

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

“Supporting mental health in the EU in pandemic and post-pandemic”

Thursday, 25 November, 14h30-16h30

Online meeting

Minutes

14.30 Welcome and introduction by the Chair, Birgitta Sacrédeus

The Chair of the Interregional Group, **Birgitta Sacrédeus**, welcomed all the participants and explained that the meeting was organized to discuss the topic of mental health in the European Union in pandemic and post-pandemic. The event was divided into two panels, each consisting of three speakers and followed by a Q&A session.

14:35 “Supporting the mental health of the workforce and other essential workers”, by Pedro Pita Barros

As the Chair of the drafting group of the Opinion within the Expert Panel on effective ways of investing in health (EXPH), **Pedro Pita Barros** presented the Opinion on 'Mental health of the health workforce and other essential workers' by the EXPH. The Expert Panel is an interdisciplinary and independent group established by the European Commission with the scope of providing advice to build efficient and resilient healthcare systems. He presented three main research questions followed by the EXPH to address the topic of mental health in the health workforce and other essential workers. Firstly, the EXPH questioned the factors which influence the mental health of these categories; secondly, they tried to identify the kind of intervention that can be effective in addressing mental health (including the ones with pre-existing mental health conditions), taking a look also at the cost-effectiveness and the way to deliver these interventions affordably and inclusively; thirdly, the EXPH questioned how the EU can address this issue. To answer these questions, Prof. Barros stressed that it is important to know the information at our disposal and change how we read pre-existing evidence. Prevention deserves great attention, but, in his opinion, it is not easy to pursue, as it seems quite context-dependent and presents several problems, such as stigma and resources availability. Prof. Barros also expressed his concern about tension in many discussions about the best way to intervene concretely, if at the organization level or individual level. Then, he underlined the importance of cost-effectiveness studies that can help design policies and interventions. Then, Prof. Barros focused on some factors that can have a relevant role in addressing mental health. In his opinion, the role of organizations (firms, NGOs, healthcare providers, charities) needs to be reshaped in a collective way, as mental well-being is not just an issue of the individual. Moreover, the role of multi-level governance and sectors involved is

crucial: the EU, national, regional and local levels need to cooperate, as well as all the sectors (health, employment, social sectors), which always act in a transversal way. He stressed the important role of words: there should be a shift from solving mental health illnesses towards promoting mental well-being. It is crucial to align words and goals. Prof. Barros also provides some key ideas on what organizations should do within them. Issues of depression and burnout are widespread, and issues of fear regarding safety at the workplace need to be taken into serious consideration. Dealing with post-traumatic stress disorder (PTSD) is also a core issue, for which there is a need to create support mechanisms using digital tools as they can promote participation without public visibility. It is important that organizations are made accountable for their responsibilities, an issue that requires adequate and trained leadership: they must see mental well-being as a routine issue and not something special that comes out as an emergency case. He stated that health care at the workplace is something on which we still do not know several things and, for this reason, cooperation with research fields and academies is crucial. Finally, Prof. Barros concluded his intervention by presenting eight recommendations framed inside three levels of action, namely society, organization, and healthcare. Some of them concern the identification of workplace hazards, building shared knowledge and view at the EU level, investing in preparedness and training, and providing timely and adequate access to care.

14:50 “Internet-based cognitive behavior therapy for covid-related worry in Region Skåne (SE)” by Dr. Njördur Viborg

Njördur Viborg, Psychologist and Responsible for Psychotherapy in the Management team of Psychiatry in Skåne County (SE), started his contribution by presenting the digital self-help intervention “Managing COVID-19 worry”, an online cognitive-behavioral (CBT) self-help programme with the aim of reducing the participants’ unhelpful worry about the pandemic. The programme lasts three weeks without any kind of contact with therapists and is available for free through the Swedish national health and e-health digital platform. It is an utterly scalable program, easily accessible without putting too much pressure on healthcare services. Since it is an online service, the number of allowed participants is virtually unlimited. Then, he explained in depth the content of classic CBT interventions for worry and anxiety. The first step concerns learning how to distinguish between helpful and unhelpful worry about the virus, such as avoiding critical situations that could be easily attended to in one's own life. This might be the case of going to work or seeing friends. Dr. Viborg stressed the importance for the patient to learn how to find alternatives to face problems due to COVID-19 in everyday life, like using masks or paying particular attention to hygiene precautions. Detaching oneself from non-useful worries or thoughts is another focal point, especially from things we do not control. It is essential to identify unhelpful reassurance-seeking behaviours, such as reiterated temperature taking without any legit symptoms. Activities that are focus-shifting behaviours are highly

recommended, with the examples of cooking, engaging in hobbies, and doing exercise compatible with current restrictions. The objective is to compete with the attention of worrying about Covid-19 related news. The program has been tested on 670 participants divided into two groups, with one starting the CBT program three weeks after the other. The results reported a reduction of 30% of perceived anxiety, with a down of 40% in having worrisome thoughts in the groups that received treatments. Other positive outputs such as better sleep and the loss of depressive thoughts have also been reported. The programme's popularity among Skane citizens is still very high today, alongside an oscillating trend that goes along with the state of the pandemic situation.

