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# EU Compass Forum on Mental Health and Well-being

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## Mental Health at Work and in Schools, Prevention of Suicide

Report of the 2017 EU Compass Forum

*The Forum is an annual event of the EU Compass for Mental Health and Well-being*



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## 1. Introduction

The second *Annual EU Compass Forum on Mental Health and Well-being* took place in Luxembourg on the 8<sup>th</sup> and 9<sup>th</sup> of June, 2017. The purpose of this year's Forum was to create a platform for discussion on a European level among Member State representatives, governmental and non-governmental stakeholders on policies and activities on mental health and well-being. The thematic areas for this year's Forum were mental health at work, mental health in schools, and prevention of suicide. Presentations and discussions addressed current actions and efforts related to these thematic areas, as well as the implementation of the recommendations of the *European Framework for Action on Mental Health and Well-being*. In addition, the outcomes of activities related to the current work of the EU Compass during 2016-2017 were shared. The Forum served as an opportunity to share good practices with and between organizations in Europe, and to propose concrete actions to further improve mental health and wellbeing in Europe. This year's Forum brought together a diverse set of stakeholders, including governmental experts from EU Member States, national and European professional organizations, health and advocacy organizations, service provider and network organizations, and key stakeholders working in the three thematic areas of this year's Forum.

This report provides an overview of the key messages of the presentations and break-out sessions and round-table discussions that occurred during the Forum.

## 2. Progress in the EU Compass on Mental Health and Well-being

The EU Compass on Mental Health and Well-being is a mechanism established to further previous mental health and well-being efforts undertaken at EU level in the context of the Green Paper for Mental Health (2005), the European Pact for Mental Health and Well-being (2008), and the Joint Action for Mental Health and Well-being (2013-2016). To continue building on the achievements which were initiated in the Joint Action, the European Commission set up the EU Compass for Action on Mental Health and Well-being in April 2015. In addition to serving to facilitate, collect, exchange and analyse information on policy and stakeholder activities in mental health, the EU Compass was established to undertake action to disseminate the European Framework for Action on Mental Health and Well-being that resulted from the Joint Action. The EU Compass focuses on seven priority topic areas, which rotate annually: 1) preventing depression & promoting resilience; 2) better access to mental health services; 3) providing community-based mental health services; 4) preventing suicide; 5) mental health at work; 6) mental health in schools; and 7) developing integrated governance approaches.

Activities carried out by the EU Compass include the establishment of a platform to monitor policies and activities in the field of mental health and well-being by Member States and non-governmental stakeholders, identifying and disseminating European good practices through a good practice database and good practice brochures, preparing and organizing three annual reports and forum events, organizing national mental health workshops in each Member State, Iceland, and Norway, and the preparation of scientific reports which will form the basis of a European consensus paper on each of the seven priority areas of the Compass.

### *The 2017 EU Compass for Mental Health and Wellbeing Forum*

This year's Forum was introduced by the Directorate-General Health and Food Safety of European Commission, Stefan Shrek. The opening session was followed by an EU Compass consortium presenting an update of activities and results achieved in its second year, specifically focused on the collection of good practices, the surveys distributed for monitoring mental health and wellbeing initiatives in Europe among both Member States representatives and key stakeholders.

The second *Annual EU Compass Forum* covered the thematic areas of mental health at work, mental health in schools, and the prevention of suicide. The Forum invited participants to share the state-of-the-art in Europe on this year's annual themes as well as share thoughts, experiences, and propose ideas on ways to further improve the overall mental health of the population. The thematic areas were presented by various distinguished technical experts in Europe. For mental health at work, a position paper was developed by Professor Leka (University of Nottingham) through the EU Compass Consortium and was accepted by the Group of Governmental Experts for Mental Health and Well-Being. In addition, the findings of the annual EU Compass surveys regarding recent activities of EU Member States and stakeholders in mental health were presented and discussed. Finally, the collection of good practices in mental health and wellbeing at EU level was also discussed at the Forum. The collection of good practices is a tool that aims to gather information on and present experiences from established practices in order to guide practices which are still in

development. The stakeholders present at the forum were encouraged to continue to submit their practices [online](#)<sup>1</sup> for evaluation until the 15<sup>th</sup> of August.

### *Progress by Member States & Stakeholders*

In 2016-2017, the Compass Consortium developed and disseminated surveys to the Group of Governmental Experts for Mental Health and Well-Being and to relevant European stakeholders asking for updated data on their activities related to mental health and well-being. These surveys aimed to collect background information on Member States' mental health systems, updates on their key developments in the last year, and other information related to the themes of this year's Forum.

In total, 20 out of 31 Member States responded to the survey. The results show that a number of Member States (such as the Netherlands and several Nordic countries) have made significant progress in advancing the implementation of the recommendations of the Framework for Action on Mental Health and Wellbeing. Some of the steps taken towards improving mental health in Europe included the preparation and/or implementation of national mental health programs, increasing and updating strategic developments in areas of concern, increasing funding for mental health and prioritize fields of interest, establishing cross-sectoral collaboration through new platforms, and the reform of social welfare and health care through the development of new services. The survey responses reflected progress on legislation and impact assessment.

