

PROMOTING MENTAL HEALTH DURING A PERIOD OF POLY-CRISES

Insights from cross-country implementations in Europe

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Insights from cross-country implementations in Europe

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Liga za
duševné
zdravie



For detailed information of all interventions, see the EuroHealthNet and Mental Health Europe websites, which include

- Capacity building materials, summaries, the Situation Analyses and Needs Assessment, and additional material ([Link](#))



- Implementation infographics of all interventions ([Link](#))



Summary of Policy Recommendations

This report reflects on the lessons learned from implementing mental health practices under the EU-funded **MENTALITY Project**. The primary focus was the promotion of mental health through innovative practices such as the "**Hopeful, Healthy, and Happy Living and Learning Toolkit**", the "**Map of Mental Health Services**", "**Discover Your Potential**" workshops for migrants, and "**Team Reflection**" sessions for healthcare professionals. These interventions were implemented across Greece, Slovakia, Latvia, and Poland, each tailored to the unique challenges of their respective contexts. The report summarises the methodology used, results, and insights gleaned from these interventions while providing **actionable policy insights on local, national, and European level**. More detailed descriptions of the below recommendations can be found at the end of this report.

Create infrastructure for implementation.

- Establish a permanent oversight framework for mental health services (e.g., via the Ministry of Health) to align service organisation and delivery, integrate new initiatives, help to remove bureaucratic hurdles, and facilitate knowledge-sharing to enhance implementation efficiency.
- Collect and disseminate insights from past mental health interventions for a centralised mental health database, using platforms like DG SANTE's Best Practice Portal or national best practice portals to support knowledge sharing.

Identify what already exists.

- Expand the *Map of Mental Health Services* across the EU to improve monitoring and understanding of national mental health systems.
- Create and maintain a comparative overview of policymakers' and professionals' competencies across European countries to support a more coordinated and mobile mental health workforce and policy landscape.

Adapt to your situation.

- Before implementing an intervention, first conduct a Situation Analysis and Needs Assessment (SANA), ensuring all stakeholders are identified.
- Integrate interventions into existing structures to reduce additional burdens on stakeholders, and improve efficiency, acceptance, and long-term sustainability.

Give a voice to those you aim to support.

- Actively include individuals with lived experience and local communities in the design, implementation, and evaluation of mental health interventions to enhance quality, relevance, uptake, and effectiveness.

Measure and repeat – don't implement and move on!

- Prioritise funding for scaling and adapting evidence-based mental health interventions over new, untested initiatives, ensuring efficient use of resources.
- Establish an EU-wide standardised measurement tool to monitor population mental health and track intervention effectiveness over time, supporting evidence-based policymaking.

Introduction

Poor mental health affects **over 84 million people** across the EU¹, **diminishing quality of life**, contributing to social isolation², and early mortality³. Mental health conditions are among the leading causes of disability (particularly among young people)⁴, impacting people's ability to study, work, and engage in daily activities. Beyond personal suffering, the economic burden is substantial, with **mental health problems costing over 4% of GDP—exceeding €600 billion annually** already before the pandemic—due to healthcare expenses, social security costs, and lost productivity⁵. Depending on socio-economic factors and which country people live in, they are often **unequally affected** by mental health problems⁶. Various practices have been put into place across different European countries to combat these issues, but they may not be equally effective and suitable in other places or countries. Investing in the **adaptation and upscaling of such interventions** is essential to improve well-being and reduce long-term economic strain.

MENTALITY⁷, funded under the EU4Health Programme, aimed at enhancing mental health across Europe by piloting promising practices in additional countries. Launched in January 2023, the project focused on vulnerable groups, including children, healthcare workers, individuals with pre-existing mental health conditions, migrants, and service providers. Over two years, seven organisations collaborated to implement and adapt four evidence-based practices to improve mental health in five different countries, hosting training events, and producing educational materials. The transfer of these practices has been closely monitored and evaluated. **This report summarises key learnings from implementation efforts of all practices in different EU countries and provides insights and advice for policy.** The consortium comprises organisations from six countries, each bringing unique expertise to the project:

- **Mental Health Europe (Belgium):** Serving as the project coordinator, leading efforts in project management and communication strategies.
- **EuroHealthNet (Belgium):** Analysing pilot implementations and developing training materials to facilitate the transfer and adoption of successful mental health practices.
- **ESTUAR Foundation (Romania):** Implementing an interactive map of facilities offering free mental health support, adapted from a successful Polish initiative.
- **League for Mental Health (Slovakia):** Developing an interactive map to connect individuals with mental health challenges to service providers and implementing a toolkit to support children affected by COVID-19.
- **Prolepsis Institute (Greece):** Leading the development of the project's monitoring and evaluation framework and translating a toolkit for children to new contexts.
- **Riga City Council (Latvia):** Implementing the 'Team Reflection' practice to support the psycho-emotional health of care professionals.
- **Polish Migration Forum:** Providing mental health support to migrants and refugees through a preventive group intervention called "Discover Your Potential."

