseminated and implemented more widely.

For instance, more flexible working conditions and measures to ensure a healthy work-life balance can be major facilitators for good mental health in a working environment. In addition, there needs to be greater recognition of the upcoming mental health risks, such as the impact of digitalisation.

In terms of making better use of existing EU level tools, it may be interesting to look at the EU’s 1989 framework for health and safety in the workplace, to see if mental health could become part of this legislation.




**Radka Maxová MEP** expressed her support for an EU level Strategy on Mental Health. She has a long-standing interest in mental health and disability issues (with a particular focus on autism and autism-related issues), and as Shadow rapporteur on the current motion for a resolution on an upcoming Disability Strategy, she is eager to ensure that mental health is included. One of the issues she is particularly keen to address is the right to vote of people affected by mental illness as this is by no means guaranteed across the EU. While good practice in mental health does exist in the EU, stigma, and taboo are still widespread.

**Juozas Olekas MEP** expressed his optimism with respect to managing the situation with respect to mental health. It is clear that the Commission is already taking many actions and that there is a vast resource of knowledge and good practice. The main questions relate to how to best implement this expertise. Given his experience as a politician in Lithuania for over 30 years, partly as health minister, he expressed his doubts about what actions should be taken at the EU level as opposed to the national level. This relates to views on the future and the role of the EU. How can we best share expertise?

In terms of mental health priorities, Mr Olekas MEP underlined the importance of children’s’ education in schools; teachers and teaching assistants should be better prepared and trained to deal with mental ill health and maintain mental health in schools. Investing in youth would be the first step. Such a programme could be part of a future mental health strategy or be developed as a stand-alone initiative.





## RESPONSE BY MEPS PRESENT

**Stelios Kypouropoulos MEP**, a psychiatrist by training, also welcomed the meeting and its topic.

He agreed that there is a need to look at all the data, knowledge and good practice already generated by the Commission and other bodies (e.g. OECD) and to make better use of this. On the other hand, we need more research to develop a true understanding of the main social as well as physical issues related to mental health.

The Commission's suggestion to take a closer look at the 'Beating Cancer' plan to find openings to include mental health is welcome, but it is not enough; mental health merits a strong, specific and stand-alone initiative. The Cancer Plan could serve as a template though.

More awareness is required of the impact of mental health on society. Mental health should become one of the EU's central focus points for the next years.



**Tilly Metz MEP** focused on the high levels of suicide in her country (Luxembourg), signalling that this should be a priority topic. She welcomed the personal statements made by some of the participants. She called on participants and the Commission to act now, as the time is right - we need a Strategy, which is developed with the involvement of those affected by mental ill health as well as their families and carers. The Cancer Plan could indeed be a template for a plan on mental health promoting mental well-being at all ages, leading to real change for patients and their families.



## AUDIENCE DEBATE



As In the discussion the following issues were raised:

- It is a well-known fact that mental health has **many links with other conditions**. However, there are many congenital conditions that make people more prone to mental illness which are often forgotten.
- The **stigma** surrounding mental ill health is still strong; this needs to be addressed.
- Mental health definitely is a **topic for the EU level**; the European Parliament can be a true advocate in this respect. Also, there are many existing initiatives that could address mental health, such as the Work-Life Balance Directive, the European Pillar of Social Rights, etc. The time has come to act and develop a Strategy. The Commission has initiated many good initiatives in mental health and has stated that the time has come to implement what we already know. However, there is still a need for a strategic framework to address mental health; the various activities need to be brought into one single framework.
- **Mental health in the workplace** is a very concrete and serious issue. Could burnout and stress at work feature in EU legislative and other initiatives, as a health and safety at work issue? Better mental health at work could also be effectuated by **better education of leadership and managers**, taking account of mental health in the workplace. Ensuring a mental health-friendly workplace should be a day-to-day concern; managers should help to make their staff feel safe at work and they should be taught how to hire, train and coach employees.

- Good **education**, taking care of mental health, is a priority across the board, and could prevent young people from going astray. Teachers need to be made more aware of the potential signs of mental ill health.
- **Addiction** is another serious issue that should be addressed by a future Strategy on Mental Health.
- The **crucial role of informal carers** in care provision of people affected by mental ill health should be taken into account in the planning and provision of care. There is a lack of awareness of the burden of care; there is also a lack of recognition of the value of carers. In many countries, support for informal carers does not exist. Some countries have launched carers strategies and some have involved carers in the development of such strategies. But a lot still remains to be done. Carers need to be involved by care services when it comes to providing support, for instance by means of specific assessment of their needs.





## AUDIENCE DEBATE AND CONCLUSIONS

- It is not clear why there will **be two separate calls for proposals** in the 2020 Work Programme (a Joint Action and a project for NGOs), and how that would enable NGO involvement. When asked, John Ryan referred to the Financial Regulation that sets out all the rules and procedures for implementing the EU budget. Joint Actions are exceptional instruments involving partners with mandated authorities that have a monopolized position. For that reason, the procedure can bypass the regular procedure of project calls that are open to all. By also including a project call, it is expected NGO's have more opportunities to engage.
- The **Health Policy Platform** is a mechanism for NGO's to coproduce and exchange information, which currently has over 6000 subscribed users, facilitating 71 thematic networks and various webinars. While the Platform does not enable people to physically meet face to face, it does operate as an effective virtual meeting place, which is also fitting given the challenge to all of us to reduce our carbon footprint.
- The **role of local communities** should not be overlooked; assessing needs and acting at the local level, working on holistic solutions that have an impact should be stimulated. There are many local level innovators and out-of-the-box thinkers, including in the areas of culture, self-expression and creative aspects. All those different inputs are needed if mental health is to be addressed in a comprehensive way.



**Tilly Metz MEP** closed the meeting, underlining the good points raised and the challenges facing us in developing a comprehensive mental health strategy for the future. Mental health is an important topic for the European Parliament; MEPs will work to ensure that the Commission is taking this topic seriously.



## CONTRIBUTORS

TEXT BY CHRISTINE MARKING  
PHOTOS BY MARCIN RODZINKA