The survey responses related to the three thematic areas of this year revealed that 70% of EU Member States recognize mental health at work as a priority to be addressed, and 50% of survey respondents reported to have implemented programs or strategies to address this theme. Furthermore, 94.7% of Member State respondents stated that they prioritise mental health in schools in policy or strategy documents, and 57.9% have implemented strategies to address this theme. Fewer Member States have prioritised suicide prevention at the policy level (57.9%) although slightly more Member States (65%) have implemented programs and strategies related to suicide prevention. Overall, the survey responses suggest that more activities were implemented on ensuring mental health in the workplace compared to initiatives on mental health in schools.

### *The way forward*

The Framework for Action developed from the Joint Action for Mental Health and Well-being provides a comprehensive set of recommendations covering a variety of policy settings in mental health and mental health care. The deliverables and outcomes of the EU Compass should continue to support decision-makers and stakeholders in making choices and identifying steps to be taken on the implementation of the recommendations stated in the Framework for Action.

The EU Compass for Mental Health and Wellbeing has identified next year's thematic areas as building integrated approaches for governance and the provision of community-based mental health services. The next annual EU Compass Forum will be organized on the 8<sup>th</sup> and 9<sup>th</sup> of February, 2018.

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<sup>1</sup> *Submission of good practices:* <http://bit.ly/2vbj3Q3>

### 3. Mental Health at Work

The plenary session on mental health at work was opened by Caroline Costongs (EuroHealthNet). Presentations were given by Shruti Singh (Organisation for Economic Co-operation and Development) on mental health at work and schools, by Stavroula Leka (University of Nottingham) on the position paper developed through the EU Compass consortium, by Brenda O'Brien (European Agency for Safety and Health at Work) on the impact of campaigns on mental health at work, and by Mona Wyverkens (the Union of Self-Employed Entrepreneurs) on mental health promotion in micro, small, and medium enterprises.

Subsequent break-out sessions were organised to go more in-depth on the sub-topics of mental health at the workplace. One breakout session focused on the benefits of reaching small and medium enterprises in addressing health-related topics (Mona Wyverkens, Union of Self-Employed Entrepreneurs, and Monika Zähringer, Institut für Betriebliche Gesundheitsförderung). The second breakout session focused was led by Sue Baker (Time to Change) and Johanne Bratbo (One of Us) on campaigns aimed towards fighting stigma in the workplace.

#### *The need to address mental health at work*

Both presenters and participants at the Forum communicated that mental health at work is an urgent issue to be addressed. The costs of ill mental health in Europe are high; although precise estimates of the related economic burdens vary, studies show that the costs related to mental health disorders amount to about € 240 billion/year in Europe. Further studies suggest that the costs of work-related depression alone in EU-27, amounts to € 620 billion/year. Country-level data also show the cost of mental ill health. For instance, in Denmark, annual expenses related to mental illness are estimated at € 7,4 billion, out of which only 10% is spent on treatment.

Work is a setting in which people with mental health problems feel the most discriminated and stigmatised. Moreover, many European citizens spend the majority of their time at work or engaged in work, making it an ideal setting for preventive programs to prevent mental ill health. Psychosocial risks, including stress and burnout, are the second most common reason for Europeans being absent from work for longer than three days. Absenteeism poses both a burden for the person experiencing the mental health problem, as well as for the organization or company due to the productivity losses.

One in two employers has sickness management strategies in place at the moment. Furthermore, eight in ten employers have no mental health policy to help staff in sustaining good mental health and fewer than 1 in 10 employees feel comfortable voicing their health problems to their managers.

#### *Challenges on mental health work*

Several challenges towards promoting and ensuring mental health in the workplace were highlighted during the Forum. The OECD identified several policy gaps related to mental health in the 'Fit Mind, Fit Job' report which was published in 2015. The report documented mental health related policies in nine countries, revealing that policies on securing employment provide support at a stage that is too late for people who would need it. This leads to missed opportunities for early (and timely) interventions.

During discussions at the Forum, further questions were raised on how to best address the related challenges when communicating with the responsible persons, and on how to determine what adjustments in the workplace should be made obligatory in order to promote mental health or support people with mental health problems. Addressing mental health in the public sector was brought forward as an issue of priority.

### *Examples of existing practices*

Several ongoing efforts to improve and monitor mental health at workplace were presented and discussed during the Forum:

- [EU-OSHA's campaigns](#) focus on preventive strategies to avoid psychosocial risk and on developing approaches to managing ill health at the workplace. The campaign that focuses on sustainable working lives raises awareness on early retirement linked to stress and burnout. EU-OSHA partners with many European organizations and together they provide a tool for risk assessment by employers on stress and psychosocial risk factors.
- Esener has developed a large database with figures related to the state of mental health in the workplace for individual EU countries. Results from the [Esener research](#) programme show that in small and medium enterprises, a significant share of risk factors are of a psychosocial nature.
- [The Flemish Workability Monitor](#) shows to what extent and in what way small and medium enterprises undertake measures to increase wellbeing and health at work in Belgium, resulting in the development of next steps for improvement.
- The GeMit research project, currently implemented in 5 pilot regions in Germany, proposes the concept of “business neighbourhoods” as a means to achieve more effective and collaborative action towards health management and promotion than what is currently present. The business neighbourhood initiative invokes and trains a group of company representatives who, together, should plan health promoting activities.
- The [Time to Change](#) campaign in the UK is a nationwide campaign implemented through a broad range of media outputs, including video advertisements, social media, and leverage the experiences and stories of celebrities and high-level figures in the UK to proactively break down the stigma associated with having a mental health problem, and facilitate a more conducive dialogue about mental ill health. The campaign has had a high positive impact on various media sources and achieved a positive impact on the attitudes of approximately four million people.
- The Employer Pledge, as part of the [Time to Change](#) campaign in the UK, is aimed to demonstrate an employer's commitment to action in improving internal and external communications in the workplace, to develop and train an employee support system, and to praise positive action. Over 530 organizations have signed the pledge and its campaign has gained significant popularity and approval since its implementation.
- The [ONE OF US](#) campaign in Denmark has been developed as a media campaign to improve knowledge, attitudes and behaviour related to mental ill health, and fight stigma held by society in Denmark related to mental ill health. The campaign has secured many national and regional supporting partners. Like the Time to Change campaign, ONE OF US has the mission

of increasing knowledge and promoting supportive communications about mental health in the workplace; this is done through TV-programs, training ambassadors, campaign material, and workshops and conferences.

### *Recommendations*

The focus of discussions during the Forum was on future steps to be taken in order to further implement actions related to mental health at work. The following key recommendations and insights were shared.

First, actors in sectors outside the health sector, such as teachers, managers, and employment case workers, need to be informed and trained on how to address mental health at work. Second, it is essential that mental health policies are implemented in work settings. The recent inclusion of wellbeing in the Sustainable Development Goals is an important step in this direction. From the legislative perspective, the UN Convention on the Rights of People with Disabilities could be an important leverage tool for people with psychosocial disabilities. The article on the right for employment, which is part of this convention, clarifies rights related to meaningful work and to income-generating activities for people with psychosocial disabilities. This would entail developing mental health problem-focused strategies to address specific challenges encountered in the workplace, developing and implementing better workplace policies with employee support mechanisms and incentives, and tailoring employment services for people with mental health problems. Trade unions can serve as important parties to facilitate communication with employers. Workplaces could be further engaged through management/executive level employees as well as through line-managers and even financial staff. Sharing practical tools and solutions with and among organizations is essential to create impact.

Second, the importance of ensuring good mental health and wellbeing at the workplace can be communicated to employers and other relevant stakeholders using arguments from a moral, business, or legal perspective. Legislation is an important driver for employers to take action, but in order for mental health to really be taken up as an issue in workplaces, further actions are needed, particularly awareness raising initiatives. Actions to raise awareness should include service users & relatives, staff in the health and social sectors, the labour market, and the youth & public media. When focusing on the business perspective, an emphasis on the return of investment through increased productivity can be a good motivator for employers to implement actions.

It was also mentioned that there should be a greater focus on disadvantaged populations, such as the unemployed, as they are often left out when it concerns issues of mental health at work. Various other smaller and possibly disadvantaged populations need to be included in the action plans towards improved mental health. With migrant populations increasing, new topics have to be considered, like the increasing need for communication services for migrants who may be unemployed or have a mental health problem or disability.

Interventions following a multi-modal approach which includes elements to address the general work environment and elements to address the individual have been shown to be effective and should be implemented further. Further, an inclusive definition of mental health can help businesses and employers to develop a more positive perspective on the issue.

Finally, it was discussed that using highly medical terminology for mental ill health could have a negative impact and that one should be mindful of terms that may further increase stigma.

Participants proposed that ill mental health should be approached by employers and colleagues with empathy, and this approach should enable open dialogues as well as challenge myths with facts about mental illnesses. Campaigns like 'ONE OF US' and 'Time to Change' are the result of continuous attempts to create partnerships and collaborations among organisations and businesses to address mental ill health in the workplace together. Good practices collection initiatives provide a tool that can be very useful in identifying and connecting successful initiatives across various fields. Through information that good practices provide about their methods, their collaborators, and their impact, those who are developing initiatives should learn and explore different valuable ideas.

## 4. Mental Health in Schools

During the Forum, the thematic area of mental health in schools was introduced by Kristian Wahlbeck (Finnish Association for Mental Health). Plenary presentations were delivered by Goof Buijs (Schools for Health in Europe) on good practices in schools, by Ton Duif (European School Heads Association) on the impact and needs of teachers and pupils, and by Jean Baptiste Rouffet (Ministry of Social Affairs and Health of France) on how ministries of health and ministries of education can work together.

Breakout sessions on the topic of mental health in schools were presented by Diana Frasilho (NOVA Medical School) and the National Youth Council of the Netherlands on organizing a structured dialogue on mental health, by Sue Baker (Time to Change) and Filipa Palha (ENCONTRAR+SE) on fighting stigma at schools, and by Ivana Pavić Šimetin (Croatian Institute of Public Health) and Paula Speetjens (Trimbos Institute) on national programmes and evidence-based interventions.

### *The need to address mental health in schools*

The Joint Action for Mental Health and Well-being set the framework for actions needed on mental health care in schools. Mental disorders have their onset very early in life and are highly related to youth stopping education early. The median age of onset of ill mental health ranges between 11 years old for anxiety and impulse control disorders, 20 years old for substance abuse, and 14 years old for mood disorders. About 50% of all lifetime cases start at the age of 14; 75% have already started by the age of 24.