¹ European Commission. (n.d.). [Factsheet on a new EU approach to mental health](#)

² Schnepf et al. (2024). [Loneliness in Europe: Determinants, Risks and Interventions](#). Springer.

³ O'Connor et al. (2023). [Gone Too Soon: priorities for action to prevent premature mortality associated with mental illness and mental distress](#). *The Lancet Psychiatry*.

⁴ Erskine et al. (2018). [A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth](#). *Psychological Medicine*.

⁵ European Commission. (n.d.). [Health at a Glance: Europe 2018](#).

⁶ Henking et al. (2023). [Global inequalities in mental health problems: understanding the predictors of lifetime prevalence, treatment utilisation and perceived helpfulness across 111 countries](#). *Preventive Medicine*.

⁷ <https://www.mentalhealth-europe.org/project/mentality-2/>, see also <https://eurohealthnet.eu/publication/mentality-capacity-building-factsheets/>

Methodology

The implementation and evaluation of the piloted practices adhered to a structured and evidence-based approach.

Situation Analysis and Needs Assessment (SANA)

A comprehensive situation analysis and needs assessment framework (SANA) was used to tailor interventions to the specific needs of target populations before implementation. This involved:

- Identifying relevant stakeholders
- Conducting desk research and conversations with stakeholders
- Analysing contextual factors, including cultural, social, and economic variables in the participating countries (Greece, Slovakia, Latvia, and Poland).
- Gathering beneficiary feedback to inform programme design and implementation.

This ensured that all practices had been adequately adapted to the country and local context, potential legal challenges were identified, stakeholders were mapped, and any further adaptations could be made to the respective practice. The SANAs also identified any additional steps that may have been needed or useful for the particular implementation.

Stakeholder Engagement

Stakeholders including educators, healthcare providers, policymakers, community organisations, and NGOs were engaged throughout the process (depending on the intervention concerned). Their participation ensured the relevance and feasibility of the interventions.

Monitoring and Evaluation

A robust monitoring and evaluation framework was established to assess the outcomes and impact of the interventions. Key metrics included improvements in awareness, building resilience, accessibility to mental health resources, and satisfaction of those involved. Data were collected through online surveys addressed to beneficiaries assessing the results of the implemented promising practices and stakeholders evaluating their improvement of knowledge regarding stigma and discrimination. Feedback sessions were also utilised to gather insights from beneficiaries, and three site visits were performed at the implementation sites.

The detailed SANA reports for each practice and country can be found online, together with all other resources for policy makers, potential future implementers, researchers, and the public. In the following pages, we summarise insights from the SANAs and implementations⁸.

⁸ <https://eurohealthnet.eu/publication/mentality-capacity-building-factsheets/>

"Hopeful, Healthy, and Happy Living and Learning Toolkit" – Guide for Teachers

The Guide for Teachers helps educators in supporting children’s mental health. It specifically targets increased anxiety, depressive symptoms, social isolation, and difficulties experienced by schoolchildren (ages 4-18). It is a single toolkit covering a large variety of important mental health topics. The Guide provides a unique and structured handbook with specific steps for teachers, supporting their overall work. Its different exercises make it extremely versatile and adaptable to the many situations and issues teachers and children may face.

