Input for a European Comprehensive approach to mental health

Written by the Trimbos Institute, de Nederlandse ggz and
the Dutch International Mental Health Hub

As a collaboration of mental health and wellbeing partners in the Netherlands, we want to congratulate the European Commission with the commitment to bring forth a European Comprehensive approach to mental health. We also want to thank the Commission for providing us with the opportunity to provide input at such an early stage. We look forward to seeing the initiative develop and would like to contribute in further steps of the process. In this document we will share:

1. **Why** we believe that action at EU level can help promote good mental health and prevent, mitigate and respond to mental health challenges in the Netherlands and across Europe.
2. **What** topics we think the comprehensive approach should focus on.
3. **How** we envision the European Union can increase their positive impact on mental health in European countries.
4. **Knowledge, skills and good practices** from the Netherlands that can benefit the European institutions and other member States.

Executive summary

1. Why an EU comprehensive approach?

- Only in connection with the world around us we can successfully meet the challenges for a mentally healthy society –

Mental health is an intersectoral EU topic.

- Mental health strongly and bi-directionally links to EU topics such as socio-economic inequality, physical health, workplace productivity, war, climate change, and more..

2. What topics should the comprehensive approach focus on?

Mental health and wellbeing for all

Mental health in all policies & politics
- With a focus on reducing (health) inequalities

A mental health system instead of a mental illness system

Agency and healthy lifestyle

Mental health over the life course

Mentally healthy environments – including the digital world

Less stigma and discrimination

Fitting support and care in the right place at the right time

Access to the right support and care

Agency for the service user

Integrated and holistic care and support

Healthy and qualified professionals

3. How can the European Union positively impact people's mental health?

The goal: improving the daily lives of citizens, service users and professionals
- The experience and voice of citizens, service users and professionals as the central focus.

From goal to action: reaching local stakeholders and supporting them through three roles:
1. Finding ways to stimulate broad, complex or new developments that are needed across Europe
2. Moving issues forward that are stuck on a national level
3. Offering an external advise and knowledge function

Proposed instruments

A structure/body to ensure Mental Health in All EU policies

Formulating an EU-agenda to guide support and investments
- Taking into account all available knowledge and initiatives

European funds
- Accessible for local stakeholders and small collaborations.
- For: 1) Bridging gaps between the EU agenda and national policies; 2) Stimulating innovation; 3) Strengthening the capacity of countries to scale up good practices

Knowledge exchange between EU countries
- In smaller groups of countries on particular topics
- Via 'Twinnings'

Knowledge development at an EU level
- To provide an evidence base for desired transformations
- To help facilitate and evaluate decisions on a national level

Dutch challenges, expertise and best practices

Our mental health system is divided over 6 laws, bringing challenges in for ex. organizing integral care and prevention

We have proven ourselves as a catalyst of international good practices. And we gladly share our Dutch expertise and good practices with others. Our specific expertise ranges from forensic & acute care to integral care, professionalizing experiential expertise, digital solutions, and more.

Trimbos instituut de Nederlandse ggz Dutch International Mental Health Hub

1. Why an EU comprehensive approach?

- Only in connection with the world around us we can successfully meet the challenges for a mentally healthy society -

Mental health is a complex phenomenon influenced by many factors, ranging from national and global pressures, to socio-economic inequalities, to individual experiences and biology. Countries experience similar developments and develop initiatives to seize similar opportunities and solve similar problems. With the growing prevalence of mental distress and mental health issues across Europe, connecting European countries and exchanging knowledge on mental health becomes more and more important. It can prevent double investments, use resources more meaningfully and efficiently, and ascertain that EU citizens have access to the most relevant up to date knowledge and best practices.

