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

Virtual meeting
23 April 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 Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region first met (virtually) on 23 February 2021 to convene the new group of experts, discuss the situation and share perspectives on the group’s priority concerns. Following a second meeting on 23 March 2021 the TAG met again on 23 April 2021 to discuss, constructively challenge and integrate the initial proposals on priority concerns and recommendations around the three previously agreed key areas of impact: public mental health services; general population and communities; and vulnerable groups.

Keywords

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

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Executive summary

The Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region convened for the third time on 23 April 2021 to discuss, constructively challenge and integrate the initial proposals on priority concerns and recommendations around the three previously agreed key areas of impact: public mental health services; general population and communities; and vulnerable groups.

To set the stage for the presentations from subgroups, Jonathan Campion, who serves as a WHO consultant to support the work of the TAG, was invited to speak on a short briefing paper he was commissioned to write about key mental health impacts of COVID-19 across the WHO European Region and associated opportunities for action.

In their role as subgroup leads, Jose Luis Ayuso-Mateos, Klaus Lieb and Katerina Nomidou then presented the first drafts of the briefing papers prepared collaboratively by members of each thematic subgroup since the last TAG meeting. They specified some of the lingering dilemmas and challenges faced by their groups and sought further advice from TAG members, observers and the WHO Secretariat.

The ensuing group discussions were rich, candid and foresighted, offering several important and helpful observations and suggestions, including the need for:

- the TAG to be very clear and explicit about criteria for prioritization, especially regarding vulnerable groups;
- further delineation of issues treated by each subgroup to avoid parallel work and redundancy;
- the design of a structure, in the form of a matrix, to pull together information from the three subgroups into a coherent narrative;
- the TAG’s communication materials consistently to convey messages of hope, healing and recovery, and avoid pathologizing and fear-inducing interpretations; and
- greater emphasis on the message of building back better in all documents and reports produced by the TAG.

The meeting agreed that the subgroups would revise their thematic briefing papers to reflect the suggestions raised at the meeting and share them with the co-chairs and the WHO Secretariat by mid-May, with the aim of having the first draft of the integrated TAG report available by mid-June 2021.
Introduction

The main objective set for the third meeting of the Technical Advisory Group (TAG) on the Mental Health Impacts of COVID-19 in the WHO European Region was to present and discuss a draft set of insights and emerging recommendations from the three thematic subgroups established at the second TAG meeting in March 2021. Each subgroup had held follow-up meetings in the intervening period to enable in-depth consideration of priority issues to be addressed under each theme and to develop initial recommendations to be proposed to Member States across the WHO European Region on behalf of the TAG.

This report is of the third TAG meeting, held virtually on 23 April 2021; a fourth TAG meeting is planned for the second half of May 2021.

Opening session

Natasha Azzopardi-Muscat (Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe) welcomed the participants and thanked them for their active engagement and contributions since the last meeting. She acknowledged the progress achieved thus far in developing an outline of the TAG report, which should be available in a draft version by the end of June. She informed the meeting that an independent commission chaired by Mario Monti and convened by Hans Henri P. Kluge to rethink policy priorities in the light of pandemics will release its report at the beginning of September. The report will place a strong emphasis on the importance of inclusion, recognizing that societies had been fractured even before the pandemic, that very many people were falling through the cracks, and that the situation has only worsened for those who were already more vulnerable at the beginning of the pandemic. There is much synergy here with the work being done by the TAG, concluded Dr Azzopardi-Muscat.

Dan Chisholm (Mental Health Unit, Division of Country Health Policies and Systems, WHO Regional Office for Europe) greeted the participants and wished those who were recovering from COVID-19 well. He thanked everyone for their continued engagement and commitment, particularly in the last few weeks when the thematic subgroups had held their meetings. He extended special thanks to Jose Luis Ayuso-Mateos, Katerina Nomidou and Klaus Lieb for agreeing to coordinate those discussions.

Dr Chisholm reminded TAG members to update their declarations of interest and notify the WHO Secretariat of any change in circumstances that might mean actual or potential conflict of interest. He confirmed that the report of the second TAG meeting was awaiting final clearance and would be on the website in the coming days.