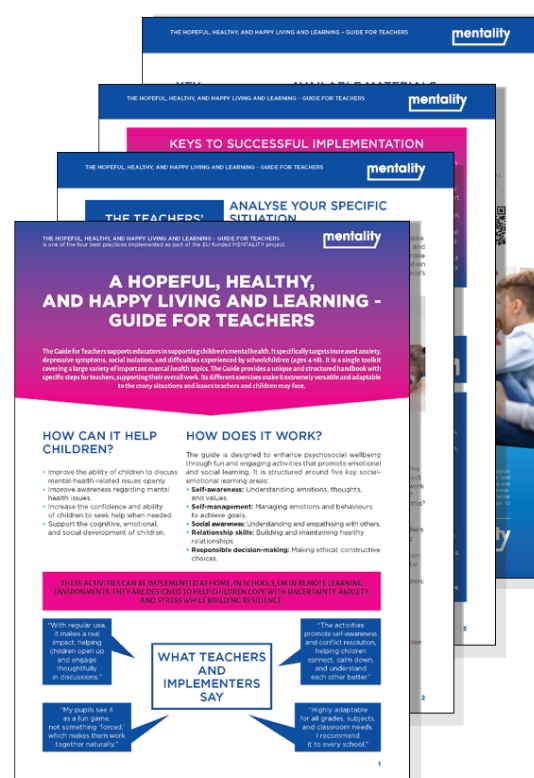
- **Original Country:** Developed by REPSSI and APSSI, with support from MHPSS.net, funding from Education Cannot Wait, internationally implemented by the Red Cross
- **Implemented in:** Greece and Slovakia
- **Objective:** Address children’s mental health challenges, including anxiety, depression, and social isolation, and support their well-being through teacher-facilitated activities.
- **How It Works:** The toolkit is structured around five key social-emotional learning areas: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. Activities are tailored by age group (4-18 years) and include reflective exercises, group discussions, and skill-building games.
- **Implementation:** Deployed in Greece and Slovakia, with localisation for language and cultural context. Teachers were trained to deliver the activities in both classroom and remote settings.
- **Results:** Increased awareness of mental health issues among students and educators, improved resilience through emotional learning, and positive feedback on adaptability; enhanced teacher support: Teachers felt more equipped to handle mental health challenges in classrooms due to structured guidance and training.

Specific Insights relevant for policy or future implementation:

	Greece	Slovakia
Main barriers	<p>Delayed response from education authorities, which could have stalled implementation</p> <p>Hesitancy among teachers to address sensitive topics like coping with change</p>	<p>Teacher Overload: Limited time and resources for additional initiatives</p> <p>Feedback Gaps: Low response rates for post-implementation surveys</p> <p>Cultural Adaptation: Some materials needed modifications to fit Slovak educational and cultural contexts</p>
Main facilitators	<p>Strong engagement from school principals allowed the programme to proceed without formal approvals</p> <p>Webinars, training materials, and ongoing support for teachers helped ensure effective implementation</p> <p>Continuous monitoring and feedback allowed for adjustments to improve effectiveness</p>	<p>Collaboration with Teachers and Psychologists: Their involvement helped tailor the content effectively.</p> <p>Translation of Materials: Ensured accessibility for all users</p> <p>Age-Specific Customization: Improved engagement and relevance for students</p> <p>Online Training for Teachers: Increased flexibility and accessibility of training.</p> <p>Coalition of Schools' Participation: Strengthened commitment to psychological safety in education</p>

<p>Key Stakeholders</p>	<p>Teachers and educators: Direct implementers of the guide in classrooms</p> <p>School principals: Facilitators who played a key role in enabling implementation despite bureaucratic challenges</p> <p>Educational authorities: Their delayed response posed challenges, but their role remains critical for long-term policy integration</p> <p>Parents and caregivers: Indirect stakeholders, as their children benefited from improved emotional and social learning</p> <p>Psychologists: Helped refine activities in the guide to ensure their effectiveness</p>	<p>Coalition of Schools: A voluntary network of 76 schools committed to psychological well-being</p> <p>Teachers: Primary users of the toolkit</p> <p>School Psychologists: Provided expertise and guidance in implementation</p> <p>Students: The direct beneficiaries of the toolkit's content</p> <p>Parents: Observed and supported changes in their children's behaviour</p> <p>Research Institute of Child Psychology and Pathopsychology (VÚDPaP): This institute works to inform and influence policies related to child mental health and supports training and professional development for those working in the field of child psychology and psychiatry</p> <p>Regional Centers and City Districts: Assisted with coordination and dissemination</p>
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- Working closely with school principals allowed the project to proceed without waiting for formal approvals from other instances, such as local government – it is therefore **crucial to build strong relationships with principals and teachers early in the process**. This can be helpful across all sorts of bureaucratic processes.
- **Teachers have limited time.** It is important to understand their workload and respect it. Implementation should be as easy as possible for teachers, rather than simply adding to their high workload. **Integrating the practice into the existing curriculum** is one feasible option. **Supporting materials, including online training courses** were developed to help educators understand and implement the activities effectively. **Two webinars were hosted to train teachers in implementing the guide**, ensuring they felt prepared to use it in the classroom. Continuous feedback and communication with teachers were essential in refining the approach and ensuring the effectiveness of the intervention.
- Materials not only need linguistic translation, but sometimes also **cultural adaptation** and **age-specific customisation** to make materials relevant for and interesting to students.
- **Timing matters:** While early outreach is always preferable, school employees can have more time – and motivation – to support a practice depending on their own annual schedule; in Slovakia, implementation would have benefitted from a kick-off in October.