Mental health is an intersectoral EU topic

Given its deep interdependency with other societal issues, we see mental health as a core issue for EU policy and politics. Socio-economic factors such as income security, living conditions and social support account for about 85% of mental wellbeing. Political and cultural factors such as war, climate, digitalization, and performance pressure in school or at work influence mental health and resilience, especially among young people. Burn-out and mental health issues are a leading cause of lost productivity in Europe - both due to absenteeism and presentism[1] - and have far-fetching effects on European economies, networks, communities and physical health. And lastly, there is a strong relationship between physical and mental health, with the COVID-19 pandemic as a clear recent example. Making an impact on mental health (promoting mental wellbeing and preventing mental health problems) also means intervening on factors outside of the health sector and beyond the individual. Awareness of the bi-directional relationships at play and an integral EU approach are necessary to promote positive impact and prevent harm.

2. What topics should the comprehensive approach focus on?

The wide scope of the Communication supports an integral and comprehensive approach to mental health, with which we strongly agree. However, the risk of a wide scope is that the initiative will spread itself too thin and potential impact might be diluted. In the paragraphs below we hope to help provide focus, by describing topics and frameworks that we see as particularly relevant for the EU's span of action. We have organized these topics in three sections:

a) Mental health and wellbeing for all
b) Fitting support and care in the right place at the right time
c) Specific topics relevant to mental health: practice-based insights from the Netherlands

a) Mental health and wellbeing for all

<u>Mental health in all policies & politics</u>

Mental health is interlinked with a wide variety of European issues, in complex and bi-directional ways. For example, European policies impact groups at risk for mental ill-health, such as migrant workers, platform workers, farmers and refugees. Digitalization and changing economies require new flexibility and skills, impacting the mental health of those at risk of being left behind. Young people

[1] https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/managing_presenteeism.pdf

rate climate change, the war in Ukraine and the pandemic as main sources of stress and anxiety[2]. This last point relates not only to policy work but also to the EU's political role.

Within 'mental health in all policies' we see reducing health inequalities as a central theme. The past years have seen increased inequalities in most European countries, brought to light further by the COVID-19 pandemic. Targeting health inequalities from the healthcare system means putting out fires without addressing the root cause, which often lies in other domains. We see a role for the EU both in taking mental health into account in the design of all relevant EU policies and actions, and in helping member states to do the same in their national policies and actions. The challenge here is to focus not only on actions around an individual's mental health and wellbeing but to encourage a focus on system level factors that can reduce or widen inequalities and subsequently increase/ reduce our chances of good mental health. Examples of these system-level factors are financing mental health from different domains/sectors, policy measures, forms of social security and employment entitlements and benefits. The 'wellbeing economy' and 'planetary health' can be helpful frameworks to ensure this system level approach.

A mental health system instead of a mental illness system

In order to promote good health and prevent health problems we need to move away from a system focused on disease and towards a system focused on health. Although this might sound logical, it requires fundamental mind- and system shifts. For example, it means moving the focus beyond individual care and support to also include development of healthy neighborhoods, workplaces, schools, and digital worlds, and even further: to healthy sustainable ecosystems. It also means a switch from measuring the effectiveness of care to healing and recovery, helping people to finding effective ways to support behaviors, circumstances or connections that prevent sickness and trouble. This all asks for new partners, new ways of funding and new forms of informed decision making.

Agency and healthy life style

We embrace Machteld Huber's model of Positive Health, which sees health not as the absence of disease, but as people's ability to cope with the physical, emotional and social challenges of life. (Mental) health and lifestyle skills can help people feel agency and take control over their own health, resilience and wellbeing. We envision a society in which people learn to develop and train these skills and approach their health in a holistic way. Healthy eating, exercise, community building, parenting skills and mindfulness are all building blocks towards a healthy body and mind. The availability of (online and physical) community-spaces, health- and wellbeing apps, and low-key activities or trainings can help build the skills of communities and people. In addition, education and school are important places to teach health skills from an early age on.

Mental health over the life course

Different from physical health problems, mental health problems often surface in teenage years/young adulthood and are strongly correlated with experience of adverse life events or risk factors for poor mental health in early childhood, stressing the need to strengthen protective factors and reduce risk factors as early as possible. Mental health issues can dramatically impact the course of someone's life, affecting social, educational, and employment opportunities.