In introducing the meeting agenda, Dr Chisholm said the last meeting’s focus was on presentations of the situation from the perspectives of WHO and partners and holding initial discussions around priority areas of impact. Ideas around the priority areas of impact would be developed further at this meeting with a view to pulling them together into an initial draft report for possible consideration at the next meeting of the TAG in late May.

Pim Cuijpers (TAG Co-chair) greeted the participants and introduced a brief presentation by Jonathan Campion, the author of the comprehensive background report for the TAG on the
mental health impacts of COVID-19. Professor Cuijpers thanked Dr Campion for summarizing the report in a briefing document that would soon be published on the TAG’s webpage. He emphasized that this briefing was important not only because it provided a helpful overview of the available scientific evidence in a succinct form, but also because it offered a good structure for organizing the TAG recommendations.

Jonathan Campion (WHO consultant) said he was delighted to be able to contribute to this very exciting work and recalled that in January this year he was asked by WHO to review evidence about the impacts of COVID-19 on mental health to inform the work of the TAG. His work on this background report is continuing as he is trying to keep abreast of the very large volume of emerging evidence.

The briefing paper, Dr Campion explained, explores the evidence of the mental health impacts of COVID-19, including the themes of the three subgroups (public mental health services, general population and vulnerable groups). It also includes evidence on the impacts of quarantine, risk factors for mental health conditions and protective factors. Essentially, the report highlights the reality of the lack of implementation not just of treatment, but also of effective interventions that can prevent mental health conditions from arising and promote well-being and resilience. This implementation gap has widened due to the COVID-19 crisis. The briefing suggests several overarching actions that could address implementation failure, mitigate the mental health impacts of COVID-19 and support sustainable improvement in population mental health.

Dr Chisholm was pleased to announce that Dr Campion had agreed to continue working with the WHO team on a part-time basis over the next several months. He will remain closely involved in supporting the TAG in updating evidence as it emerges.

Presentations from TAG subgroups

In this session, the leads of the three TAG subgroups, Dr Ayuso-Mateos, Dr Lieb and Ms Nomidou, each presented first drafts of their respective thematic briefing papers, including a set of draft core recommendations. The leads were keen to hear the thoughts of participants about some of the issues their groups felt warranted further consultation within the TAG.

Impacts on public mental health services (subgroup 1)

Jose Luis Ayuso-Mateos thanked his group for their written contributions, comments and suggestions and spoke about the structure of the draft thematic briefing. The briefing begins with several paragraphs describing the context and answering the question of why these impacts are important, before moving on to the main section describing priorities identified by the group and how best to address them.

Describing the impacts of the COVID-19 crisis on public mental health services must begin by acknowledging massive disruption in the way services are provided, said Dr Ayuso-Mateos. This applies equally to in-patient care, care in the community (primarily due to restrictions in face-to-face contacts, which are of crucial importance in mental health) and primary care services, which in many countries are the first point of contact with mental health services. Another very important challenge is that people placed in institutions and staff are at high risk of finding themselves in a hotspot of infection. This was particularly dramatic in Spain, with a very high incidence of COVID-19 among health professionals. In short, said Dr Ayuso-Mateos, services have been seriously disrupted and new mental health needs, including long-term consequences of
COVID-19, now need to be addressed. He emphasized that this crisis, like other similar crises, will trigger a shift in resources, and that those who are making decisions should be aware that allocation of both human and financial resources to mental health is necessary. Mental health is not a priority in many European countries and there is a severe risk that service impoverishment could follow the pandemic.

Specific priorities in addressing the impacts on public mental health services identified by the group include: ensuring continuity of care; protecting the mental health and well-being of frontline health-care workers; providing uninterrupted access to mental health services for people who are more vulnerable, including those with pre-existing mental health conditions; and rethinking the issue of institutionalization, not least because some institutions are hotspots of infection.