Read the [MENTALITY capacity-building factsheet](#) that introduces the *Guide for Teachers* and sets out steps for implementation.

"Discover Your Potential" Workshops

The Discover Your Potential workshops are designed to help newly arrived migrants tap into their own potential and resources to adapt to a new environment and labour market. The intervention also creates an opportunity for people with a migratory experience to engage with a group with similar lived experiences, thus stimulating their integration into the community. By having mental health experts and migrants working together as trainers, the programme creates a sense of belonging and safety. These are paramount to good mental health and wellbeing but can be difficult to achieve for people with a migration background within a new cultural context.

- **Original Country:** Inspired by the Mind-Spring method developed by ARQ Center in The Netherlands
- **Implemented in:** Poland
- **Objective:** To support young migrants aged 18-35 in integrating into their new communities and enhancing their mental well-being.
- **How It Works:** Peer-led workshops combine psychoeducation with practical exercises focused on resilience, stress management, and cultural adaptation. Trainers with migrant backgrounds collaborate with mental health professionals.
- **Implementation:** Piloted in Poland with a focus on Spanish- and Ukrainian-speaking and ethnically diverse migrant groups. Barriers such as time constraints and low initial participation were addressed through targeted outreach and schedule adjustments.
- **Results:** Improved integration, increased confidence among participants, and valuable insights into tailoring content for diverse audiences.

Specific insights relevant for policy or future implementation:

Main barriers

- Specific challenges faced by the migrant population in Poland: it turned out to be difficult for them to engage in time-demanding processes

Facilitators

- Strong team efforts and fruitful cooperation between mental health professionals and migrant trainers
- Interest expressed by multiple higher education institutions in future implementation and swift cooperation

Key stakeholders

- Migrant population residing in Poland long-term
- Migrants with no employment or part-time positions
- Mental health professionals and trainers; migrant trainers; MHPSS professionals; local mental health agencies and institutions
- Universities and schools
- Local integration centres

Learnings

- **Requiring migrants and refugees to attend activities which span over a full day is often not possible or sustainable:** Many are busy with work which is reflected in high employability amongst the migrant population in Poland
- The general **instability experienced by migrants was not supportive of the implementation process:** many asylum-seekers wait for months for their decision and often have to appeal multiple times. The Ukrainian population specifically has to adapt to changes in policies quite often - these regard their legal status, schooling obligations and social benefits, and more. This **changing legal situation complicates the situation** for migrants in general, but also when trying to implement the intervention
- Schools and universities should be approached as early as possible



Read the [MENTALITY capacity-building factsheet](#) that introduces *Discover your Potential* and sets out steps for implementation.

"Team Reflection" Sessions

Team Reflection is an evidence-based intervention specifically tailored for social and healthcare workers who face high levels of stress and heavy workloads in their professional roles. By creating a safe space for open dialogue and providing practical tools for stress management, Team Reflection aims to mitigate the negative impacts of stress on individual professionals and the team as a whole.

- **Original Country:** The Netherlands
- **Implemented in:** Latvia (Riga)
- **Objective:** To mitigate stress and promote team cohesion among healthcare professionals.
- **How It Works:** Structured group sessions create a safe space for open dialogue and stress management. A buddy system encourages mutual support, while facilitators guide teams in recognising and addressing stressors.
- **Implementation:** Conducted in healthcare settings in Latvia, with training for local facilitators and regular follow-ups to sustain momentum.
- **Results:** Enhanced team dynamics, greater awareness of stress management techniques, and recommendations for replication in schools and other high-stress workplaces.