Youth mental health deserves extra focus, as we know that 75% of mental health problems start before age 25. Specific groups at high risk of mental ill-health among youth include young people with a parent experiencing a mental health or substance abuse problem, and NEET group (not in Education or Training) who are particularly at risk of being left behind.

[2] McKinsey Health institute survey on mental health of GenZ

That being said, strengthening protective factors for mental wellbeing and reducing risk factors for poor mental health is essential at every stage in life, and in particular at important transition moments such as the transition from school to work, from work to pension, transitions around marriage or parenthood, or moves or career changes. Approaches and interventions that support healthy ageing are also important, seeing the impact of loneliness on mental ill-health as well as cognitive decline and changes in health status and roles on mental wellbeing. The right expertise needs to be available in the right time for all age groups, without financial borders or laws limiting the continuity of care and the care-relationship.

Mentally healthy environments – including the digital world

In addition to having support throughout the life course, mental health promotion is also about supporting people in context, i.e. in the settings where people live, study, work, and spend much of their free time. Ascertaining that these places are mentally healthy and that mental health support is available when necessary is a key element to improving population wellbeing and preventing mental health problems. This asks a broad scope (ranging from housing-strategies, to green space development, to school curricula, to air quality, to management-trainings, to healthy online fora and platforms, etc.), strategic priorities, engaged networks and financial accountability that supports investments in healthy environments.

Less stigma and discrimination

Stigma and discrimination negatively affect mental health in many ways. They prevent people from reflecting on their own mental health, discussing it with friends and asking for help if necessary. They add an extra burden of shame and self-stigma on people who suffer from mental health issues. And they make it difficult for people with mental health issues to fully participate in society, for example by adding barriers to finding work and starting relationships. Direct contact between people with and without lived experience proves to be the most effective way to reduce stigma and discrimination.[3] Other tools include campaigns, education and inclusive policies and legislation. For all anti stigma programs, cultural sensitivity and lived experience leadership are central elements to make them effective[4].

b) Fitting support and care in the right place at the right time

Access to the right support and care

With a growing demand for mental health support and care, and many challenges faced by the current mental health workforce, many European countries struggle with waiting lists and capacity issues. Making sure that people can receive timely and adequate support and care requires new solutions and/or difficult choices. It requires a better understanding of waiting list dynamics and management, a wider variety of support (including for example preventative online self-help and wellbeing apps, community support, peer support etc.), accurate diagnosis/detection systems to allocate adequate care/support and flexible ways to optimize professionals' time. It also requires more agency for users and shared decision making, to ensure that people are receiving support that best fits their needs and challenges.

Agency for the service user

An important ingredient of people's path towards recovery is having and feeling choice and agency over your own recovery path and over the use of available tools and support. The people who have

[3] The Lancet Commission on ending stigma and discrimination in mental health, 2022

[4] Lancet Commission on ending stigma and discrimination in mental health, 2022

most insight in their own thoughts, feelings and issues are the service users themselves. This asks for an active and deciding role of the service user, and a supporting and sometimes guiding role of mental health professionals. Many countries, including the Netherlands, are moving towards this relationship and explore methods and tools with which service user agency and shared decision making can be increased. A central place for the service users' voice, not only in their own recovery path, but in all policy and decision making around mental health care is crucial for this.

Integrated and holistic care and support

Just like mental health promotion and prevention should take into account all factors influencing mental health, mental health care and support should do the same. This means that professionals and services need to be aware of how a person's context influences their mental health and vice versa. It requires that mental health-, somatic health, social- and community services are linked in networks and provide integrated and holistic care when needed. This asks for inter-personal, professional, technical, financial and legal conditions, both on a local and national level.