15:00 “Supporting Mental Health during and post pandemic with the use of digital”, by Dr. Chris Wright

Chris Wright, National Advisor for Digital Mental Health for Scotland, started his intervention by providing some information about the national context in which he operates. In Scotland, the demand for psychological services has doubled in ten years, with an increase also in antidepressant usage. For this reason, whole population approaches based on local authorities was necessary, also via a consistent implementation of technology in mental health services delivery. Dr. Wright illustrated the key areas of development of the digital focus based on pre-existing projects started in 2014. They are: clinician-led CBT (ieCNT) treatment delivered in written form, in a way that overcomes physical barriers; Video Enabled Therapy, consisting in telepsychiatry integrated into already existing services; online interactive self-help methods integrated onto NHS online websites; several services of self-management, including self-relaxation and mindfulness. Then, Dr. Wright underlined the main principle of the project, which is to enhance the use of technology where it was already present while introducing it where it was not implemented yet. During 2020, COVID-19 massively intensified digital offer in terms of mental health cCBT and ieCBT self-managed treatments, passing from 1 to 21, including treatments for depression, social anxiety, health anxiety, insomnia and others. This has been possible thanks to the Service Platforms of Delivery, established over the whole of Scotland with fourteen installations with the same organizational structure for the support of multiple technologies and digital services. All the technologies used are evidence-based. This approach increased national usage, with almost 48.000 referrals in the last twelve months, bringing to 25% of digital therapy referrals over the total. In addition to that, a self-help system has been developed. Dr. Wright explained that the rapid increase of COVID-related services has led to some consequences to the healthcare system, notably regarding cultural changes and funding: these were mainly emergency ones. In the pre-pandemic, all the fourteen territories were developing at the same pace, while the emergency brought inequalities between regions. This also led to a shift of priorities and issues with the sustainability of the overall digital system. He concluded saying that updates in the technologies themselves must be taken into account seriously.

15:10 Open Debate (Q&A)

Deirdre Forde took the floor and asked Dr. Viborg if the private providers offer similar services in Sweden, while the second question regarded the availability of the programme in English.

Dr. Viborg specified that it is not possible to access the programme from Ireland. Regarding the private companies, he confirmed the delivery of mental health support solutions by private providers, but he prefers the public system's security, privacy, and accountability.

Dr. Wright then joined the discussion by talking about the Scottish system, in which the NHS remains the main provider with private partners constrained to a certain quality level of services.

Then, **Jean-Luc Vanraes** took the word. In his opinion, the main strength of web-based services is that they allow people to ask for help in total reservation, helping those who usually would not do it in person. His question revolved around workers and possible ways in which they can be supported.

Prof. Barros answered by stressing the importance of having mechanisms to look for help, taking hospitals and hospital staff as an example. Raising awareness of the nature of mental health and developing networks of contact with employees' families can be helpful means of mental safety at the workplace.

Robert Florkowski, Lecturer at the University of Physical Education in Poznań, shared two comments. Regarding creating a secure environment inside organizations, he referred to his experience of undergoing mobbing. For this reason, having a safe environment would be a fantastic thing, in his opinion. The second comment was about digital access to health care. Mr. Florkowski comes from the mental health academic field and stated that, although the one-to-one in-person confrontation is still considered the better option available, digital solutions can work well in the current circumstances.

Prof. Walter Osika then took the floor and addressed some general comments about the first round of interventions. He highlighted that some problems were also present in the pre-covid era (for example, the burnout syndrome among workers). For this reason, he stressed the importance of building a safe environment at the workplace regarding the topic of mental health.

