Second meeting of the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region

Virtual meeting
23 March 2021, 12:00–14:00 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 23 February 2021 to convene the new group of experts, discuss the situation and share perspectives on the group’s priority concerns. The second meeting of the TAG was held virtually on 23 March 2021 to further explore the priority areas and hear from invited speakers on framing the mental health response in COVID-19 from a global perspective and delivering the response at country level. The meeting agreed that each TAG subgroup will draft a short thematic briefing paper describing key priorities and proposing a set of core recommendations for further consideration by the TAG at the next meeting on 23 April 2021.

**Keywords**

MENTAL HEALTH
COVID-19
EUROPEAN REGION
WELL-BEING
HEALTH SERVICES
PUBLIC HEALTH
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Executive summary

The second meeting of the Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region opened with presentations from invited speakers on framing the mental health response in COVID-19 from a WHO global perspective and delivering the response at country level. The meeting then focused on further exploration of the three identified key areas of impact: public mental health services; general population and communities; and vulnerable groups. For the first time, virtual breakout rooms were set up to enable members of the newly formed TAG subgroups to get to know each other and discuss some key questions relevant to their respective thematic area.

Natasha Azzopardi Muscat informed the meeting that Hans Henri P. Kluge, WHO Regional Director for Europe, would be visiting at least six countries in the coming weeks and invited participants to see this as an opportunity to convey some strong messages from the TAG about the impacts of the pandemic on mental health.

Dévora Kestel emphasized that mental health systems generally were in poor shape when the pandemic started and in many cases the situation has worsened. She recalled that the critical importance of having adequate mental health and psychosocial support services (MHPSS) in place was forcefully communicated by the WHO Director-General in April 2020 in a memo sent to Regional and Country Offices inviting them to incorporate MHPSS in their emergency response plans.

Jarno Habicht underlined the importance of seeing the COVID-19 crisis as an opportunity to scale up mental health services, especially as demand for such services will increase in the coming period. Alisa Ladyk-Bryzghalova described a four-module training package on MHPSS for health managers and health-care workers. Around 100 training sessions have been conducted, with MHPSS interventions taught in the training working well even in online modalities.

Jana Chihai emphasized that the COVID-19 crisis has amplified many pre-existing challenges in the Republic of Moldova, such as stigma, social isolation, lack of knowledge, shortage of mental health professionals, financial difficulties and the inherited overreliance on institutional care. It nevertheless has also brought about some positive changes, including more emphasis being placed on mental health issues in general, strengthening of synergies with WHO and other international and national bodies, and improved collaboration between community mental health centres and family doctors.

Daisy Fancourt spoke about the CovidMinds network, which was established about a year ago to look at the mental health impact of the pandemic internationally. To date, 149 longitudinal studies in 70 countries have been identified, with very good coverage across countries around the world.

Richard Roels provided a moving personal testimony of his experiences of long COVID over the past year, calling for mental health and other supports to be embedded in all parts of the lives, systems and workplaces of people living with long COVID.

The meeting agreed that each TAG subgroup will draft a short thematic briefing paper describing key priorities and proposing a set of core recommendations for further consideration by the TAG at the next meeting on 23 April 2021.
Introduction

The initial discussions of the Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region benefited greatly from the findings of a background technical report commissioned by the WHO Regional Office for Europe as a reference document for the TAG. One of the key observations made in the report, and acknowledged by the TAG at its first meeting, was that failure to implement comprehensive and effective public mental health interventions prior to COVID-19 meant that the mental health system was unprepared to respond to the mental health impacts of COVID-19. As a starting point, the TAG agreed that the current crisis ought to be taken as an important opportunity to address the longstanding systemic problems and deficiencies in public mental health.

To fulfil as efficiently as possible its task of 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, TAG members agreed to be assigned to one of the following three thematic working groups: impacts on public mental health services; impacts on the general population and communities; and impacts on vulnerable groups.

The formation of these subgroups was based on expertise profiles and individual preferences of the members. Subgroup leads were proposed by the co-chairs and accepted unanimously.

This report is of the second TAG meeting, held virtually on 23 March 2021; a third TAG meeting is scheduled for 23 April 2021.