Some of the preliminary core recommendations considered by the group refer to the need for public health systems to recognize mental health as a priority during the pandemic. Training on infectious disease preparedness and psychological support are required for mental health staff, and responders from other sectors need training in basic psychosocial skills. The recommendations also call for actions to ensure that mental health service users have better access to care for physical problems, those with disabling chronic mental disorders are prioritized for early vaccination, psychological support and resilience programmes for health professionals and long-term care workers are implemented, community-based interventions are strengthened through a multidisciplinary and multisectoral approach, and available resources for mental health support are pooled. The group emphasized that the current crisis presents an opportunity for transformation of mental health care and, in particular, for scaling up telemedicine services and putting in place regulations to ensure the confidentiality and safety of such interactions.

Comments and reflections from group discussion

There was agreement that stronger emphasis on the mental health of health workers and frontline staff is needed. They are very tired; it has been a very difficult year and they should be prioritized.

Deinstitutionalization processes should be reinforced, not only because of the risk of infection, but primarily because of the human rights implications.

The issue of prioritization across the subgroups requires further discussion, because the guiding criteria have not yet been described sufficiently well. The same applies to vulnerability and the need to agree as a group on how it is defined.

Questions were asked on how the work of the WHO group looking at so-called long COVID and the work of the TAG will complement and acknowledge each other. Queries were also raised about how it can be ensured that governments address the social determinants of health, given the growing evidence that poor people are impacted most strongly by COVID-19.

Impacts on the general population and communities (subgroup 2)

Klaus Lieb introduced the members of the subgroup, who have met twice since the last TAG meeting to discuss the impacts of the pandemic on the general population and communities and formulate draft recommendations for action. He said that the mental health impacts highlighted in the group’s briefing include the well established findings of increased levels of anxiety and
depressive symptoms during the first wave of the pandemic and increased levels of psychological distress in children and adolescents. The available data show a decrease in suicide rates by October 2020, but more research is needed into this and other longer-term mental health effects of the pandemic.

The recommendations for actions are divided into general and specific. The former include sensitization of the general public to psychological effects of the pandemic, consideration of psychological effects when evaluating pandemic measures, low-threshold preventive interventions to improve resilience, and reliable research on the impact of COVID-19 on mental health and monitoring of mental health outcomes (such as suicide rates). Ideas for specific recommendations under four areas of impact are shown in Table 1.

Table 1. Ideas for specific recommendations under four areas of impact (subgroup 2)

<table>
<thead>
<tr>
<th>Area of impact</th>
<th>Recommendation ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lockdown measures/isolation</td>
<td>There is a need for:</td>
</tr>
<tr>
<td></td>
<td>• low-threshold (easily accessible) psychoeducational material about mental health risks;</td>
</tr>
<tr>
<td></td>
<td>• digital interventions and telephone helplines;</td>
</tr>
<tr>
<td></td>
<td>• interventions to cope with loneliness and promote neighbourhood help;</td>
</tr>
<tr>
<td></td>
<td>• self-guided interventions and home-based activities for mental health support;</td>
</tr>
<tr>
<td></td>
<td>• teletherapy for professional treatment of mental disorders;</td>
</tr>
<tr>
<td></td>
<td>• culturally adapted interventions.</td>
</tr>
<tr>
<td>2. Work-related aspects/unemployment</td>
<td>There is a need for:</td>
</tr>
<tr>
<td></td>
<td>• financial support to bridge income losses and prevent unemployment;</td>
</tr>
<tr>
<td></td>
<td>• occupational health services, mental health and psychosocial support, and workplace supportive policies for workers;</td>
</tr>
<tr>
<td></td>
<td>• integration of psychological support initiatives into the workplace;</td>
</tr>
<tr>
<td></td>
<td>• workplace mental health interventions embedded in policy and company development initiatives;</td>
</tr>
<tr>
<td></td>
<td>• qualified guidance, training and support programmes for unemployed people;</td>
</tr>
<tr>
<td></td>
<td>• organizational support, co-worker support, technology support, boundary management support and addressing of gender inequities around remote work settings.</td>
</tr>
<tr>
<td>3. School and university closures</td>
<td>There is a need for:</td>
</tr>
<tr>
<td></td>
<td>• (digital) mental health interventions in schools and universities;</td>
</tr>
<tr>
<td></td>
<td>• parents, teachers and health-care providers to increase awareness about pandemics and mental health consequences among children and adolescents;</td>
</tr>
<tr>
<td></td>
<td>• measures to address parental communication capacities and coping strategies;</td>
</tr>
<tr>
<td></td>
<td>• infection risks to be balanced against the negative consequences on education and mental health;</td>
</tr>
<tr>
<td></td>
<td>• promotion of healthy lifestyle behaviours.</td>
</tr>
</tbody>
</table>
### Area of impact | Recommendation ideas
---|---
4. Pressure on family functioning (homeschooling, remote working, gender and educational roles, loss of loved ones due to COVID-19) | There is a need for:
- low-threshold access to parental and child mental health services;
- measures to address financial security and reduce the detrimental work-related impacts of the pandemic;
- interventions mentioned above for remote working;
- Internet availability to facilitate remote working and homeschooling; and
- acknowledgement by national leaders of the effects of loss and grief, identifying and addressing the need for farewell rituals and psychotherapeutic interventions that focus on loss and resilience.