15.30 "Mental health in time of COVID-19 and beyond: a contribution from PERISCOPE Project" by Walter Osika

Walter Osika, Associate Professor at Karolinska Institutet, partner of PERISCOPE Project, began his presentation by presenting the PERISCOPE Project. The project involves 32 European partners and investigates the impact of COVID-19 on behaviour, health, and economy. The project aims to develop solutions and provide holistic policy guidance to increase European actorness to deal with future pandemics. Then, Prof. Osika explained the project's logic, which is divided into many work packages redistributed in two

main sides: a descriptive part and a prescriptive part. The process begins from the need to capture reality and, therefore, collecting data and evidence on the impact of COVID-19 and the actions adopted by governments. The data is then analysed and put together through various tools to be then able to develop innovative public policies and holistic policy guidance, taking into account the central role of multi-level governance analysis and the importance of training and education. He continued by outlining the main goals of the PERISCOPE project, namely (1) the creation of a comprehensive, user-friendly, openly accessible COVID Atlas; (2) the identification of successful practices and approaches; (3) the improvement at pan-European level of capabilities for better containment of the pandemic and its related socio-economic impacts; and finally (4) the development of holistic policy guidance for policymakers at all levels of government, in order to enhance Europe's preparedness for future similar events and proposed reforms in the multi-level governance of health. Then, Prof. Osika presented the results achieved by PERISCOPE so far concerning the research on COVID-19 and mental health. He highlighted a huge systematic literature review that was made on more than 6000 articles, mainly focused on the 2008 economic crisis, in order to understand what can be learnt from the current and previous crisis. The results showed increased rates of affective disorders due to an increase in risk factors such as loss of income, inactivity, increased access to food, etc. Moreover, concerning the current pandemic, researchers have not found at this stage an increase in mental health care utilization and suicide rates (for which, however, an increase could be seen in the long-term). Prof. Osika then mentioned some studies which showed some data. The pandemic caused a dramatic increase in distance work: the number of people working from home at least one day a week increased from 5-7% (in the pre-pandemic period) to approximately 40%. In the same period, there was a general increase in job insecurity and depressive symptoms. On the other side, however, these studies highlighted some positive changes in those occupational groups able to work from distance, resulting in an increased work-family balance and a decrease in cognitive problems and stress were registered.

Prof. Osika continued by referring to the project's tasks aiming to assess inequalities and thus the impact of COVID-19 on the more vulnerable groups, such as refugees and migrants who for several reasons suffered more the consequences of the pandemic. Then, he focused on the concept of "One Health", a concept which acknowledges the interconnection between human-animal-environmental health and represents a collaborative, multisectoral, and transdisciplinary approach on multiple levels. Moreover, he explained that One Health is a relevant framework for several matters, including mental health and human intragroup relations. Currently, the One Health status is not optimal: there is a narrow view with an unbalanced focus between One Health issues in animal, human and environmental health because of an anthropocentric bias. There is also a lack of clarity, direction, and accountability, and a low level of One Health understanding amongst the public, professionals in medicine, veterinary and environmental science.

Finally, Prof. Osika concluded his contribution by pointing out some of the main research questions and tasks on which today there is a need to focus.

15:40 “A look at future: how to boost mental health resilience in children” by Åse Marit Hovden

Åse Marit Hovden, Senior Adviser Public Health at Viken County (NO), partner of the BOOST project, started her intervention by presenting the BOOST Project. The BOOST project aims to develop, implement and test a new school-based population approach for social and emotional learning, which will involve school staff skill development, organisational development, and school implementation. Their approach will be tested in mainstream school environments by regular school staff in three diverse European contexts (Norway, Spain, and Poland). By developing teachers' SEL competence, the project will strengthen the children's SEL competence and thus will promote mental health and well-being. Several are the key competencies, such as are SEL awareness, SEL management, social awareness, relationship skills and responsible decision-making, on which the project will give its contribution by working in a systematically and effective way in different time frames: in the short-term, by increasing academic achievement; in the short and long-term by preventing school dropout; and in the long-term by increasing participation in the labour market. After this introduction, Ms. Hovden focused on the need for a more systematic approach on the policy level to promote mental well-being among children in schools. Based on some formative studies, the project has published a policy brief whose main message is that, while social and emotional well-being and learning is addressed by educational policies, there is a lack of consistency in policy formulation and implementation across policy levels leading to insufficient resources and capacities to integrate and deliver high quality social and emotional learning programs in schools. Thirteen recommendations have thus been elaborated and can be followed to achieve more systematic work across all policy levels. Ms. Hovden presented only those connected to the work at the system and policy level.

1. Recommendation 1: Work with policies needs to be done systematically at all policy levels. Ms. Hovden highlighted the need to put more effort in systematically working with SEL at the European, national, regional and local levels to ensure an alignment on SEL policies across the relevant levels of government, thus enabling schools to deliver good quality and sustainable SEL programs. Political awareness and expectations concerning how schools can and should systematically work with SEL should be high on the political agenda if countries want to achieve an economy of well-being.
2. Recommendation 2: There is a need for a set of obligatory goals and plans with measurable indicators in national policies. According to Ms. Hovden, national-level policies should include a set of goals and mandatory plans so that school owners and school staff feel obligated to work actively with SEL. Having a mandatory plan with measurable indicators or checks can make implementation goals verifiable even though implementation itself might be done differently at the school level or if schools use different tools.
3. Recommendation 4: EU countries should find inspiration in EUs 8 key competencies for life-long

learning, which places as much importance on personal and social learning development as other skills like languages, science, citizenship, entrepreneurship, and digital skills. As pointed out by Ms. Hovden, this would signal that these competencies are important to both children and adults and necessary to achieve an economy based on indicators other than GDP.