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 welcomed participants and thanked everyone for their active engagement and contributions since the launch of the TAG in February. She informed the meeting that Hans Henri P. Kluge, WHO Regional Director for Europe, would be visiting at least six countries in the coming weeks and invited participants to see this as an opportunity to convey some strong messages from the TAG. She added that a press briefing in the near future and a high-level technical event later this year were being planned, providing further opportunities for communicating some of the key messages emerging from this work. The full report from the TAG on mental health impacts of COVID-19 was expected to be a very important support document in the development of a longer-term framework for action in mental health that will be presented to the WHO Regional Committee for Europe in September.

In concluding her opening address, Dr Azzopardi-Muscat emphasized that mental health now is just as important, if not more so, than it was a year ago when the pandemic started. She thanked participants for their time and commitment and wished everyone a fruitful meeting.

Dan Chisholm (Mental Health Unit, Division of Country Health Policies and Systems, WHO Regional Office for Europe) greeted participants and thanked the co-chairs, Jana Chichai and Pim Cuijpers, for their hard work in preparation for the meeting. He then welcomed Antony Morgan, Chair of the WHO Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic, and thanked him for giving up more of his time for work related to TAGs. He reminded the participants of the basic function and terms of reference for the TAG: to review
available evidence on the observed or experienced mental health impacts of COVID-19 and, on that basis, identify key gaps, emerging needs, implications and suggestions for countries on how best to respond to COVID-19 and the recovery process over the next few months. He added that the idea behind this meeting’s agenda was to help frame, inform and provide some context to the TAG’s deliberations, but also to help shape the findings and recommendations that may be emerging.

Summarizing progress since the last meeting, Dr Chisholm recalled the key questions TAG members had been asked to consider.

- What are the key impacts on mental health?
- What are the critical gaps?
- What are the critical priority issues?

He thanked everyone for providing rich input that encapsulated some of the key issues for consideration, which could be broken down into three thematic areas. The first was around the impacts on public mental health services and systems (including stigma, lack of resources, fragmentation of services, and the needs for multisectoral policy and planning and better integrated care). The second was about impacts on the general population and communities (including socioeconomic implications and social inequalities that have been aggravated by COVID-19, but also references to protective factors that should be promoted while addressing important risk factors). The third key area was vulnerable groups (notably children, adolescents, older adults and health-care workers). These three topics would be discussed further in breakout rooms in the second part of the meeting, focusing on what needs to be done and what can be recommended to countries to address the impacts both in the shorter and the longer terms.

Dr Chisholm then introduced the next speakers, who were invited to share the WHO mental health and psychosocial support frameworks and activities from global and county perspectives.

**Framing the response: the WHO mental health and psychosocial support framework**

Dévora Kestel, Director, Department of Mental Health and Substance Use, WHO headquarters, shared a chronological overview of the intensive work carried out at different levels of WHO since day one of the COVID-19 outbreak, with some important documents being produced as early as February 2020. She emphasized that mental health systems generally were in poor shape when the pandemic started and in many cases the situation has worsened since then. She recalled that the critical importance of having adequate mental health and psychosocial support services (MHPSS) in place was forcefully communicated by the WHO Director-General in April 2020 in a memo sent to WHO regional and country offices that invited them to incorporate MHPSS in their emergency response plans.

She then shared some of the main findings of the WHO survey of MHPSS as they were available in the summer of 2020. The survey found, for instance, that 89% of countries had MHPSS mentioned and incorporated in the plans, but only 17% had funds allocated to it (Fig. 1).
In the same vein, she continued, the United Nations Secretary-General issued a series of policy briefs in May 2020 targeting different specific issues in the context of COVID-19, one of which was dedicated to mental health and psychosocial support. Thanks to the financial support available for MHPSS in humanitarian settings, some activities have been carried out to respond to urgent needs in several countries, including Albania and Armenia.

Within the life-course approach, WHO, in collaboration with the MHPSS Reference Group of the Inter-Agency Standing Committee (IASC), has produced a number of documents addressing broader needs that may arise in the context of COVID-19 in different age populations, from children to older people. Some of these documents are for the general public, while others are technical guidelines that are regularly updated.