Reducing the rate of students leaving school early is one of the major strategic goals in the Europe 2020 programme. Although there has been progress made in the field, many Member States have not yet reached the target of having only a 10% dropout rate. Developing and providing mental health interventions in schools can contribute to reducing the school dropout rate.

Children who have experienced abuse, maltreatment, or bullying are far more likely to develop mental health problems in adulthood. A child bullied in school is 3 to 4 times at risk of developing depression than a child who is not bullied. Furthermore, there is a need to prevent trans-generational psychopathology which needs to be addressed; for example, 1 in 6 Dutch children have a parent or guardian with a mental illness or addiction.

Key elements that significantly influence health in schools include: policies on healthy schools, physical and social school environments, health skills & action competencies, community links, and school health services. Schools for Health in Europe carried out a survey to determine how/if mental health is currently prioritized in schools across the EU and found that physical activity and healthy eating habits are of highest priorities above mental health. Additional surveys, such as the Health

Behaviour in School-aged Children (HBSC), also reveal that reports of low mood in pupils increase throughout the school years. Stress was found to be the biggest cause for reduced academic performance, social isolation, and risk taking behaviour.

### *Challenges on mental health in schools*

The OECD reported that more school-based mental health actions are still needed in order to address the needs of the population. A key challenge is the substantial lack of collaboration between schools, specialists, and community mental health services. For children at risk of developing a mental health problem or for those with a mental health problem, interventions need to be comprehensive and holistic, delivered by a whole network of professionals from the health, social, and educational sectors. Such a comprehensive approach also requires sharing data among different sectors to make informed decisions for care and programs. At present, such data sharing mechanisms are complex to implement and organise.

European educational systems are diverse and not standardized. More than 60 different school systems are currently implemented throughout Europe. Different educational models and the ways in which they address mental health issues may significantly defer in effectiveness, so it is important to clearly identify what works and what doesn't in efforts addressing mental health in schools. It was also discussed that the frequent use of standardised testing methods in an educational system can limit or exclude certain student populations, particularly those vulnerable to mental health problems. Furthermore, educational systems that emphasize cognitive learning and achievement too heavily may prove challenging for pupils dealing with ill mental health. Europe-wide, a common problem is that children and adolescents with mental health problems do not receive enough support and are often marginalized in school settings.

Finally, stigma related to mental ill health is a major obstacle for raising awareness and reaching the general population. Finding more effective ways of presenting the very real needs of the youth with mental health problems remains a challenge.

### *Examples of existing practices*

Several ongoing efforts to improve and monitor Mental Health in Schools were discussed during the Forum:

- [Dream Teens](#) is a Portuguese nationwide project to promote civic engagement and encourage active participation of young people between the ages of 11-18 years old. The project included the dissemination of an online application, a partnership with a nationwide broadcasting TV network and public figures, and an online debate by young people on six identified topics of interest fostered by an online media platform coordinated by senior researchers and trained by senior researchers on basic research strategies. This work was then followed by research projects performed by young people. The Dream Teens is now run independently by the young people. The programme is focused on sharing examples and experiences of young people in the health advocacy and policy arenas with international agencies, such as the World Health Organization, and on training other young people on active citizenship processes.

- The [Mind Matters](#) initiative, which was originally developed in Australia, was adapted to German schools and policies. The program serves as a free resource for primary and secondary schools and it focuses primarily on developing healthy schools as opposed to health-promoting schools. Every year approximately 1000 copies are disseminated of the resource pack, and teachers use modules or parts of it. Pupils value the Mind Matters approach in the sense that control, educational commitment and school climate are enhanced, while psychosomatic complaints and school stress are reduced.
- The last project implemented by the National Youth Council of the Netherlands was [Mind Matters](#) as well. This project focuses on young people's mental health. As part of the project, qualitative research was conducted with more than 700 young people attending high school in the Netherlands. Volunteers at the Mind Matters programme (all youth) presented the main topics/challenges that emerged from the qualitative study based on young people's experiences and challenges in terms of Mental Health. They also reported that a taskforce of young people has been developed to try to implement solutions to the main challenging topics that emerged.
- [The Schools for Health in Europe \(SHE\) Network](#) specifically works on developing and implementing new strategies and interventions with the aim of improving mental health in European schools. The SHE defines a health-promoting school as one that implements a structured and systematic plan for the health and well-being of all pupils and of teaching and non-teaching staff.
- A new platform implemented by the Croatian Institute of Public Health aimed to facilitate schools in Croatia on joining the Schools for Health in Europe Network. As a result of this project, during 2016-2017, nine high schools joined the network. The project included a phase of assessing current practices and school policies, a phase of implementation of recommended activities to improve school climate, support and communication, and a phase of monitoring and evaluation. Research on the project found that the health-promoting schools approach is supportive to implement new processes in schools, that it leads to overall improvement in school climate and wellbeing of teacher and pupils after a period of 3-4 years, and that it provides an opportunity for professional and personal development of pupils and teachers.
- In France, a framework convention between Ministers of Health and Ministers of Education was signed in November 2016, formalising the cooperation between these two ministries to work together on mental health in schools. The objectives of the framework are to help pupils become responsible agents for their own health, to make schools beneficial environments for health and learning, to strengthen dialogue between schools and municipalities, to reduce social inequalities of health in youth, and to implement sustainable working methods.
- Programmes implemented related to this framework in France include the Good Behaviour Game. The [Good Behaviour Game](#) is incorporated during lessons at school and is aimed at reducing aggressive and disruptive behaviours. The experience shows that the game significantly facilitates the reduction of further development of depression and alcohol use. Other programmes, such as [Ecole 21](#), '*feel well to learn better*', focus on bringing together all actors in realising steps in connecting schools to health care systems. In addition, the suicide