Specific insights relevant for policy or future implementation:

Main barriers

- Convincing stakeholders with different, sometimes competing priorities - such as deputies, administrators, and managers of social care centres - is time-consuming and difficult, as benefits are not always immediately visible
- For the translation of teaching materials, it can be difficult to convey the same meaning in different languages
- All activities had to be prepared according to Public Procurement Law and internal regulations of the Welfare Department of the Riga City Council; standard procedures can take between two weeks and to months to gain approval
- It is difficult to ensure sustainability without securing ongoing funding

Facilitators

- Partnerships with other organisations
- Engagement and the collaboration
- Rising awareness about social and health care workers' mental health helped in the implementation
- Once participants acquired practical stress management skills through the intervention, they shared their knowledge further, acting as a multiplier

Key stakeholders

- Riga City Council (RCC) Social Issues Committee
- Riga shelter
- RSCC Gaiļezers
- RSCC Mežciems
- RSCC Stella Maris
- RCC Administrative Board
- RCC Development Department
- RCC Communication Department
- Center for Social Support of Children, Youth and Families
- Riga Social Service

Specific Insights

- **No groups of healthcare professionals are the same:** Depending on people and implementation sites, there are very diverse groups and approaches may need minor adaptations on-site
- **Smaller groups make for better conversations:** One of the first groups had 19 participants, but it proved beneficial to not exceed 10 – 12 participants. In a smaller group, the participants reported feeling safer and people found it easier to talk. In addition, **more time and attention can be given to each participant.**
- **Split the workshops into more sessions, over time:** Participants suggested that it would be valuable to organize group meetings monthly, stressing that it is a challenge to learn all stress management strategies in just a few lessons.
- **Groups should consist of employees at the same seniority:** In groups from the same level of the hierarchy, participants were more open to talk about stressful situations.
- **Participants may get other benefits from the experience than they expected:** In conversations after the training, some participants revealed that the opportunity to listen and support each other, to look at problems and stressful situations in the workplace, and in their private lives in a different way, had inspired them to try to find time every day for short coffee breaks, during which they can talk about their mood and support each other, to continue the buddy system, and that they will aim to introduce Team Reflections to colleagues who could not participate, but may also benefit.



Read the [MENTALITY capacity-building factsheet](#) that introduces Team Reflection and sets out steps for implementation.

Interactive Map of Centres Providing Mental Health Support

The interactive map of mental health support centres was originally developed in Poland. The MENTALITY project facilitated the adaptation and replication of this practice in Romania and Slovakia. The dedicated interactive map identifies facilities offering free mental health support to individuals experiencing mental health distress and those in vulnerable situations, particularly during times of crisis.

- **Original Country:** Poland (MapaWsparcia.PL)
- **Implemented in:** Slovakia; Romania (Cluj-Napoca)
- **Objective:** To centralise and simplify access to mental health services in Slovakia and Romania, developed in Poland.
- **How It Works:** An interactive map (unique to each implementation site) allows users to locate free mental health resources, including therapy centres, peer support groups, and shelters. It incorporates community feedback to improve service quality.
- **Implementation:** Collaborations with local mental health organisations ensured the map's comprehensiveness. User workshops were conducted to refine the platform based on feedback.
- **Results:** The maps empowered users to make informed choices about mental health services, fostered community engagement, improved trust in services and reduced stigma. The maps connected people with available mental health services and raised awareness of lesser known and specialised resources, contributing to a more holistic mental health ecosystem.

Specific Insights relevant for policy or future implementation:

Main Barriers

- **Technical challenges:** Difficulties with managing two IT teams and ensuring the map was technically sound posed major obstacles.
- **Data presentation issues:** There were unforeseen problems with how the data was presented on the map, which delayed the process and required additional adjustments.
- **Data maintenance:** The effort required to keep the map's data current was more than expected, especially given how frequently service details and events changed.
- **Complexity of integration:** Integrating the map into existing mental health services proved challenging, as it required a shift in how services were delivered.
- **A lack of recognition for community services** and the psychosocial model in legislation. Legislative changes to promote a more holistic, integrated approach to mental health could support the integration of the map into national systems.

Main Facilitators

- **Building a Ukrainian version:** The creation of a Ukrainian-specific version (with a switch available through one click) and a section for refugees helped make the map more relevant to a key group of users.
- **User-friendly design:** A focus on making the map easy to navigate, helped users access information quickly and effectively.
- **Expanded search capabilities:** New search criteria made it easier to find both general and specialised mental health support.
- **Raising awareness:** Efforts to raise awareness about mental health and connect people to support services helped facilitate the implementation.