Another important development is a decision of the WHO Executive Board on COVID-19 and mental health in January this year. Key recommendations from the report refer to the need for Member States to take a whole-of-society approach to promote, protect and care for mental health, the need to respond proactively to reduce adversities brought about by the pandemic, and the need to enhance a variety of communication modalities, with an emphasis on remote communication.
Dévora Kestel closed her presentation with a reference to several IASC publications in the area of mental health that have just been published, including a mental health and psychosocial support toolkit for older adults during the COVID-19 pandemic and a guide for heart-to-heart chats with children to accompany reading of the *My hero is you* book.

**Delivering the response: WHO MHPSS activities in Ukraine**

Jarno Habicht, WHO Representative in Ukraine, and Alisa Ladyk-Bryzghalova, Mental Health Officer, WHO Country Office in Ukraine, shared a presentation about mental health and psychosocial support activities being undertaken in Ukraine in the context of the COVID-19 crisis, which is, as Jarno Habicht said in his introduction to the Ukrainian context (Fig. 3), not the only crisis affecting the mental health of the country’s 42 million citizens.

It is precisely because of the complexity of the situation on the ground that several inter-connected projects are being implemented across the country, including on mental health, which has been an integral part of the Incident Management Support Team for over a year now. As mental health activities in Ukraine receive ongoing support from WHO colleagues at the Regional Office and WHO headquarters. Dr Habicht took the opportunity to thank them all for their great support.

He noted that the COVID-19 crisis did not interrupt health system reform processes; they have continued full steam ahead on several tracks. The key, he suggested, is to ensure strong collaboration among many different partners. Presently, WHO engages with more than 50 partners working on mental health, including other United Nations Agencies, national and international nongovernmental organizations and ministries, and national institutes.

Translation and contextualization of some key guidance materials into Ukrainian was a very important step, said Dr Habicht, with many of the materials, including those for the general population, teachers and health-care workers, already available and widely used. The next step will be to make them available on mobile tools.

Alisa Ladyk-Bryzghalova continued the presentation by providing an overview of mental health and psychosocial support activities specifically addressing the needs of health-care workers in...
Ukraine. She praised the quality of the available guidance materials, which were used in developing a four-module training package for health-care workers (Fig. 4).

Fig. 4. Training package for health-care workers, Ukraine

The first module is for health service managers, to raise their awareness of the basics of MHPSS. The next two are for health-care workers, focusing on how to provide MHPSS to the population during emergencies and periods of crisis and how properly to cope with their own stress. The fourth module is designed as a follow-up workshop for health service managers who had participated in the training to provide them with more targeted support based on the needs of their facilities.

To date, around 100 training sessions have been conducted, with over 200 participating facilities. It is encouraging to find that participants’ self-assessed stress levels decreased after the training, while their level of confidence, both in terms of supporting patients and managing their own stress, increased. Dr Ladyk-Bryzghalova has found that the MHPSS interventions taught in the training seem to work quite well even in online modalities (Box 1).

Box 1. Commonly adopted interventions by health-care workers

Dr Ladyk-Bryzghalova then moved on to speak about the implementation of the WHO Mental Health Gap Action Programme (mhGAP) in Ukraine, through which primary health-care
workers are being trained to provide mental health services. Five online training sessions have been conducted so far for six primary health-care centres. She concluded her part of the presentation by noting the introduction of community mental health teams as a new service model in Ukraine, serving as an alternative to treatment provided by psychiatric hospitals and marking the first step in the process of deinstitutionalization. This form of care becomes particularly important during the pandemic, as it makes it possible to avoid hospitalization and receive mental health services while staying at home.

**Presentations from three priority areas**

Dr Chisholm thanked the speakers from the opening session for their informative presentations and passed on the floor to Pim Cuijpers, the TAG’s Co-chair, to moderate the next sessions.

Pim Cuijpers outlined the structure and objectives of the remaining two sessions, both of which focused on the three key priority themes agreed at the last TAG meeting: public mental health services; general population and communities; and vulnerable groups. To help further set the scene for breakout room discussions later, these themes would be investigated from three perspectives – global, national and personal.