prevention initiative incorporates points similar to the education/health initiative and includes media involvement, in an effort to reduce stigma.

- In Portugal, two projects are implemented based on one strategy. One of these, the United to Help Movement (UPHA) aims to help people move one step forward in the acceptance and understanding of mental disorders, breaking the silence around mental health, bringing hope, and promoting change. While this project focuses on young people in the age of 15-18, a second project, called [Abrir Espaço](#) focuses on young people in the age of 12-14 and was implemented between 2011 and 2014. A variety of materials were developed as part of the project. The results of these projects showed that a significant improvement in positive perception regarding people with mental health problems. The importance of early intervention was stressed.
- A variety of programs and activities also related to schools have been implemented as part of Time to Change campaign in the UK, including short inspirational and educational films, senior leader networks, trainings, and events.

### *Recommendations*

The following key recommendations and insights were shared during the presentations and roundtable discussions of the Forum.

First, the main stakeholders involved in education and health, such as ministries, regional health agencies, municipality departments, the community, partner associations, families and education authorities, should agree on cross-sectoral cooperation for the development of a national public health plan, as they are all part of the solution to improving the health of young people.

Second, it is important to more closely link health and education departments and ministries. In this respect, the EU Compass can promote the importance of such linkages. From a policy perspective, interventions in mental health need to start early and should be implemented across the life-cycle. Policies need to be developed focused on early school leavers so as to optimise their chances of remaining in school, obtaining a good education and in turn becoming productive members of society. If alliances are created between policy makers and schools, it can be prevented that every problem is solved by legislation.

Changes in culture and the societal environment should be reflected in the ways that schools function. For example, according to 'the new junior model' several principles are important to further address, such as being adventurous, creating ideas and discussing with peers. In addition, decreasing standardized testing in order to broaden focus may help to develop a more inclusive school system that has more emphasis on mental health. Inspection systems are not always effective and benchmarking networks between schools can be implemented. It is important to be aware of the risks related to bullying and early school leaving and to act on them through improving teacher-student relationships.

During the discussion after the presentation, the question was raised if it is essential for teachers to receive mandatory mental health training and to make mental health a compulsory aspect in school curricula. Most participants articulated that training for teachers could be a step forward, although it was also indicated that implementing this step through legislation may not necessarily be effective. Young people should be provided support and resources needed to actively participate in initiatives

on mental health, and this could be done with the help of European umbrella youth organizations (e.g. Youth Forum). Education and literacy are key to drawing attention to and advocating for the need of fostering young people's active participation towards mental health issues and well-being.

The parent population is crucial when discussing informal education as they greatly influence mental health in youth. A WHO report mentioned that mental health is an issue not discussed enough within the family settings due to stigma. It was agreed by the participants that the issue of stigmatization needs recognition, and especially in EU leaders' discussions. The exercise of sharing experiences with different practices was found to be essential in accomplishing our future goals and all participants were encouraged to submit their good practices as these are valuable sources of information for other developing practices that may need advice or contribution. The criteria established in the Good Practices collection tool allows for the evaluation of all practices from various sectors under the same criteria so that none are missed. Many initiatives struggle to make a case to their leaders regarding new actions due to insufficient evidence-based information. Platforms such as the Global Anti-Stigma Alliance with more than 20 countries as members can assist in providing relevant scientific and practice-based evidence so it can be used by Member States and other stakeholders in a diverse set of contexts.

## 5. Prevention of Suicide

The topic of suicide prevention was discussed during a breakout session presented by Clément Allanic (Psy) and Richard Lavergne (Psy) on suicide prevention in the workplace. The speakers discussed that it is important to adequately identify and understand the impact of suicide as well as to be aware of how it is currently being viewed by society in different settings.

According to the 'EU Health at a Glance Report of 2016' there are approximately 60,000 cases of suicide annually in Europe. The more common understanding of suicide in the field of health care is that it is an act which reflects an overwhelming amount of suffering that must absolutely cease whatever the outcome. Other acts following the aim to end suffering include engaging in risky behaviours, self-mutilation or parasuicide, and suicide attempts, all of which should be considered and addressed with the same seriousness as they are also strongly correlated, as noted by the literature.

It is important to recognise the risk factors for suicide or self-harm, which may begin to manifest in work settings. This can include abnormal working patterns and behaviours (compared to previous performance and attitudes), and/or repeated absences. These signs should be better identified in the workplace in order to take appropriate preventive action. Engagement and communication on the topic of suicide both at the internal and external levels in an organization (CEO, managers, staff from Human Resources departments, staff representatives, and occupational physicians & counsellors), should be a priority at all times.

