First meeting of the Technical Advisory Group on the mental health impacts of COVID-19 in the WHO European Region

Virtual meeting
23 February 2021, 10:00 – 12:00 CET
ABSTRACT
The consequences of the COVID-19 pandemic have exacted an enormous toll on the mental health and well-being of the population. The first meeting of the Technical Advisory Group (TAG) on the mental health impacts of COVID-19 in the WHO European Region took place virtually on 23rd February 2021 to convene the new group of experts, discuss the situation and to share perspectives on the group’s priority concerns. The WHO Regional Director for Europe addressed participants, sharing his vision for health in the region and the importance of prioritizing mental health. Co-chairs of the TAG were nominated and invited speakers to share findings from a background technical paper commissioned by WHO Europe as a reference document for the technical advisory group, as well as perspectives from services and across the life-course were shared by TAG members. Advice and guidance were sought on the key mental health impacts of COVID-19 and the critical gaps in the response faced by countries. Members of the TAG were asked to submit their top three priority issues and concerns for the group to focus on in the coming months which will help to inform Member States recovery plans and the WHO European Region Framework for Action on Mental Health.

Keywords: Mental health; COVID-19; European Region; Well-being; Health services; Public health
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Acronyms

COVID-19  Coronavirus disease 2019
IASC       Inter-Agency Standing Committee
IFRC       International Federation of Red Cross and Red Crescent Societies
MHPSS      Mental health and psychosocial support
OECD       Organization for Economic Co-operation and Development
TAG        Technical advisory group
UNICEF     United Nations International Children's Emergency Fund
WPA        World Psychiatric Association
Introduction
Mental health conditions, one of the leading causes of suffering and disability in the European Region, have burgeoned during the Coronavirus disease 2019 (COVID-19) pandemic.

Consequences of the pandemic have led to an unprecedented threat to the mental health and well-being of the population. Not only have an unimaginable number of lives and livelihoods been lost, but also families and communities have been forced apart, businesses bankrupted, and people deprived of educational, employment or recreational opportunities. A concomitant rise in levels of anxiety and stress has been observed in the population, with several population surveys showing around a third of adults reporting levels of distress; among younger people, that figure goes up to as much as a half or one in every two.

Everyone’s mental health has been affected in some way, whether as a result of the worry about becoming infected, or the stress brought about by infection prevention and control measures such as lock-down, self-isolation and quarantine, or the detrimental effect on mental health associated with foregone employment, income, education or social participation.

The public health challenge facing all countries now is how to appropriately address both the increased psychosocial needs of the population at a time when service availability or continuity has been disrupted and certain modalities of care have been compromised by infection prevention and control requirements.

The establishment of the new Technical Advisory Group (TAG) on the mental health impacts of COVID-19 in the WHO European Region is a critical action to build up a clear understanding of the initiatives and strategies used by countries to respond to the mental health impacts of COVID-19 and to use the lessons of the past year to develop innovative and sustainable solutions to long-standing problems faced by mental health services and systems. This report is of the first TAG meeting, held virtually on 23 February 2021; a second TAG meeting has been organized for 23 March.

Aims and objectives
The overall objective of the TAG meetings was to convene this expert group, alongside colleagues from all three levels of WHO and other international organizations to review evidence, identify gaps and explore solutions that will inform and support countries’ efforts in addressing mental health needs within and beyond the COVID-19 pandemic.

As terms of reference¹, the TAG will advise the Regional Office by:

1. Reviewing available evidence on observed and experienced mental health impacts of COVID-19 in the WHO European Region at three distinct levels:
   a. population level (to estimate rates of stress / mental ill-health and their associated factors)
   b. policy and service level (to document policy responses and service disruptions / changes)
   c. individual level (to understand the human cost and how to adapt to / cope with adversity).

2. On the basis of the reviewed evidence, identifying remaining gaps in the evidence base as well as key emergent needs and implications for mental health service development and system strengthening as an integrated component of COVID-19 recovery.