**Public mental health services: on the frontlines in the Republic of Moldova**

Jana Chihai, Associate Professor at the Psychiatry Department of the State Medical University, Republic of Moldova, described how public mental health services in the Republic of Moldova had already been undergoing thorough reform when the pandemic started. The reform aims to establish a community-based model of care with community mental health centres (CMHC) at its core. This is supported by the national mental health plan, a new version of which currently is being developed.

The COVID-19 crisis amplified many pre-existing challenges in the country, including stigma, social isolation, lack of knowledge, shortage of mental health professionals, financial difficulties and a continuing over-reliance on institutional care.

As a first step in responding to the COVID-19 crisis, information materials about key interventions during lockdown, including legal provisions, professional guidance and care delivery modalities, were developed. Major changes were made to the way mental health services were delivered. CMHC services, for instance, formerly were based on home visits; the pandemic rendered this approach no longer possible, so things had to be done differently. A series of strategic documents was also developed to ensure a proper response to the COVID-19 pandemic within mental health (Fig. 5).
Psychologists were mobilized from all medical institutions, schools, ministries and the police to train in psychological first aid. Webinars were organized, primarily for residential institutions, as they were most affected in the beginning. They received training on how to organize infection prevention and control measures, make home visits and take forward other relevant matters in the context of COVID-19. Community mental health teams from the 40 CMHCs were then trained on how to support the general population, health-care workers and people newly presenting with mental health difficulties.

A platform for mental health self-assessment was developed, accompanied by some online interventions that are accessible to anyone who wants to use them. Finally, some positive aspects of the crisis were identified, including more emphasis being placed on mental health issues in general, strengthening of synergies with WHO and other international and national bodies, and improved collaboration between CMHCs and family doctors.

Professor Chihai concluded her presentation by highlighting the importance of intersectoral collaboration during the pandemic and beyond.

**Population impacts: an update from the CovidMinds network**

Daisy Fancourt, Associate Professor of Psychobiology and Epidemiology, University College London, United Kingdom, spoke about the CovidMinds network, which was established about a year ago to look at the mental health impact of the pandemic internationally. The network aims to support the study of high-quality longitudinal mental health studies around the world to facilitate international collaboration and data analysis, allowing results between countries to be compared and findings from different countries to be catalogued.

Since the launch of CovidMinds, 149 longitudinal studies in 70 countries around the world have been identified. Of these, 117 are brand-new studies set up because of the pandemic, and the remainder are existing cohort studies that have run additional sweeps of data collection. The coverage across countries around the world is very good, which is encouraging as it suggests that a global picture is being built. Every single study is catalogued on the study websites, so people

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can search to identify the country, population, sample size, follow up and key mental health measures for each. Contact details for study investigators are available.

The CovidMinds network has also been connecting researchers with studies around the world to help them understand the findings and share expertise. Papers synthesizing findings from many countries have already been published or are under preparation.

Dr Fancourt emphasized that resources have been developed for researchers working on these studies, including major opinion pieces and funding opportunities. The network has been helping new studies, such as those in lower-income countries, to set up, which has involved bringing together expertise from different teams around the world either to expand their studies to lower-income countries or to help the countries develop new projects.

The network’s main funder, the Welcome Trust, proposed a series of measures for inclusion in all mental health studies on COVID-19. Translated versions of these measures and their validations have been put on the website to support their inclusion in studies. The network publishes monthly summaries of findings from the studies, choosing different themes each month, alongside key reviews to help amplify findings.

One of the longitudinal studies, led by Dr Fancourt, is the COVID-19 social study, the largest study in the United Kingdom into the psychological and social impact of the pandemic. It has over 72,000 participants who have been taking part in weekly online data-collection for just over one year. The study sample is demographically diverse and is weighted to population proportions in the United Kingdom. Alongside this, written testimonials have been gathered from 20,000 participants about their experiences, especially in relation to their mental health. Weekly or fortnightly reports that show how mental health and around 20 other key metrics are being affected week by week are available on the study website. Much work has been done with the media to inform public understanding about mental health during the pandemic, and all of the key resources related to this activity are available on the website.