### Comments and reflections from group discussion

Some concern was expressed that if risk groups are defined too broadly, there will be hardly anyone left outside them. Only people for whom there is real evidence of risk should be selected for inclusion. Looking beyond the current crisis, there is a need to identify those who are at greater risk. Short- and long-term effects should be distinguished more clearly in the next version of the group’s briefing.

Use of the word vulnerable requires more thought to ensure it can be used more specifically. Young people, for instance, should not all be swept under the heading of being vulnerable. Work in the United Kingdom has found that it was young people with a diagnosis of autism, and not all young people, who were particularly affected by lockdown.

Concerns were expressed, however, about the mental ill health implications of unemployment and work-related consequences for young people. The pandemic has had a drastic effect in this regard on young people, with many of them losing their jobs and not being able to find new jobs. The current situation therefore presents a big barrier to young people’s positive mental health.

It was felt that pragmatism needs to be the guiding principle in this work. Drafting a so-called elevator pitch that encapsulates all major conclusions and targets policy-makers could be helpful. It also needs to be made very explicit that funds will be required, and the recommendations will need to be backed up by arguments and evidence to show that returns on investment can reasonably be expected. A twin-track argument, addressing both the human rights approach and economic benefits, will be necessary.

A view was expressed that given this piece of work focuses on the general population and communities, should there not be a recommendation related to holding hope that things will get better, and not pathologizing too much or assuming that a temporary increase in anxiety and depression will inevitably require formal mental health interventions? There are already studies showing that people are capable of a natural bounce back.

### Impacts on vulnerable groups (subgroup 3)

Katerina Nomidou thanked her group for their excellent and productive collaboration. She said the major challenge before the group was to reach a common understanding of what was meant by vulnerability in this context and what criteria should guide the selection of vulnerable groups to be included in this group’s briefing. The current available literature on the impact of COVID-
19 on mental health in vulnerable groups is limited, with many studies not reporting on differences based on factors such as gender, race, age, socioeconomic status, and prior physical and mental health considerations. In the absence of specific criteria for setting priorities, the group were guided by the literature review, the emerging evidence and lived experience of the group. The group understands that as evidence emerges, these priorities may change.

Ms Nomidou then briefly spoke about the specific characteristics of each of the seven vulnerable groups that are proposed for further consideration by the TAG:

1. children, adolescents and young people
2. people experiencing socioeconomic difficulties/poverty
3. frontline health-care workers
4. individuals with long-term conditions
5. people with pre-existing mental health problems
6. people with long COVID
7. individuals with frailty.

The subgroup considered an array of ideas for recommendations, both in the short and longer terms (Table 2).