In addition, there is also a need for better terminology concerning suicide across all levels of the European workforce and authorities and there is more action needed on staff training. The best approach to addressing suicide prevention in the workplace is with flexibility, in which each organization and the setting in which it operates is evaluated appropriately so that the needs can be well identified.

An important recommendation in order to improve suicide prevention in the workplace is to move beyond legislation and related penalties but to respond to the issue of suicide more individually and to stimulate open dialogue on the topic at EU-level.

## 6. Conclusions and next steps

The 2017 EU Compass *Forum* provided a platform for fruitful discussions and has provided valuable input that will steer activities towards new developments on mental health in the future, particularly on the thematic areas of mental health at workplace, mental health in schools, and prevention of suicide. The outcomes of the event, including consensus papers, can be found on the [EU Compass website](#). The inputs from this year's Forum contribute to the EU Compass' database of good practices and evidence-based interventions, which will help to catalyse further ideas for promoting further actions in mental health across the EU.

This Forum was attended by a variety of different stakeholders, including policymakers, representatives from NGOs, researchers, and EU Member state representatives. As a result of the variety of participants, the Forum has the potential to directly impact mental health in schools and at work, as well as to change the policies surrounding programmes to directly reach students, workers, and those at risk of suicide.

The outcomes of the discussions made at the Forum have led to recommendations for several actions going forward. First, it was stated that better coordination is needed between various stakeholder at EU level could be achieved via a European Platform that brings them together. Smart use of such platforms could result in higher effectiveness of action. More studies are still required that study the effectiveness and the implementation of interventions at various levels including organizational, national and EU levels. These studies should not only look at challenges but should also assess opportunities.

Second, support for growth and investment is a key priority in the European Commission. Mental health and well-being in Europe is essential in order to achieve economic growth and should to be brought more into the spotlight. The European Commission has put in place a new mechanism, which has the aim of achieving sustainable development goals. It is important that mental health has a role in this initiative.

Going forward, Fora like these will continue to bring together stakeholders from different sectors to discuss and take action on ways to reach mental health and wellbeing goals set out across Europe. The EU Compass will further support Member States and stakeholders in improving mental health by providing a platform for collection and dissemination of good practices in mental health and wellbeing, through collecting and analysing data on progress made in mental health, and stimulate dialogue on how to further implement effective interventions and programs to improve the mental health and wellbeing of European citizens.

## 7. Programme of the Second EU Compass Forum on Mental Health and Well-being

### **Venue**

Novotel Kirchberg Hotel Luxembourg, 6 Rue du Fort Niedergruenewald, 2226 Luxembourg City

### **Day 1: June 8<sup>th</sup>**

**Chair:** Jose Miguel Caldas de Almeida, Head of Institute, Lisbon Institute of Global Mental Health, Nova Medical School (Portugal)

**Co-chair:** Herta Adam, Deputy Head of Unit, Health Programme and Chronic Diseases, Directorate-General Health and Food Safety, European Commission

12:30 - 13:30            **Registration and walk in lunch**

13:30 - 13:40            **EU Actions in Mental Health and Wellbeing**  
*Stefan Schreck, Head of Unit, Health Programme and Chronic Diseases, Directorate-General Health and Food Safety, European Commission*

13:40 - 14:00            **Mental health at work and schools**  
*Shruti Singh, Economist, Directorate Employment, Labour and Social Affairs, Organisation for Economic Co-operation and Development (OECD)*

14:00 – 14:10            **The EU Compass for Action on Mental Health and Well-being**  
*Ionela Petrea, Head Trimbos International, Trimbos Institute (Netherlands) Leader, EU Compass for Mental Health and Well-being*

14:10 – 14:30            **Annual report on policies, activities and practices in Member States and key stakeholders on mental health**

***The European monitoring mechanism for mental health***

*Johannes Parkkonen, Project Coordinator, Finnish Association for Mental Health (Finland)*

***2017 Progress report in Member States and key stakeholders***

*Diana Frasilho, Research Fellow, Lisbon Institute of Global Mental Health, Nova Medical School (Portugal)*

**14:30 – 17:30**            **MENTAL HEALTH AT SCHOOLS**

**Chair:** Kristian Wahlbeck, Director of Development, Finnish Association for Mental Health (Finland)

**Co-chair:** Herta Adam, Deputy Head of Unit, Health Programme and Chronic Diseases, Directorate-General Health and Food Safety, European Commission