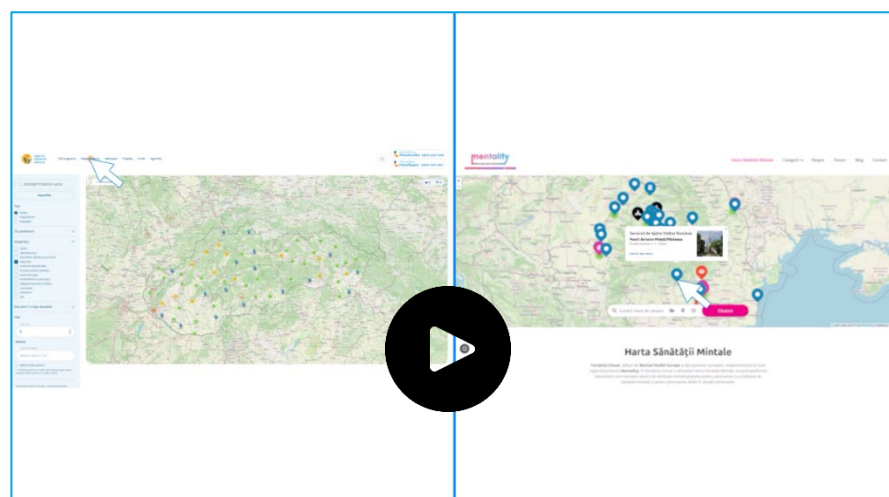
Key Stakeholders

- Council for Mental Health in Slovakia - a multi-sectorial advisory board to the government comprising all relevant Ministries and professional bodies involved in mental health strategy design: This advisory body played a key role in supporting the initiative.
- Ministry of Health (Slovakia): Their involvement was critical for ensuring the Map of Support was aligned with national health priorities.
- NGOs working in mental health were important partners in the project.
- International organisations: UNICEF, UNHCR, and WHO were involved in providing support, especially for Ukrainian refugees.
- Professional Associations: The Chamber of Psychologists and Psychiatric Society were also key stakeholders in the implementation process.

Specific Insights

- **Technical requirements are often more complex than assumed:** Understanding the resources and constant effort needed to keep the data up-to-date would have been beneficial to implementing the map. It is crucial to find the **simplest IT solution**, and **ensure maintenance and quality monitoring for long-term sustainability** of a digital service.
- **Ongoing Maintenance as the true challenge:** Sustaining the platform demands significant human resources to navigate Slovakia's dynamic mental health market. Keeping the database updated is critical to maintaining the Map's value and relevance—making ongoing upkeep the true test of the project's long-term success.
- **Integrate new services in the existing ecosystem:** The League for Mental Health did not create an isolated service, but redesigned their **main website** to make it one central mental health portal in Slovakia, and placed the map prominently to ensure it was easy for users to find and access.
- **... but synergies can come with surprises:** Some parts of the map, like the connection to mental health service providers, required adjustments to better match the local systems and meet the needs of users. Close **communication with stakeholders and IT, and continuous feedback loops** for improvement are key.
- **Make services relevant to users:** A **Ukrainian version** of the map was created to make it culturally relevant and accessible for refugees. The League for Mental Health provided a range of services through funded initiatives, including a special section specifically for Ukrainian refugees, making it easier for them to find relevant services and events.
- **Maintaining and expanding requires long-term funding and institutional backing:** Exploring partnerships with health insurers, private donors, and EU-funded programmes is essential for securing future updates and expansions.

Watch the [MENTALITY video](#) that introduces the Interactive Maps.



Implications for Policy

Create infrastructure for implementation

Mental health is complex and highly individual. There is, unfortunately, no silver bullet or one-size-fits-all approach. Yet, interventions on population level – be it local, regional, national, or even supranational – can play a significant role in promoting mental health and well-being and preventing mental ill-health through multiple levers, as showcased in this report and many other cases⁹. Implementing such an intervention requires diligent research before it can commence, to ensure it meets ethical and legal standards, is appropriate to the community it aims to support, and does not interfere with ongoing efforts. **Creating a framework for permanent oversight of mental health services and existing population-level interventions, that is not limited to clinical services**, can create an ecosystem that makes it easier for new initiatives to be integrated in the existing infrastructure. For example, the overview of mental health policy in England already includes community mental health services¹⁰. Such an ecosystem could also include **the highlighting of bureaucratic hurdles**, the reworking of which could **save many working hours of civil servants and implementation teams** in the long run. It could further facilitate the **collection of insights from previous implementations in a centralised database**, providing an additional source of more practice-related evidence relevant to implementation teams and policymakers¹¹. DG SANTE's Best Practice portal could play a significant role in such an endeavour on EU level to serve as a knowledge hub for dissemination.