Table 2. Ideas for recommendations, short and longer terms (subgroup 3)

<table>
<thead>
<tr>
<th>Recommendations in the short term</th>
<th>Recommendations in the longer term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There is a need for:</strong></td>
<td><strong>There is a need for:</strong></td>
</tr>
<tr>
<td>• universal access to vaccination;</td>
<td>• collaborative and systematic collection and use of high-quality data;</td>
</tr>
<tr>
<td>• provision of health education and support for health literacy;</td>
<td>• universal access to resources to combat problems;</td>
</tr>
<tr>
<td>• access to telehealth and online support;</td>
<td>• more integrated approaches to the design and delivery of health and care;</td>
</tr>
<tr>
<td>• systematic mapping of all health and well-being assets;</td>
<td>• co-production with service users and families;</td>
</tr>
<tr>
<td>• strengthening of existing (non-medical) resources in the community;</td>
<td>• commitment to addressing the social determinants of health;</td>
</tr>
<tr>
<td>• ensuring that “young people” are not converted into “patients”;</td>
<td>• commitment to social justice and putting equity of health and well-being at the heart of all policy-making; and</td>
</tr>
<tr>
<td>• initiatives to address the causes of mental health problems;</td>
<td>• withdrawal from the traditional deficit-based approach to a strengths-based approach that values local assets and individual strengths.</td>
</tr>
<tr>
<td>• measures to strengthen resilience and support in social contacts;</td>
<td></td>
</tr>
<tr>
<td>• mental health parity; and</td>
<td></td>
</tr>
<tr>
<td>• promotion, protection and fulfilment of human rights in line with the Convention on the Rights of Persons with Disabilities.</td>
<td></td>
</tr>
</tbody>
</table>

Comments and reflections from group discussion

A recent study by the Spanish Red Cross identified a category of the “new vulnerable”, which could include people experiencing socioeconomic difficulties, frontline health-care workers and people experiencing long COVID from the seven groups proposed for consideration.

A human-rights approach should be a common thread in the outputs from each subgroup. The messages from each need to be harmonized. There also needs to be agreement on the extent to which it is made explicit that the Convention on the Rights of Persons with Disabilities is core to the framework of the recommendations.
Particular groups are highlighted for special attention in the group’s draft recommendations. For instance, the issue of mental health services for young people, which are lacking in many countries, is emphasized. People with dementia seem to fit into a number of categories, but the group needs to decide which is the most appropriate.

Questions were raised about the effectiveness of online mental health services. Has any feedback been received from countries about their experiences of using such services, particularly in relation to children and adolescents with disability – are they using these services, and what has been the impact?

The next task for the group is to bring these lines of thinking together and tease out a set of core recommendations. It may consider producing slim briefs on certain topics, such as young people and adolescents, as the next step. It was agreed that whatever route the group chooses, it needs to be explicit on why these topics have been selected, as clearly not all topics can be addressed.

**Conclusion of presentations from TAG subgroups**

The session was concluded by Dévora Kestel (Director, Department of Mental Health and Substance Use, WHO headquarters), who shared her general thoughts with the participants. She began by noting that some observations and recommendations from subgroups were limited to high-income countries and the richest countries in terms of mental health. This calls for further work, as the documents must provide a whole-of-region perspective.

She agreed that an important message to all countries is to increase the budget for mental health and proposed that the issue of financial considerations could be treated as a cross-cutting theme.

Dr Kestel’s final comment was around the use of technology, which she agreed should be maximized, but always with alternatives identified and available for populations who do not have easy access to such technologies.

**Drafting of the TAG report on the mental health impacts of COVID-19, next steps and upcoming events**

**TAG report structure and the drafting process proposal**

Emiliano Albanese (TAG rapporteur) shared with the meeting his thoughts on how best to structure the report of the TAG, which is due by the end of June.

Dr Albanese proposed that to bring the work of the three subgroups together in a meaningful way for policy- and decision-makers, a simple matrix populated by information coming from the subgroups should be developed.