- 14:30 – 14:45            **Introduction of session on Mental Health at Schools**  
*Kristian Wahlbeck, Director of Development, Finnish Association for Mental Health (Finland)*
- 14:45 - 15:00            **Schools for Mental Health: what does good look like?**  
*Goof Buijs, Coordinator, Schools for Health in Europe*
- 15:00 – 15:15            **What impact can teachers have on the mental health of their pupils and what do they need?**  
*Ton Duif, Past President, European School Heads Association*
- 15:15 – 15:30            **How Ministries of Education and Health can work together**  
*Jean-Baptiste Rouffet, Directorate General for Health, Ministry of Social Affairs and Health (France)*
- 15:30 – 17:30            **BREAKOUT SESSIONS**
- 1. National Youth Forum and governmental representative on organising a structured dialogue on mental health**  
*Diana Frasquilho, Executive, Dream Teens Youth Engagement Project (Portugal)*  
*Gaby Drenth, Inge Gerrits, Melanie Stanciuc, Kelly Hurkmans, Lize VandenBerghe, Esther van Duin, Andy Didden, National Youth Council, Mind Matters (Netherlands)*
- 2. Promoting mental health and wellbeing of staff and students: fighting stigma at school**  
*Sue Baker, Director, Time to Change (England)*  
*Filipa Palha, President of Board of Directors, professor, ENCONTRAR+SE, Universidade Católica Portuguesa (Portugal)*
- 3. National programs for mental health at school and evidence based interventions for youth at risk**  
*Ivana Pavić Šimetin, Deputy Director, Croatian Institute of Public Health (Croatia)*  
*Paula Speetjens, Research Associate, Trimbos Institute (Netherlands)*
- 17:30 – 17:45            **Plenary feedback from the break-out sessions**
- 19:00                      **Dinner**

## Day 2: June 9<sup>th</sup>

**Chair:** Caroline Costongs, Managing Director, EuroHealthNet

**Co-chair:** Ionela Petrea, Head Trimbos International, Trimbos Institute (Netherlands)

8:00 – 9:00            **Welcome coffee**

**09:00 - 12:15            MENTAL HEALTH AT WORK**

09:00 - 09:15            **Introduction of session on Mental Health at Workplace**

*Caroline Costongs, Managing Director, EuroHealthNet*

09:15 - 09:30            **Mental health at work: state of play**

*Stavroula Leka, Professor of Work, Health and Policy at University of Nottingham, Director of Centre for Organisation Health and Development (United Kingdom)*

09:30 – 09:45            **The impact of campaigns on mental health at work**

*Brenda O'Brien, Manager Brussels Liaison Office, European Agency for Safety and Health at Work*

09:45 – 10:00            **How can micro, small and medium enterprises promote a positive mental health environment**

*Mona Wyverkens, Social Policy Officer, the Union of Self-Employed Entrepreneurs (UNIZO), representing the European Association of Craft, Small and Medium-sized Enterprises (EUAPME)*

10:00 - 12:00            **BREAKOUT SESSIONS**

**1. The strength of SME's: how to reach the majority of Europeans at their workplace**

*Mona Wyverkens, Social Policy Officer, the Union of Self-Employed Entrepreneur (UNIZO), representing the European Association of Craft, Small and Medium-sized Enterprises (EUAPME)*

*Monika Zähringer, Referent Team Research & Progress, Institut für Betriebliche Gesundheitsförderung (Germany)*

**2. Promoting mental health and wellbeing of staff: fighting stigma in the workplace**

*Sue Baker, Director, Time to Change (United Kingdom)*

*Johanne Bratbo, Psychologist and Project Manager, One of Us (Denmark)*

**3. Suicide prevention in the workplace - good practices**

*Clément Allanic, Account manager for Employment Assistance Programme, Psya (France)*

*Richard Lavergne, Head of Development, Psya (France)*

12:00 – 12:15	<b>Plenary feedback from the break-out sessions</b>
12:15 – 12:30	<b>Conclusions of the Forum and closing</b> <i>John F. Ryan, Director, Directorate-General Health and Food Safety, European Commission</i>
12:30	<b>Take-away lunch</b>

## 8. Participant List

Second EU Compass Forum on Mental Health and Well-being

# Mental Health at Work and in Schools, Prevention of Suicide

8 – 9 June, Luxembourg

### LIST OF PARTICIPANTS

Organization	Representative
GAMIAN- Europe	Bert Aben
DG Sante	Herta Adam
Psya	Clement Allanic
Nefel Network	Nicos Andreopoulos
Nova Medical School	Ana Antunes
European Network For Workplace Health Promotion	Paul Baart
Time to Change	Sue Baker
Ministry of Education of Turkey	Birsen Bayar
COFACE Families Europe	Magdi Birtha
National Mental Health Centre and Antidrug Romania	Ileana Botezat - Antonescu
EuroHealthNet	Christy Braham
ONE OF US - The national antistigma campaign in Denmark	Johanne Bratbo

Ministry of Health of the Slovak Republic	Dagmar Breznoscakova
Eurogip	Marie-Amélie Buffet
Schools for Health in Europe	Goof Buijs
Lisbon Institute of Global Mental Health, Nova Medical School	José Miguel Caldas de Almeida
Fealips, Federation Europeenne des Associations Luttant contre l'isolement et pour la Prevention du Suicide	Philippe Carret
Mental Health Services -Ministry of Health	Anna Chatziiona Pardeisioti
Ministry of Health of Republic of Slovenia	Nadja Čobal
Ministère de la Santé Luxembourg	Roger Consbruck
EuroHealthNet	Caroline Costongs
State Mental Health Centre	Ona Davidoniene
Ministry of Health Italy	Teresa Di Fiandra
National Youth Council	Gaby Drenth
European School Heads Association	Ton Duif
International Federation of Telephone Emergency Services	Tina Duvivier
Partnership for Children	Caroline Egar
ADHD-Europe	Suzette Everling
NOVA Medical School	Diana Frasilho
European Psychiatric Association (EPA)	Mari Fresu
European Psychiatric Association	Silvana Galderisi
FNERDM - Federação Nacional das Entidades de Reabilitação de Doentes Mentais	Elenora Gonçalves
Ferrer	Alfredo Gracia
European Commission	Lennertz Greta