4. Recommendation 5: School owners must ensure continuity and agreement between their SEL policies and the SEL policies in school.
5. Recommendation 6: School owner policies must also develop clear plans and measurable indicators.

The BOOST project is currently developing an approach that aims to build SEL capacity of school's staff and provide schools with a model for service delivery to ensure a whole-school approach. However, Ms. Hovden reminded that creating an approach for schools is not enough if the necessary policies are not in place.

16:00 “Towards a European strategy for mental health” by Claudia Marinetti

Claudia Marinetti, Director at Mental Health Europe, opened her contribution by presenting Mental Health Europe, the largest independent European network organization that works to promote positive mental health and mental well-being, prevent mental health problems, support the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families, and carers. The organization represents a large variety of stakeholders, ranging from patients themselves to health professionals and human rights experts. As pointed out by Dr. Marinetti, mental health is increasingly recognized as a subject of interest both in the health sector and outside. Article 3 of the Treaty on the European Union (TUE) states that the Union aims to promote peace, its values, and the well-being of each person, which places mental well-being at the centre of the EU's policy-making objectives. According to Dr. Marinetti, this means that the EU has a responsibility regarding the mental health of its citizens. This responsibility has become more urgent in the context of the COVID-19 pandemic, which led, in general, to higher mental distress and disruption of services, in addition to all the problems concerning those individuals in environments that during the lockdowns have been more isolated and suffered an increase in violation of human rights.

Then, Dr. Marinetti highlighted that, despite this increasing relevance of mental health, the EU still does not have a plan for an integrated approach to address the mental health of its citizens. That is problematic since data from the European Commission and the Organisation for Economic Co-operation and Development (OECD) shows that 1 in 6 people in Europe experiences mental health problems, and this was before the pandemic. According to Dr. Marinetti, today, especially with COVID-19 exacerbating related problems, there is thus a need to move beyond and introduce a European strategy on mental health. A comprehensive approach to mental health is necessary to develop complementary action plans at the national level. In her words, this strategy could include objectives with clear benchmarks and indicators to ensure a good

implementation. A comprehensive strategy is also necessary to tackle inequalities in mental health care, support prevention and early intervention services, and promote the well-being of millions of people in the EU and raise awareness of any mental health stigma and discrimination. To achieve this, Dr. Marinetti highlighted the importance of involving mental health service users and stakeholders in the whole process, from the elaboration to the evaluation of results. Dr. Marinetti explained then what Mental Health Europe is doing now, highlighting its closeness to the European institutions and its participation and coordination of various initiatives, such as the European Parliament coalition for mental health and well-being formed by 26 MPs, or the EU health policy platform, etc. Finally, Dr. Marinetti concluded its intervention hoping for the participation of the present organizations to increase the pressure in the European institutions to develop this coordinated strategy.

16:10 Open debate (Q&A)

Jean-Luc Vanraes emphasized the importance of prevention, especially in the labour world where suicides are not so unusual, particularly in southern countries.

Claudia Marinetti agreed and highlighted that it is key to go beyond the idea that mental health problems are within individuals instead of looking at a broader picture, thus including the environment in which individuals act. That is necessary to overcome the stigma on mental health, for which many people experience fear in getting help.

Steve Bourke, founder and CEO of Personal Pulse GmbH, took part in the debate by stressing the need to remove the stigma on mental health from younger generations.

Claudia Marinetti agreed and underlined the need to teach children what mental health is to change our culture on this topic and thus educate people in a more normal approach when dealing with mental health problems, even supporting other people. According to her, this would mean having a resilient society. She then concluded by referring to the first European mental health awareness weeks launched in 2020 by Mental Health Europe as an example of initiatives that can really make the difference to normalise mental health problems.

Åse Marit Hovden agreed and highlighted the importance for schools of working with social and emotional learning. Concrete plans and actions are needed.

Robert Florkowski added an optimistic view, pointing out that stigma on mental health is actually already, although slowly, changing.

Njördur Viborg concluded the open debate by adding on the importance of having psychological well-being as a subject in schools.

Brigitta Sacrédeus thanked all the participants and closed the meeting.

16:30 End of the meeting