The first TAG meeting on 23 February 2021 set the stage for the process, provided an opportunity to review the current situation and evidence, as well as discuss critical needs for mental health at this time. It is expected that the information presented at the first meeting will inform the priority concerns for the group to address in subsequent meetings and ultimately to support Member States in recovery planning around the varied mental health impacts of the ongoing COVID-19 pandemic in the WHO European Region.
**Summary of the first meeting**

**Box 1. Key messages**

- The technical advisory group aims to build up a clear understanding of the initiatives and strategies used by countries to respond to the mental health impacts of COVID-19 and use the lessons of the past year to develop innovative and sustainable solutions to long-standing problems faced by mental health services and systems.

- TAG members represent scientific experts in the field of COVID-19 and mental health, service providers and managers on the frontline, mental health service users, family advocates and COVID-19 survivors.

- Observers from partner organizations include: IASC Reference group on Mental health, European Commission, OECD, UNICEF, WPA, IFRC.

- A video produced by the Mental Health Unit, WHO Regional Office for Europe, illustrates the impact of the COVID-19 pandemic on frontline healthcare workers mental health: [https://www.youtube.com/embed/3D--oMqSMVg](https://www.youtube.com/embed/3D--oMqSMVg)

- WHO Regional Office for Europe commissioned a background review as a reference document for the technical advisory group, it showed:
  - Rates of mental distress and mental health conditions increased in the general population.
  - Particular groups are at higher risk of experiencing mental health impacts.
  - COVID-19 infection increased the risk of developing a mental health condition while people with these conditions were at increased risk of COVID-19 infection and associated mortality.
  - The impact of quarantine and isolation was greater on women, younger people, those with a pre-existing mental health condition, lower educational attainment, lower income and living alone or with children, all risk factors for higher levels of anxiety and depression.
  - Mental health services across the region have been significantly impacted.

- The evidence base in public mental health interventions is strong to prevent and treat mental health conditions and associated impacts, and to promote mental wellbeing and resilience.

- There is now an opportunity to ‘build back better’ through the scaled-up delivery of accessible and innovative approaches to the prevention and care of mental health conditions as well as the promotion of mental health as a human right.

- The key impacts and critical gaps in the response to the mental health impacts of COVID-19 have been identified by TAG members across three priority areas: (1) public mental health services, (2) population and community-level impacts and (3) vulnerable groups.
Opening session

The meeting was opened by Natasha Azzopardi-Muscat (Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe). She highlighted the importance of this new initiative which will help WHO to better advise, advocate and support countries in this difficult process during and after the pandemic. The COVID-19 pandemic has exacerbated and accentuated the challenge of addressing mental health needs. She signalled that the group is comprised of experts with years of experience in research, working in communities across the region, and those with lived experience of both mental health and COVID-19 survivors to meet those challenges.

The Regional Director, Hans Kluge, addressed participants, sharing his vision for health in the region, the European Programme of Work 2020-25 - United Action for Better Health, and the importance of prioritizing mental health. This strategic workplan was unanimously endorsed by our Member States at the Regional Committee held last September, during which there was strong and frequent support for the mental health agenda. He described how the launching of the Mental Health Coalition, in combination with this new TAG on the mental health impacts of COVID-19 in the European region, will play a key role in synthesizing available evidence on the mental health impacts of COVID-19 and highlight the key emergent needs and implications for mental health service development and system strengthening in the WHO European Region.

Dan Chisholm (Mental Health Unit, Division of Country Health Policies and Systems) provided an overview of the purpose of the meeting, including the expected outcomes of the TAG meetings and the functions of the TAG. He summarized the meeting agenda, comprising of three main discussion topics: (1) What are the impacts? (2) What actions have been and are being taken? (3) What are the key issues, considerations and next steps for the TAG? He introduced the co-chair nominees, Jana Chihai of the Republic of Moldova (State University of Medicine and Pharmacy) and Pim Cuijpers of the Netherlands (Vrije Universiteit Amsterdam) who were confirmed unanimously. Emiliano Albanese was then appointed as Rapporteur.

A video produced by the Mental Health Unit, WHO Regional Office for Europe, was shared to illustrate the impact of the COVID-19 pandemic on frontline healthcare workers mental health: https://www.youtube.com/embed/3D--oMqSMVg

Discussion of the main issues
1. What are the impacts?