Healthy and qualified professionals

One very important factor in treatment effectiveness is the relationship between the mental health professional and the service user. Only in a stable, trusting and genuine interaction can fears and beliefs be confronted. Forming genuine contact, while accommodating the emotions and behaviors of the service users and managing your own emotions, asks a lot from mental health professionals and their own mental health. In addition, the long waiting lists, expected efficiency, high administrative burden and aftereffects of the COVID-19 pandemic add another level of work pressure and stress. To maximize the effectiveness of mental health professionals and to prevent them from developing mental health issues themselves, we need to keep looking for ways to reduce stress and mental burden. For this, co-creation with mental health professionals is crucial at all levels.

c) Specific topics relevant to mental health: practice-based insights from the Netherlands

We want to highlight a few specific topics and challenges that are particularly relevant from a Dutch perspective – andmay be relatable or recognizable for other European countries.

The Dutch mental health system is a fragmented system. Mental health policy and legislation fall under 6 different laws (the health care act; the youth care act, the long-term care act, the social support act, the public health act and the forensic act). Between these laws, decision making lies with health insurances, central government, municipalities or municipal health services. All these parties split the country up in their own regions, ranging from 25 to 342 regions. The result is a complex web in which partners need to work together in many different constructions and on different scales.

The organization of the Dutch system brings opportunities. It allows for local decision making and flexibility to optimally fit the local and domain-specific context. It allows for closer connection with citizens/patients to ensure better fitted and more accessible care and support. And lastly, it has stimulated Dutch decision makers and services to develop expertise in building collaborative structures for integral support on many different scales (also see section 4).

But the fragmented structure also brings challenges, for example in taking an integrated approach to mental health and knowledge exchange:

- Financing mental health promotion and prevention is complex because it requires investments in the social support, public health and youth care act that will eventually

benefit the mental health act (and other parts of society)[5]. This means that financial agreements need to be made between 342 municipalities, 20 health insurances, 25 public health institutions and the ministry of health, both nationally and locally.

- Integrated and holistic care requires collaboration between partners that are financed and organized by different laws and regions. For example, for effective collaboration between the health and social domain, municipalities need to unite themselves in collaborative structures that meet the scale of a health insurance region, or health insurances need to formulate different plans and agreements with every separate municipality. Both constructions are time consuming and thus costly, and lead to slow decision making processes.
- From pilots to structural change. Another challenge in a system where decision making power is spread over many parties and regions, is that it becomes difficult to scale up good practices to a larger scale or to structural change. Regions develop their own good practices and feel ownership over them. Exchanging good practices between regions, or translating them towards structural change on a national scale proves difficult.
- Effective data sharing. Every law and/or decision maker brings its own scale of data collection. For example, youth care data is stored in 342 municipality systems, health care data is stored in 20 health insurance systems. These 362 systems are organized in different ways, and cannot necessarily talk to each other. In addition, privacy legislation makes data sharing between these systems even more difficult. Because of this, we miss a national insight in many aspects of mental health care use and provision, making it difficult to follow trends and learn from the effectiveness of structures or interventions on a national scale.
- Innovation on digitalization and e-health: at the end of 2022, Dutch health care parties and the ministry of health have signed a national health care agreement. An important aspect in this agreement is improving the provision of digital care and e-health. National and local effort and funds will be allocated to developing digital health standards, improving the digital skills of health professionals, creating private-public partnerships, increasing the variety and quality of digital health tools and e-health modules and ensuring that digital health care is accessible and inclusive.
- Reducing coercion: despite efforts such as guidelines, action plans, the development of a new law, and commitment to the UNCRPD, coercion in Dutch mental health care has not decreased in the past few years. It remains a wicked problem for Dutch policy and decision makers how real, structural change can be reached on this topic.

3. How can the European Union positively impact people's mental health?

The goal: improving the daily lives of citizens, service users and professionals

We were happy to read that the Communication aims to "include actions with a clearly-defined added value at EU level to […] those on the front line and to empower citizens to promote their own mental health." This is not an easy goal. European action and policy decisions are far removed from the reality and daily lives of individual citizens, especially those who deal with mental health issues, and a direct relation cannot always be so easily defined. However, we believe the experience of citizens, service users and professionals should be the central focus to make sure the initiative fits their needs and to prevent it from becoming a paper reality. Only by listening to and supporting the reality of end users can we ensure that EU policy fits the 'muddiness of everyday practice'.