Dr Fancourt concluded her presentation by highlighting that this work has identified different waves of poor mental health across the pandemic. Initial anxieties and responses to lockdown have reduced, but some other triggers for mental health are becoming more dominant, including people’s response to adversities like bereavement, job loss or financial difficulties. People are also facing issues in accessing mental health support, which is now leading to a rise in mental health problems. Recognizing these different phases is important, and there is concern that once COVID-19 is under control, it will be assumed that mental health is also under control. In reality, however, some of the effects, particularly those with long-term consequences, could take months or years to fully emerge and be responded to.

**Vulnerable groups: long-COVID testimony and critical actions**

**Richard Roels, occupational psychologist and long-COVID support volunteer**, offered a personal perspective of his experience of long COVID.

“I fell ill about a year ago. Before that, I actually had pretty good health. Then on March 17, I started feeling a tickle in my throat. Shortly after, the classic symptoms of COVID-19 – cough, fatigue and a racing heart – kicked in. I went upstairs to isolate within the house for a week, and after that came out still feeling groggy.”
Richard allowed himself 10 days or so to see if he would recover, but the symptoms came back.

“I felt absolute terror. I had no idea what was going on. I needed a doctor, but I was quite scared. So I recorded messages for my wife and daughter fearing the worst would happen.”

The summertime brought no respite. In fact, Richard kept being hit by new waves of symptoms.

“I had a tingling sensation in my right side for a while. I wasn’t able to sleep too well, despite the endless fatigue. I just felt really, really washed out, worn down.”

He was prescribed graded exercise therapy, but some of the consequences for him were dire.

“Graded exercise led to some nasty crashes for me. I went for a walk with the family one time and ended up just completely being unable to move – I had to lie down by the side of the road and put my feet up in the air before I could carry on.”

He then sought help from a cognitive behavioural therapist.

“I spent most of the winter using cognitive behavioural techniques, pacing myself and prioritizing the work I do. One of the biggest issues I have now is ongoing fatigue. But the hardest thing is people not believing you!”

Richard believes the effects on mental health of long COVID will be profound.

“There are people now who wouldn’t be able to address a forum like this, wouldn’t be able to string a coherent sentence together. This is really about focusing our efforts on those people who are absolutely desperate and unable to function in any sort of normal state.”

Richard and his peers have put in place some support mechanisms for people experiencing long COVID.

“We have a very good peer-to-peer networks of people who are able to provide support for each other, and I receive regular support from others.”

Richard recognizes that people who were well last year but now have long COVID will be struggling, which means they must be able to access support prioritized to need.

“It’s important to understand that support will be needed 24/7. There’s going to be a lot of people out there who struggle in the middle of night in those dark hours.

“Ultimately, people with long COVID want to see mental health support embedded in all parts of our lives, our systems and our workplaces.”

**Breakout discussion groups**

Each member of the TAG had been allocated to a thematic subgroup before the meeting based on their individual preference and area of expertise. The aim of the breakout sessions was to have introductions in the small groups and begin discussing the key questions by thematic area.
that can be taken forward and considered in formulating recommendations from the TAG (Table 1).

Table 1. Key questions for breakout discussion groups

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<th>Group 1</th>
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<td>Lead: Jose Luis Ayuso-Mateos</td>
<td>Lead: Klaus Lieb</td>
<td>Lead: Katerina Nomidou</td>
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**Impacts on public mental health services amid COVID-19**

1. What are the most important changes in mental health services caused by COVID-19?
2. What are the most important innovations in mental health services that could be used sustainably in the long term?
3. What would you prioritize for public mental health when the pandemic is over?
4. What is the role of mental health services in supporting frontline medical professionals?
5. What interventions, if any, can mental health services provide to the general population?

**Impacts on the general population and communities**

1. What are the most important areas of impact of the pandemic on the general population?
2. What can be done to reduce the impact of COVID-19 on the general population level and increase resilience?
3. Which preventive interventions can be implemented now to reduce the impact?