Evidence on the mental health impact of the COVID-19 pandemic is now emerging. The WHO Regional Office for Europe commissioned a background technical paper to be developed as a reference document for the technical advisory group. Dr Jonathan Campion, WHO consultant, presented findings from his research and writing of the background technical paper. An executive summary was shared in advance with TAG members, the full paper shared following the first meeting. Jonathan described the methods used for the review, including searches in all 53 countries of the WHO European region. He indicated that a majority of studies were excluded from detailed consideration due to poor quality and across the
literature there were few longitudinal studies to assess the impact of COVID-19 to date. Key findings of the evidence review are presented in Box 2.

Box 2. Key findings from the evidence review

- Prior to COVID-19, at least 21.4% of disease burden across European Region (years lived with disability) was due to mental health conditions. There was low coverage of public mental health interventions and a lack of preparedness to address the challenge of COVID-19.

- COVID-19 has widened public mental health implementation gap due to increased demand and reduced provision.

- Rates of mental distress and mental health conditions increased in the general population.

- Emerging suicide data from several countries found no evidence of an increase in suicide during the early phase of the pandemic although one UK study found that suicidal ideation had increased over time.

- Longitudinal studies suggest prevalence of mental health conditions increased during outbreaks and reduced during re-opening - prevalence of mental health conditions in some countries remained above pre-COVID-19 levels.

- COVID-19 infection increased the risk of developing a mental health condition, while people with these conditions were at increased risk of COVID-19 infection and associated mortality.

- COVID-19 has also resulted in massive disruption to mental health services across the European Region including closure of services and fewer patients presenting for treatment.

- Particular groups are at higher risk of experiencing mental health impacts of COVID-19 including children and adolescents, younger adults, undergraduates, healthcare workers and women. Other vulnerable groups include people with pre-existing mental and physical health conditions or disability, certain ethnic groups, migrants and refugees, LGBTQ communities.

- Opportunities exist to both mitigate the mental health impacts of COVID-19 and address the longstanding public mental health implementation gap. Improved implementation of evidence-based interventions will result in broad impacts across sectors, support achievement of wide-ranging policy objectives, and may result in net economic savings to support economic recovery.

- Public mental health should be an integral component of COVID-19 response and recovery at national and regional levels.
Roberto Mezzina (Trieste, Italy) stressed the need to take a broader view of mental health, indicating the importance of social capital and resilience, which are neglected areas of research compared with those on symptoms of ill-health. In particular, loneliness has been a risk factor widely observed in the population during the COVID-19 pandemic, but its impact has been disproportionately felt by certain vulnerable groups. Mixed methods and qualitative data can be useful to understand the subjective impact of the pandemic, e.g. understanding fear and worries, limitations of freedom, powerlessness and uncertainty about the future, lack of socialization, social deprivation, and loss of social roles.

Klaus Lieb (University Medical Centre Mainz) emphasised the need for a greater focus on longitudinal studies. Now over 450 cross-sectional studies have been published on the mental health burden, for example on healthcare workers, but these cannot be compared to pre-COVID-19 mental health burden, and therefore the TAG should be very careful in drawing on such data exclusively. He mentioned there is a strong negativity bias on the pandemic, but the TAG should also look on protective factors, as in some groups a decrease of mental health burden has been observed. However, protective factors have been relatively neglected to date.

2. What actions have been and are being taken?
Perspectives from services and across the life-course were shared by TAG members.

Marina Melkumova (“Arabkir” Medical Centre- Institute of Child and Adolescent Health) described the challenges of working in child and adolescent mental health services in Armenia, which experienced a strict lockdown at the beginning of the pandemic. During that time mental health services transitioned online (using Skye, Viber and other platforms). Public awareness raising campaigns were promoted on social networks and TV. Violence in families increased, unemployment rose, and parents expressed concern at how child and adolescent behavior was affected. At the same time, Armenia and Azerbaijan were in conflict and many mental health services needed to provide emergency mental health and psychosocial support (MHPSS). Marina explained that the challenge now is to consider the special risks faced by children and adolescents, and the increased need for effective interventions.