[5] This recent report provides a Dutch historical and current perspective on why a transformation towards prevention and mentally healthy environments is necessary, and why it has proven so difficult to make this reform in the past decades: Ggz uit de knel: noodzaak tot transformatie - Trimbos-instituut

From goal to action

However, for many Dutch stakeholders on the ground, the European Union feels far away. European calls for funding often require collaboration across many European countries, long proposals and extensive reporting. For an average mental health service or municipality, European opportunities remain invisible or unattainable. And if they do come across them, the barrier for application and participation is too high. In addition, because of the large size and focused scope of funded projects, it is difficult for project managers of these projects to connect to professionals, citizens and end users on the ground and to include the full width of practice-based realities.

It is a pity that many Dutch stakeholders miss opportunities to connect to EU initiatives, because we do see an important role of the European Union in stimulating and improving mental health in the Netherlands. We see a need for three roles in particular:

- Finding ways to stimulate broad, complex or new developments that are needed across Europe
- Moving issues forward that are stuck on a national level
- Offering an external advise and knowledge function, broadening our view

In the current call for evidence we see a limited description of how the European Commission envisions that EU action could effectuate these roles. We therefore describe below via which instruments we think EU action could maximally impact mental health in EU member states.

Proposed instruments

A structure/body to ensure Mental Health in All EU policies

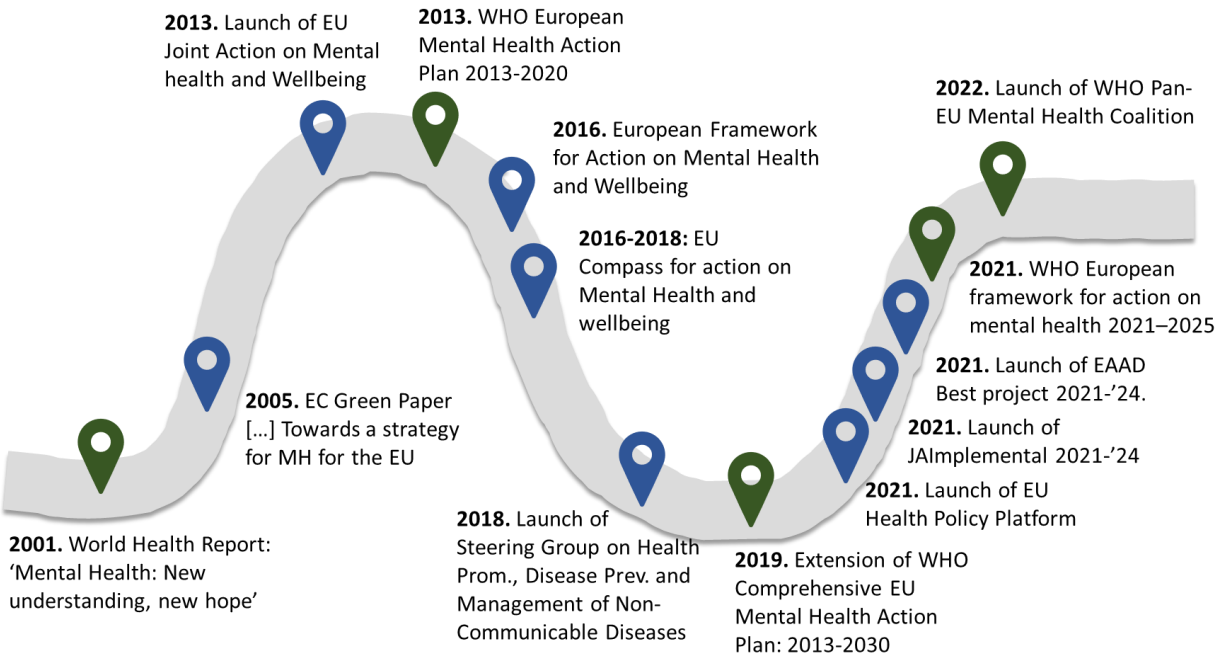
Effective coordination within the European Commission can ascertain that mental health is considered in all relevant policies. We were happy to read that the Communication will "set out possible future workstreams to […] fully integrate mental health considerations into all policies". In the design of this interlinking structure or body we want to encourage the Commission to:

- include all relevant departments from the start,
- systematically include end users,
- link actively to European and international organizations that can help locate and interpret relevant developments (for example the WHO Pan European Mental Health Coalition),
- not only focus on exchange at a policy level, but also consider the political role of the EU in topics that affect citizen's feelings of stability and perspective.