**Impacts on vulnerable groups**

1. Which are the most important vulnerable groups for COVID-19-related mental health problems (Top 3)?
2. Which measures can be taken in the short term to reduce the impact of COVID-19 on mental health problems in the most important vulnerable groups?
3. What can be done in the longer term to strengthen the resilience of the most important vulnerable groups?
4. What are the most significant negative effects of COVID-19 on vulnerable group?

Feedback from breakout groups

The time groups had for discussions was shorter than planned due to technical difficulties in launching breakout rooms. As a result, none of the groups was able to go through all the questions or reach any initial conclusions. It therefore was proposed that each TAG subgroup should plan a follow-up meeting as soon as possible after the meeting to complete their discussions and agree on the drafting process of their respective thematic briefing papers.
**Conclusion of the second TAG meeting**

Concluding remarks were made by Dan Chisholm, who summarized as follows:

- the agreed next step is to advance the thematic discussions and develop a draft set of insights and emerging recommendations that can be presented by each subgroup at the next meeting of the TAG;
- the report from the first meeting and all materials by or related to the TAG produced subsequently will be posted on the dedicated webpage, which is now live;\(^2\)
- as emphasized by Natasha Azzopardi Muscat in this and the previous meeting, the TAG should take every opportunity to communicate its findings on an ongoing basis to ensure the broadest possible public benefit from its vast expertise; and
- the next meeting is planned tentatively for 23 April 2021 and will focus on getting feedback on the pre-circulated set of considerations from the three subgroups and on initiating the overall preparation of a report from the TAG.

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## Annex 1

### Agenda

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<th>Date</th>
<th>Time</th>
<th>Session</th>
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<tr>
<td>23 March 2021</td>
<td>12:00–12:10</td>
<td>Opening the meeting and recap from the first TAG</td>
<td>Natasha Azzopardi Muscat Dan Chisholm</td>
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<td>12:10–12:20</td>
<td>Framing the response: WHO MHPSS framework</td>
<td>Dévora Kestel</td>
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<td>12:20–12:30</td>
<td>Delivering the response: WHO MHPSS activities in</td>
<td>Jarno Habicht Alisa Ladyk-Bryzgalova</td>
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<td>Overview of the three priority areas</td>
<td>Pim Cuijpers</td>
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<td>(5–7 min) Public mental health services: On the</td>
<td>Jana Chihai</td>
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<td>frontlines in the Republic of Moldova</td>
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<td>(5–7 min) Population impacts: an update from the</td>
<td>Daisy Fancourt</td>
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<td>(5–7 min) Vulnerable groups: long-COVID testimony</td>
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<td>and critical actions</td>
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<td>Group 1: Impacts on public mental health services</td>
<td>Jose Luis Ayuso-Mateos Klaus Lieb</td>
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<td>Group 2: Impacts on the general population and</td>
<td>Katerina Nomidou</td>
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<td>Presentations from the group leads (5 min each)</td>
<td>Group leads Jana Chihai &amp; Pim Cuijpers</td>
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<td>Reflections and summary by co-chairs (10 min)</td>
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<td>13:55–14:00</td>
<td>Closure of the meeting and next steps</td>
<td>Dan Chisholm</td>
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### Annex 2

**PARTICIPANTS**

#### TAG MEMBERS

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<td>V.M. Bekhterev National Medical Research Centre for Psychiatry and Neurology of the Ministry of Health</td>
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<td>Iván</td>
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<td>Institution of Occupational Safety and Health</td>
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*a Unable to attend the second meeting.*
OBSERVERS

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<tr>
<th>Surname</th>
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<th>Affiliation</th>
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<tr>
<td>Ferencic</td>
<td>Nina</td>
<td>United Nations International Children's Emergency Fund</td>
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<td>Emily</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>Javed</td>
<td>Afzal</td>
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<td>WHO Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic</td>
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<td>Nicoline</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<td>European Regional Office</td>
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<td>Valle-Trabadelo</td>
<td>Carmen</td>
<td>Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergencies</td>
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Sampreethi Aipanjiguly
Communications
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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