Psichikos sveikatos perspektyvos/ NGO Mental Health Perspectives	Ugnė Grigaitė
Robert Koch Institute	Ulfert Hapke
University of Leipzig	Ulrich Hegerl
Trimbos Institute	Bethany Hipple Walters
Public Health Agency of Sweden	Lisa Hulting
European Federation of Associations of Families of People with Mental Illness (EUFAMI)	Aagje Ieven
Eurocadres	Martin Jefflén
Youth Aware of Mental Health (YAM)	Beatrice Johansson
Kaleido-Ostbelgien	Marianne Kant - Schaps
Institute Aware of Mental Health (YAM)	Zeljka Karin
GAMIAN- Europe	Hilkka Karkkainen
Youth Aware of Mental Health (YAM)	Eva Karlsson
EUCOMS	Rene Keet
European Psychiatric Nurses (Horatio)	Nina Kilkku
Vrije Universiteit Amsterdam	Lisa Kooistra
European Brain Council	Stephanie Kramer
SALAR (Swedish Association of Local Authorities and Regions)	Fredrik Lindencrona
University of Nottingham	Stavroula Leka
SMES-Europa Santé Mentale Exclusion Sociale	Luigi Leonori
SALAR/ Mission Mental Health	Fredrik Lindencrona
Mental Health Europe	Laura Marchetti
EuroHealthNet	Claudia Marinetti
Chafea	Antoinette Martiat

Finnish Association for Mental Health	Sari Aalto-Matuuri
Familiar Mente Federation	Ana Rute Mendes
European Network of (-Ex) Users and Survivors of Psychiatry (ENUSP)	Guadalupe Morales
London School of Economics	David McDaid
National Centre of Public Health and Analyses, Sofia	Vladimir Nakov
Trimbos Institute	Chris Nas
Romanian League for Mental Health	Raluca Nica
Trimbos Institute	Michiel Nijssen
ADHD, ASC & LD Belgium	Joanne Norris
Mental Health Europe	Maria Nyman
European Agency for Safety and Health at Work (EU-OSHA)	Brenda O'Brien
Parc Sanitari Sant Joan de Déu	Beatriz Olaya
Encontrar+SE	Filipa Palha
Technological Educational Institute of Crete	Maria Papadakaki
Finish Association Mental Health	Johannes Parkkonen
DG Sante	Isabel Pena Rey Lorenzo
Familles du Monde	Leticia Reyes
Udruga Ludruga	Vlatka Ročić Petak
Trimbos Institute	Ionela Petrea
European Federation of Psychologists Associations (EFPA)	Robertas Povilaitis
Ministry of Health, Czech Republic	Dita Protopopova
EPSM Lille Metropole (WHOCC)	Jean-Luc Roelandt

Spitalul de Psihiatrie Cronici Siret	Tiberiu Andrei Rotaru Angelescu
Ministry of Health, France	Jean-Baptiste Roufet
National Youth Council (NJR)	Nina Ruijer
Directorate-General Health and Consumers, European Commission	John F. Ryan
Fealips, Federation Europeenne des Associations Luttant contre l'Isoloment et pour la Prevention du Suicide	Fiona Saigre
Action for Mental Health	Norman Sartorius
University Psychiatric Hospital Vrapce	Aleksandar Savic
European Trade Union Institute	Fabienne Scandella
European Social Insurance Platform (ESIP)	Marina Schmidt
Ministry of Health, Welfare and Sports	Paulien Seeverens
CPS Paris	Shutian Shen
European Commission	Stefan Schreck
World Health Organisation (WHO)	Elena Shevkun
Trimbos Institute	Laura Shields-Zeeman
ARIA - Associação de Reabilitação e Integração Ajuda	Carla Silva
Organisation for Economic Co-operation and Development (OECD)	Shruti Singh
National Institute for Health and Welfare	Pia Solin
Trimbos Institute	Paula Speetjens
National Youth Council (NJR)	Melanie Stanciuc
Croatian Institute of Public Health	Danijela Tomić
European Parents' Association	Johannes Theiner
Eesti Haigekassa (Estonian Health Insurance Fund)	Tiina Unukainen

Flemish Mental Health Association	Jan Van Speybroeck
National Youth Council (NJR)	Lize Van de Berghe
H4A (Health For All), CIS-IUL (ISCTE)	Paulo Vitoria
National Youth Council (NJR)	Jesse Vos
The Finnish Association for Mental Health	Kristian Wahlbeck
Scottish Association for Mental Health (SAMH)	Billy Watson
De Unie van Zelfstandige Ondernemers (UNIZO)	Mona Wyverkens
Eurocarers	Stecy Yghemonos
BGF-Institute	Monika Zaehringer
Trimbos Institute	Sharon Zoomer
Epioni	Spyros Zorbas
Trimbos Institute	Vianey Zwezerijnen