Formulating an EU-agenda

We propose that an important focus in the first months of the comprehensive approach is to bring together all available information on systems strengths and weaknesses, developments, available resources, good practices, etc. across the European region. The work done by the Healthier Together EU Non-Communicable Diseases Initiative will provide a strong basis for it. It is important that also in this mapping, interdependent policy area's and DG's (see sections 1 and 2.A) are included. Based on the mapping a collaborative structure of Member States (for example the Expert Group) can formulate EU-wide opinions on what is good mental health promotion and care, and what are currently the largest gaps preventing European countries to reach those aims. Based on this analysis an EU-agenda can be set.

This analysis does not have to start from zero. Many initiatives have been undertaken or are underway to put mental health high on the policy agenda in Member States and throughout Europe. The picture below shows a brief overview of the most important actions and collaborations in the past 30 years in the European region (European Union initiatives in blue, WHO initiatives in green). Assuming that the Commission is well aware of initiatives undertaken by EU institutions, we just want highlight a few other initiatives in the European region: the OECD Better Lives Initiative and the WHO Framework and WHO Mental Health Coalition, including a WHO analysis of EU mental health policies and legislation that is currently underway and the WHO Collaborating Centers for mental health, who all provide relevant insights and good practices in mental health.



The EU agenda will guide the priorities for the next years and show where EU action is needed to facilitate and support Member States. We encourage that the opinions and gaps formulated in the approach are formulated in a precise and concrete way, so that progress can be measured and evaluated.

For example, with regards to mental health promotion: how would mental health be defined and measured across Europe? Commissioned by the ministry of health, the Trimbos institute has been working on formulating a Dutch definition[6] of mental health emerging from a public health perspective, and (separately) a conceptual framework for public mental health with indicators for measuring mental health and its determinants. The latter is done in collaboration with RIVM, NJi and GGD GHOR.

<u>European funds</u>

One of the most direct ways in which EU action can impact citizens mental health is by providing funds for change. We distinguish a few different roles for European funds:

- Bridging gaps between the EU agenda and national policies
- Stimulating innovation

[6] Find the latest publication here

- Strengthening the capacity of countries to scale up good practices

Different from the current EU funding, we propose a system in which EU funds are also accessible to smaller initiatives/coalitions in individual European countries. For example, the EU might have formulated the opinion that all EU citizens should be able to access online self-help programs. When this goal proves to be particularly difficult within certain countries, the EU could support initiatives in those countries individually. Another topical example in the Netherlands is that the fragmentation of the system makes it difficult to scale up good practices across the country. We have not yet found a good way to structurally fund collaboration and knowledge exchange within and across different regions. EU funding could temporarily provide the oil needed to scale up Dutch and international good practices and increase their positive impact.

Knowledge exchange

One of the strengths of the EU is facilitating knowledge exchange between countries. Dutch organizations and policy makers are most interested in learning from and exchanging with countries that have organized their health and social system in a similar way. For example, Scandinavian countries, the UK, Germany, Belgium and Ireland are often included as good examples to learn from. Next to that there is a high willingness to share our knowledge and good practices with other countries, and an open mind to be inspired by and learn from other systems or cultures.