Jose-Luis Ayuso-Mateos (Universidad Autónoma de Madrid) highlighted lessons learned from response initiatives in Spain’s mental health services. He highlighted the fact that there is increasing evidence in support of mental health interventions during the COVID-19 pandemic; now this evidence needs to be translated to support services and the people using them. In March, with the first wave of infections and government lockdown, there was a huge disruption in services and impact on the continuity of care. In Spain providers expanded home visits, developed a patient support network and new measures to identify those most vulnerable, and transitioned to telemedicine. There was a significant impact on health staff (including mental health workers) with a high burden of stress. Lessons learned included the need for better preparation in mental health services; revision of pathways of care and procedures for continuity of care implemented in the first wave helped to cope with second and third waves; centralised decision-making mechanisms were critical.

Nick Morgan (Euro Youth Mental Health; Anna Freud Centre) is an expert by experience and mental health youth worker, activist for human rights and de-stigmatisation of mental health with and for young people across Europe. Nick shared the experiences of young people during the pandemic and how their mental health has been impacted, also how services for youth have been disrupted. To
provide the voice of a young person’s experience in the pandemic, he read a quote from a 26-year-old living in Belgium, it included this excerpt:

“At the beginning of the pandemic, I struggled a lot. I had to start taking antidepressants. I didn’t see anyone because I was scared, even if I was only going to the supermarket ... I started seeing people again slowly, but it is still hard sometimes because I feel as if I am locked between four walls and cannot go anywhere. And that causes me a lot of anxiety. Having my friends close by helps me cope.”

Responses from other TAG members: Emma Wadey (Head of Mental Health Nursing, NHS England) has observed an increase in eating disorders and inpatient demand for children and young people in England. Robert van Voren stated Fernando Fernandez in Barcelona has been doing work on eating disorders during the pandemic, and Roberto Mezzina questioned whether or not there have been studies on an increase in family burden.

An array of mental health resources have been developed to support policy makers, service providers and programme managers, children and families in the pandemic (Figure 1). These were shared by Carmen Valle-Trabadelo, co-Chair of the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergencies.

Figure 1. Mental health resources developed in response to the COVID-19 pandemic

Liron David (Enosh - The Israeli Mental Health Association) mentioned there exist now many lessons from the field on what worked well and how new services were developed, these can now be translated into recovery responses to improve mental health services in the longer-term.
3. What are the key issues, considerations and next steps for the TAG?
During the discussion, TAG members were asked to identify the key impacts and critical gaps in the response to the mental health impacts of COVID-19 using an interactive Slido poll (Box 3). This helped to elicit feedback from all TAG members in limited time and will be further explored in the coming weeks as the TAG works together with WHO Regional Office for Europe to advise on how to better address country needs and focus mental health priorities within and beyond the COVID-19 pandemic.

Box 3. Slido polling questions
1. What do you regard as the key mental health impacts of COVID-19? (please submit as many answers as possible in 2 minutes)
2. Thinking about your own country, or particular groups you work with, what do you consider critical gaps in the response to the mental health impacts of COVID-19?
3. Given the TAG’s purpose (to advise on how to better address country needs), what would be your TOP 3 priority issues / concerns to focus on?

After the first meeting, responses from the polling were uploaded to Nvivo qualitative analysis software where a thematic analysis was conducted. Results revealed 1) longstanding issues for mental health in the region (e.g. lack of funding, data, policies, coverage for evidence-based interventions and limited access to services), and 2) a focus on what was unique to the COVID-19 pandemic. The latter issues were mapped (Figure 2) based on frequency of responses; key quotes are provided below across three priority areas (Table 1). These thematic areas will be further explored by TAG sub-groups at subsequent meetings.

Figure 2. Mapping of emergent themes for priority setting
Table 1. Quotes from Slido polling of TAG members