The aim is to produce an information-rich and presentable report, keeping in mind the target readers, said Dr Albanese. He added that as a first step, a template will be designed and shared with subgroups to enable them to transfer the information they already have into the matrix. The idea is to have a report that can be used in a very efficient way by readers and which will be of benefit to many sectors.
European Commission high-level event on the mental health impact of COVID-19

Nicolina Tamsma (Policy Officer, Unit C1 – Health Promotion, Disease Prevention and Financial Instruments, European Commission Directorate-General for Health and Food Safety (DG SANTE)) thanked the organizers for the opportunity to say a couple of words about the high-level event that will take place on 10 May, during the European week of mental health. The event will be hosted by the Commissioner for Health and Food Safety, Stella Kyriakides. Ms Tamsma noted that there are similarities in the way the TAG approaches the issue of mental health and COVID-19 and the way the programme of the conference has been designed. The programme focuses on five themes: understanding the challenge; the impact on daily life; the impact on people who provide care and services; responding through health systems; and acting to make things better. It will include personal testimonies and sharing of some promising approaches from real examples on the ground. The event has been planned with many partners, including WHO.

The planned parallel sessions, said Ms Tamsma, are very much in line with the discussions today, with a focus on:
- Living: children, young people, parents and teachers
- Living: older people and vulnerable groups
- Caring: health-care workers
- Caring: social and residential care workers, and informal carers
- Responding: people with pre-existing mental health needs and services
- Responding: health systems fit to meet future mental health needs.

Ms Tamsma concluded by gratefully acknowledging the support of the TAG and WHO and mentioned those who have kindly agreed to participate in the programme: Hans Henri P. Kluge (message of support at the opening session), Natasha Azzopardi-Muscat (speaker in the health systems session), Dan Chisholm (chairing the session on people with pre-existing mental health needs and their services), Pim Cuijpers (speaker as TAG Co-chair), José Ayuso-Mateos (sharing experience in the health systems session), Carmen Valle-Trabadelo (sharing experience in the session on children and adolescents) and Emily Hewlett (speaker in the health systems session).

Closure of the third TAG meeting and next steps

Natasha Azzopardi-Muscat took the opportunity to announce another meeting that is in the making, with more information to follow in the coming days. She said that during her recent visit to Greece together with the WHO Regional Director for Europe, it became clear that mental health is a key topic on the agenda for Greece. Under the direct stewardship of the Prime Minister, a decision has been made to hold an international conference in partnership with WHO on the mental health impacts of COVID-19. The conference will be used as a springboard to renew the impetus for service transformation and building back better. The organizer has already generously proposed that all TAG members will be invited to attend the conference, either in person or virtually, on 22–23 July.

Dan Chisholm thanked the participants for a very fruitful meeting with fantastic interactions within the group. He said it was heartening to see the outcomes of discussions emerging in the form of increasingly concrete suggestions for the TAG recommendations. As was made clear in
many interventions from the TAG members in the meeting, more work is needed to further concretize, pragmatize and prioritize the recommendations.

Dr Chisholm proposed that the next step would be to give a few more days to everyone to comment on the draft papers from subgroups and provide feedback to subgroup leads so they could finalize their drafts and submit them to the co-chairs and WHO Secretariat. After that, he suggested, the co-chairs should meet with the rapporteur and the WHO Secretariat to work further on the consolidated draft of the TAG report, which would be needed before the end of June.

The fourth TAG meeting can be planned towards the end of May to ensure time for final inputs into the report. As mentioned earlier, Dr Campion will be acting as a WHO consultant and can also support this process. It is hoped that the people and resources needed are in place to move this work forward very efficiently, said Dr Chisholm.

**Pim Cuijpers** thanked the participants for very productive and engaged discussions and closed the meeting by saying, “The recommendations are not ready yet, but we can see them shaping up. Our societies are waiting for them, so there is no time to lose!”
### Annex 1