At the moment, from a Dutch perspective, we see two methods of knowledge exchange with other member states as particularly relevant:

- Knowledge exchange in smaller groups of countries on a particular topic: for example, it would be useful to exchange with countries facing similar issues as we listed in the section 2.c. What methods have they tried to solve these difficulties, what worked and didn't work for them? What good practices from their countries could translate well to our reality and vice versa? Depending on the topic, it could be valuable to organize learning networks that involve national partners, decision makers, local providers, professionals, patients/service users and their supporters from every participating country, to explore the issue and solutions from all perspectives. To keep focus we'd suggest to aim for groups of 2-3 countries whose systems and situations are alike. This ensures that partners can really understand each other's situation, which is necessary to understand which lessons and good practices are transferrable and which aren't.
- Twinnings: for the exchange of specific good practices and system structures, we expect Twinning will be an effective instrument. It will allow for an even more in depth experience of another countries system and all the requirements and intricacies of a specific method, structure or initiative. In addition it will allow for extensive training and learning by doing, which will allow for the good practice/structure to be adopted and implemented correctly in the adopting country.

Knowledge development

Next to supporting Member States with funds and links, the European Union can also support countries with knowledge development on an EU level. Specifically to provide an evidence base for desired European transformations (such as the preventative value of health promotion) and for national decisions/structures that require comparison between countries for proper evaluation. We have listed a couple of examples below:

- Developing indicators of population mental health or mentally healthy environments. This is a prerequisite for many of the proposed studies below.
- Social return of investment studies to the value of mental health promotion and prevention; and to the value of intersectoral collaboration and an integral approach. The more convincing and predictable this value is, the easier it becomes to reallocate funds and evaluate effectiveness of specific initiatives.
- Comparison studies of national/regional financial - & governance models of mental health promotion and prevention. What are effective ways to quickly accomplish the desired transformation towards mentally healthy societies? Many different models have been tested by European countries, a context-sensitive comparison of these would be valuable.
- Comparison studies about financial priorities. For example, what are average proportions of fund allocations for physical health vs mental health, social support vs mental health care, primary care vs specialized care, etc.? And can we draw conclusions on the effects of these financial priorities on population mental health?
- Effective methods to integrate experiential knowledge into evidence based practice: Evidence based decision making is an important tool. However, it relies on quantifiable indicators, which can miss important contextual or experiential information. How can experiential knowledge, for example in the form of collected personal stories, be used to improve evidence based decision making? And how can experiential knowledge fully be included in the mental health policy-making cycle?

4. Dutch skills, knowledge and good practices to share

As described above, we see many ways in which the EU can have a positive impact on Dutch citizens, service users and professionals. Conversely, we believe that the Netherlands also has skills, knowledge and good practices to share that could benefit European institutions and European member states.

The Netherlands as a catalyst

In the past decades the Netherlands has built up a track-record as catalyser of international good practices. For example FACT (Flexible Assertive Community Treatment), IHT (intensive home treatment), Mental Health First Aid, Housing First and Recovery Colleges were invented abroad, but further improved, professionalized and scaled in the Netherlands. Successful European good practices are the adaptation and implementation of the Icelandic prevention model for substance abuse, Thrive Amsterdam (inspired by Thrive London and Thrive New York) and Wellbeing at school (inspired by Finland)

This role as a catalyst benefits Dutch citizens, but also European citizens, because we find it important to share our methods and knowledge internationally, for instance through the FIT academy -which provides training, e- learning, service evaluation and support to international reform projects of community mental health care- and the two WHO Collaborating Centers for mental health in the Netherlands (the Trimbos Institute and VU University) - that provide knowledge on interventions and service models for mental health and maintain collaborative partnerships with many countries including EU countries. We look forward to continuing to carry out these roles, and increase our reach, in partnership with European institutions and other member States.

Dutch knowledge and good practices to share

Just like other European countries, we have built up an extensive base of knowledge, lessons and good practices, which we are happy to share with other countries. We have outlined below a list of topics on which we have specific Dutch knowledge and good practices to share. Despite the fact that we have a lot of expertise to share on these topics, they also all require further improvement.