<table>
<thead>
<tr>
<th>Impacts on public mental health services amid COVID-19</th>
<th>Impacts on the general population and communities</th>
<th>Impacts on vulnerable groups</th>
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<tbody>
<tr>
<td>• “What has improved the mental health &amp; access to mental interventions as an unintended consequence of COVID-19?”</td>
<td>• “Risk to community fabric and supportive organisations”</td>
<td>• “Children and youth having disrupted education and social lives, lack of physical relationships”</td>
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<tr>
<td>• “Balance between improving mental well-being in general population &amp; ensuring significant mental health needs have been met”</td>
<td>• “Risk to existing community resources such as cultural organisations and the voluntary sector”</td>
<td>• “Adolescents and youth awareness of MH and active engagement in MH services”</td>
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<td></td>
<td>• “Increase of risk factors like poverty and social inequality”</td>
<td>• “Guidelines for countries on how to build and fund better youth-accessible services”</td>
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<tr>
<td></td>
<td>• “Increase in loneliness, separation, lowered social cohesion”</td>
<td>• “Increased attention to rights of people in general whose freedoms have been restricted in the pandemic response”</td>
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<tr>
<td></td>
<td>• “Algorithm of intervention on the general population; protective factors and ways to promote resilience”</td>
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<tr>
<td></td>
<td>• “Strengthening and mobilising existing supportive resources in communities”</td>
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<td></td>
<td>• “Addressing social inequalities that emerge from this pandemic (poverty, social isolation, unemployment) that could drive poorer mental health over years”</td>
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Conclusion of the first TAG meeting

It is the intent of the WHO Regional Office for Europe to build up a clear understanding of the initiatives and strategies used by countries to respond to the mental health impacts of COVID-19 and use the lessons of the past year to develop innovative and sustainable solutions to long-standing problems faced by mental health services and systems.

The evidence base in public mental health interventions is strong to prevent and treat mental health conditions and associated impacts, and to promote mental wellbeing and resilience. The meeting emphasized there is now an opportunity to ‘build back better’ through the scaled-up delivery of accessible and innovative approaches to the prevention and care of mental health conditions as well as the promotion of mental health as a human right.

Concluding remarks were made by Natasha Azzopardi Muscat:

- The feedback provided during the meeting gave a great deal of encouragement for this new technical advisory group. The team at WHO is delighted to have such a brilliant group of experts and would like to swiftly and pragmatically utilize this expertise. Further feedback on the best and most effective modalities to use TAG member’s time is welcome.
• In meetings that the WHO Regional Director has with heads of state and ministers, there is an important opportunity to communicate the need for mental health to be included in and addressed by country recovery plans. Therefore, headline messages are needed for country leaders to assist them in their recovery planning.
• Input from this group will support the Framework for Action in Mental Health for the European Region, which is currently under development ahead of this year’s 71st Regional Committee in September 2021.
• The Mental Health Unit will also utilize the expertise of the TAG members and recommendations from these meetings in the development of regional level products and taking a deeper dive into the more prominent issues and concerns, e.g. how to support health services in the short-term pandemic response and long-term improvement of systems.
• WHO’s role is to provide a bridge between the scientific community and the decision-making leaders, and to share the work that TAG members are doing in countries across the region.

The second TAG meeting will further explore the three key thematic areas outlined above in presentations from TAG members and breakout groups. There will also be an opportunity to hear from invited speakers on framing the mental health response in COVID-19 from a global perspective and delivering that response at the country level.
## Annex 1: Programme

### 23 February 2021

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Chair</th>
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<tbody>
<tr>
<td>10:00 – 10:05</td>
<td>Opening and welcome by Director of Division of Country Health Policies and Systems</td>
<td>Natasha Azzopardi Muscat</td>
</tr>
<tr>
<td>10:05 – 10:15</td>
<td>Welcome address from the Regional Director for Europe</td>
<td>Hans Kluge</td>
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<tr>
<td>10:15 – 10:25</td>
<td>Meeting overview and terms of the technical advisory group</td>
<td>Dan Chisholm</td>
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<tr>
<td>10:25 – 10:30</td>
<td>Introduction of the TAG Co-chairs and invitation of speakers</td>
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**Discussions of the main issues on the mental health impacts of COVID-19 in the WHO European Region moderated by TAG Co-chairs**

### What are the impacts?

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Chair</th>
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<tbody>
<tr>
<td>10:30 – 10:45</td>
<td>Frontline Stories Film</td>
<td>Jonathan Campion</td>
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<td>Findings of the evidence review</td>
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<tr>
<td>10:45 – 11:00</td>
<td>Discussion</td>
<td>Co-chairs</td>
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**What actions have been and are being taken?**