Identify what already exists

Implementing the *Map of Mental Health Services* in additional countries, or even across the entire EU, would mark an immense step forward towards better understanding and monitoring of national mental health systems and services. It is also noteworthy, that the competencies of law makers, policy makers, but also mental health professionals differ vastly across European countries. Creating **a comparative overview** of these - including services geared towards the specific needs of diverse groups within the population (including women, migrants, refugees, and more) - and keeping them updated would be an extremely useful tool to have when planning mental health-related interventions, and potentially **working towards a more streamlined and mobile mental health workforce in the EU**.

Adapt to your situation

Even where well-established and documented mental health ecosystems exist, we can conclude that conducting a detailed **Situation Analysis and Needs Assessment (SANA)**, is not only incredibly useful, but crucial to the success of any intervention in the field of mental health (and other fields). Part of this SANA should always be the **identification of all relevant stakeholders**. As visible from this report, these play a key role in the success of any implementation (for instance, as reported in our insights from the *Guide for Teachers*, where dedicated school principals ensured that the intervention could take place at all). It is further crucial to **understand the situation of all stakeholders** to properly adapt the intervention in a way that fits their schedule. **Ideally, any intervention is flawlessly integrated into the existing processes of the implementation site, rather than a standalone activity that adds additional burden to those involved**. This will not only improve efficiency and acceptance of the practice but also shows respect towards stakeholders and can facilitate long-term sustainability. A lack of time can *make or break* an intervention's success. Likewise, as seen in the implementation of *Team Reflection*, even within the same region and field, **no group of people an intervention seeks to support is the same** and may require on-the-spot adaptation.

⁹ <https://webgate.ec.europa.eu/dyna/bp-portal/submission/search?call=Mental%20Health>

¹⁰ Garratt. (2024). *Mental health policy and services in England*. House of Commons Library.

¹¹ See Ruggeri. (2025). *Assessing evidence based on scale can be a useful predictor of policy outcomes*. Policy Sciences.

Give a voice to those you aim to support

Mental health and implementation research have made tremendous advances in the past years, not just scientifically, but also in how findings are being turned into insights to inform policy^{12, 13}. However, even the most thorough review of the most reliable evidence may not point to an issue that researchers have not yet explored, or implementers have not identified as part of their intervention - a person with lived experience of mental health problems may identify such an issue immediately, because it is, or used to be, part of their everyday life. **Including local communities and people with lived experience actively can significantly improve quality of a service and intervention**¹⁴, and as such, uptake and efficiency. This can **particularly be useful if the target group is very diverse**, as was the case in *Discover Your Potential*.

Measure and repeat – don't implement and move on!

A major issue in creating long-term, sustainable interventions, is time-bound funding. **Rather than providing funds for additional interventions with weaker or no evidence-base, it would be more efficient and resource-saving to further upscale or translate existing practices that work.** This could be done through establishing a better overview of mental health systems, as suggested above, and by expanding DG SANTE's Best Practice Portal to include all implementation evidence, as well as summaries of what works and what has not worked, providing key insights into *why* specific interventions succeeded - or failed. This requires a coherent evaluation scheme. While different interventions have different specific goals, **having in place an EU wide measurement tool to monitor population mental health** would provide useful comparative data both at baseline and to better understand the extend of the positive effects of mental health interventions.

Building further on identified successful interventions – such as those from MENTALITY detailed in this report – together with a good overview of mental health systems and the status of population mental health can create **a virtuous circle of better mental health data and more effective and efficient interventions.**

¹² McGinty et al. (2024). *The Lancet Psychiatry Commission: transforming mental health implementation research*. *The Lancet Psychiatry*.

¹³ Jarke et al. (2020). *Applying Behavioural Insights to Policy: From Evidence to Practice*. *Apollo - University of Cambridge Repository*.

¹⁴ O'Mara-Eves et al. (2015). *The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis*. *BMC Public Health*.



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