Forensic mental health care

The Netherlands has one of the most developed forensic mental health care systems in the world. A very concrete example is TBS: a court-ordered detention in a clinical treatment setting where inmates/patients stay until the facility deems their mental health issues adequately diminished. Other examples are 'forensic secured living', 'Safety houses' (collaborative structures organized by municipalities and public health institutions), and the 'Amsterdam top600 and top400' (list of high impact offenders who are linked to a case manager, care and support).

Acute mental health care

Compared to other European countries the Netherlands has a robust acute mental health care system in place, including a national suicide number (113), crisis care facilities that are open 24/7 and short term crisis care programs, including intensive home treatment. A recent national switch from financing 'use' to financing 'availability' of acute mental health care has improved accessibility.
An example of a catalyzed good practice in acute mental health care is the UK street triage, which has been implemented with positive results in several Dutch regions (sometimes called the pycholance).

Professionalizing and integrating experiential expertise

The past few decades have seen a great professionalization of experiential experts and experiential knowledge development. Special vocational education tracks and trainings have been developed to train experts by experience; for example at Recovery Colleges and 'zelfregie centra' (self-direction centers), which are peer-led peer-support initiatives. The profession has been acknowledged as a separate expertise with its own payment title. Other mental health professionals are opening up about their own experiential knowledge and explore how to use this in their work. And lastly, experts by experience and experiential knowledge are included more and more often in policy making and research and evaluation studies.

Working together in networks

Despite or due to the fragmented nature of the Dutch mental health system, we have built up extensive experience and knowledge on building and improving collaborative networks of health and public care partners. Lessons and good practices have been formed on financial and legal structures, collaborative cultures, flexible digital and physical co-working environments, GDPR proof communications tools, etc. Recent years have also seen the development of visions and new ways of looking at mental health networks. Currently famous examples are 'netwerkpsychiatrie' and GEM (Ecosysteem Mentale Gezondheid – Ecosystem Mental Health).

E-mental health and digital care

The COVID-19 pandemic has accelerated innovation and use of e-mental health, virtual reality and digital care solutions (read more here). Most Dutch mental health services now offer e-health modules, online- and blended care options, and integrate these tools in their client-pathways (for example, many treatments start with online psycho-education). A national stimulation program has also seen a rise of Personal Health Record development and use, and improved connectivity of PHR's

to the health records of services. Much effort is invested in improving the digital skills for professionals and clients, for example through a help desk.

Also municipalities and wellbeing organizations have invested in online communities, social media campaigns and apps to stimulate wellbeing and population mental health. Some popular examples are the online community PsychoseNet and the Ommetje-app (which stimulates going for short daily walks). As part of the recently concluded 'Integrated Health Care Agreement' (IZA), other e-solutions in mental health care will be developed, centering around self-management, such as the 'e-communities'.[7]

Evidence based interventions

The Netherlands is home to many evidence-based mental health promotion -, prevention - and self-management interventions. These include interventions for mental health promotion and prevention at school, such as Welbevinden op School and HappyLes, at work and in the neighborhood, for example Welkome Wijk; interventions focusing on general transdiagnostic symptoms like worrying, sleep problems and rumination; as well as preventive interventions for high-risk groups, such as children of parents with mental health problems or substance abuse issues ('KOPP KOV'). All evidence-based interventions, including the studies that prove their effectiveness, are gathered in national databases. The NJi keeps a database of interventions for youth mental health, the RIVM for population mental health and Movisie for social interventions.

We look forward to staying part of this development

We hope to be included in the next steps towards a European Comprehensive approach. Would you like to get in touch with us? Vivian Hemmelder (vhemmelder@denederlandseggz.nl) is at your disposal to coordinate a meeting/email contact with us all.

Yours Sincerely,

- Het Trimbos Instituut (contact person Laura Shields-Zeeman)
- De Nederlandse ggz (contact person Joeri Veen)
- The Dutch International Mental Health Hub (contact person Vivian Hemmelder)

Submitted on February 15th, 2023

[7] Integraal Zorgakkoord: 'Samen werken aan gezonde zorg' | Rapport | Rijksoverheid.nl, p. 70.