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<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker/Chair</th>
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<tr>
<td>11:00 – 11:15</td>
<td>COVID-19 and mental health guidance available</td>
<td>Carmen Valle-Trabadelo Marina Melkumova Jose L Ayuso-Mateos Nick Morgan</td>
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<td></td>
<td>Perspectives from services and across the life-course</td>
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<tr>
<td>11:15 – 11:30</td>
<td>Discussion</td>
<td>Co-chairs</td>
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**What are the key issues, considerations and next steps for the TAG?**

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<th>Time</th>
<th>Event</th>
<th>Speaker/Chair</th>
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<tbody>
<tr>
<td>11:30 – 11:50</td>
<td>Identifying the key issues, gaps and priority concerns of the group</td>
<td>Co-chairs</td>
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<tr>
<td>11:50-12:00</td>
<td>Next steps and tasks of the TAG</td>
<td>Dan Chisholm</td>
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### Annex 2: List of participants

**TAG MEMBERS** *(Omitting titles; *Unable to attend the first meeting)*

<table>
<thead>
<tr>
<th>Family name</th>
<th>First name</th>
<th>Country</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Albanese</td>
<td>Emiliano</td>
<td>Switzerland</td>
<td>Università della Svizzera Italiana</td>
</tr>
<tr>
<td>Ayuso-Mateos</td>
<td>Jose Luis</td>
<td>Spain</td>
<td>Universidad Autónoma de Madrid</td>
</tr>
<tr>
<td>Bruffaerts*</td>
<td>Ronny</td>
<td>Belgium</td>
<td>KU Leuven</td>
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<td>Caroppo</td>
<td>Emanuele</td>
<td>Italy</td>
<td>Università Cattolica del Sacro Cuore in Rome</td>
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<tr>
<td>Carroll</td>
<td>Áine</td>
<td>Ireland</td>
<td>University College Dublin</td>
</tr>
<tr>
<td>Chihai</td>
<td>Jana</td>
<td>Republic of Moldova</td>
<td>State University of Medicine and Pharmacy in Moldova</td>
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<tr>
<td>Cuijpers</td>
<td>Pim</td>
<td>The Netherlands</td>
<td>Vrije Universiteit Amsterdam</td>
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<tr>
<td>David</td>
<td>Liron</td>
<td>Israel</td>
<td>Enosh - The Israeli Mental Health Association</td>
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<tr>
<td>Fancourt</td>
<td>Daisy</td>
<td>UK</td>
<td>University College London</td>
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<tr>
<td>Grdan</td>
<td>Kristijan</td>
<td>Croatia</td>
<td>Mental Health Europe</td>
</tr>
<tr>
<td>Grech</td>
<td>Anton</td>
<td>Malta</td>
<td>Department of Health, Malta</td>
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<tr>
<td>Hagquist</td>
<td>Curt</td>
<td>Sweden</td>
<td>University of Gothenburg</td>
</tr>
<tr>
<td>Lieb</td>
<td>Klaus</td>
<td>Germany</td>
<td>University Medical Centre Mainz</td>
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<tr>
<td>Lindert</td>
<td>Jutta</td>
<td>Germany</td>
<td>European Public Health Association; University of Emden-Leer</td>
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<tr>
<td>Melkumova</td>
<td>Marina</td>
<td>Armenia</td>
<td>“Arabkir” Medical Centre- Institute of Child and Adolescent Health</td>
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<tr>
<td>Mezzina</td>
<td>Roberto</td>
<td>Italy</td>
<td>Trieste, Italy</td>
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<td>Morgan</td>
<td>Nicholas</td>
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<td>Russian Federation</td>
<td>Russian National Medical Research University</td>
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<td>Ashley (Ley)</td>
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<td>Norwegian Institute of Public Health</td>
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<td>Isabel</td>
<td>Spain</td>
<td>Spanish National School of Public Health</td>
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<td>Greece</td>
<td>Greek Association of families/carers and friends for the mental health</td>
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<td>Priebe</td>
<td>Stefan</td>
<td>UK</td>
<td>Queen Mary, University of London</td>
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<td>Roels</td>
<td>Richard</td>
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<td>Long Covid Support Organisation</td>
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<td>Schaub</td>
<td>Michael</td>
<td>Switzerland</td>
<td>Swiss Research Institute for Public Health and Addiction</td>
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<tr>
<td>van Voren</td>
<td>Robert</td>
<td>Lithuania</td>
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<td>Wadye</td>
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