**AGENDA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td><strong>Opening session</strong></td>
<td></td>
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<tr>
<td>10:00–10:15</td>
<td>Opening the meeting and recap from the second TAG meeting</td>
<td>Natasha Azzopardi-Muscat, Dan Chisholm, Pim Cuijpers and Jonathan Campion</td>
</tr>
<tr>
<td><strong>Presentations from TAG subgroups (10 minutes) and plenary discussions (15 minutes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:15–10:40</td>
<td>Group 1. Impacts on public mental health services</td>
<td>Jose Luis Ayuso-Mateos</td>
</tr>
<tr>
<td>10:40–11:05</td>
<td>Group 2. Impacts on the general population and communities</td>
<td>Klaus Lieb</td>
</tr>
<tr>
<td>11:05–11:30</td>
<td>Group 3. Impacts on vulnerable groups</td>
<td>Katerina Nomidou</td>
</tr>
<tr>
<td>11:30–11:40</td>
<td>TAG report structure (a policy actions matrix) and the drafting process proposal</td>
<td>Emiliano Albanese</td>
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<tr>
<td>11:50–12:00</td>
<td>Closure of the meeting and next steps</td>
<td>TAG co-chairs and WHO Secretariat</td>
</tr>
</tbody>
</table>
### Annex 2

**PARTICIPANTS**

**TAG MEMBERS**

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
<th>Country</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanese</td>
<td>Emiliano</td>
<td>Switzerland</td>
<td>Universita’ 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>
</tr>
<tr>
<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>Netherlands</td>
<td>Vrije Universiteit Amsterdam</td>
</tr>
<tr>
<td>David</td>
<td>Liron</td>
<td>Israel</td>
<td>Enosh - The Israeli Mental Health Association</td>
</tr>
<tr>
<td>Fancourt</td>
<td>Daisy</td>
<td>United Kingdom</td>
<td>University College London</td>
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<tr>
<td>Grđan</td>
<td>Kristijan</td>
<td>Croatia</td>
<td>Mental Health Europe</td>
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<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>
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<tr>
<td>Lieb</td>
<td>Klaus</td>
<td>Germany</td>
<td>University Medical Centre Mainz</td>
</tr>
<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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<tr>
<td>Morgan</td>
<td>Nicholas</td>
<td>United Kingdom</td>
<td>Euro Youth Mental Health; Anna Freud Centre</td>
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<tr>
<td>Morozov</td>
<td>Petr</td>
<td>Russian Federation</td>
<td>Russian National Medical Research University</td>
</tr>
<tr>
<td>Muller</td>
<td>Ashley (Ley)</td>
<td>Norway</td>
<td>Norwegian Institute of Public Health</td>
</tr>
<tr>
<td>Noguer</td>
<td>Isabel</td>
<td>Spain</td>
<td>Spanish National School of Public Health</td>
</tr>
<tr>
<td>Nomidou</td>
<td>Aikaterini</td>
<td>Greece</td>
<td>Greek Association of Families/Carers and Friends for Mental Health</td>
</tr>
<tr>
<td>Priebe</td>
<td>Stefan</td>
<td>United Kingdom</td>
<td>Queen Mary, University of London</td>
</tr>
<tr>
<td>Roels</td>
<td>Richard</td>
<td>United Kingdom</td>
<td>Long Covid Support Organisation</td>
</tr>
<tr>
<td>Schaub</td>
<td>Michael</td>
<td>Switzerland</td>
<td>Swiss Research Institute for Public Health and Addiction</td>
</tr>
<tr>
<td>van Voren²</td>
<td>Robert</td>
<td>Lithuania</td>
<td>Human Rights in Mental Health – FGIP</td>
</tr>
<tr>
<td>Vasileva</td>
<td>Anna</td>
<td>Russian Federation</td>
<td>V.M. Bekhterev National Medical Research Centre for Psychiatry and Neurology of the Ministry of Health</td>
</tr>
<tr>
<td>Wadey</td>
<td>Emma</td>
<td>United Kingdom</td>
<td>Mental Health Nursing England</td>
</tr>
<tr>
<td>Williams Jiménez</td>
<td>Iván</td>
<td>United Kingdom</td>
<td>Institution of Occupational Safety and Health</td>
</tr>
</tbody>
</table>

²Unable to attend the third meeting.
### OBSERVERS

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferencic</td>
<td>Nina</td>
<td>United Nations International Children's Emergency Fund</td>
</tr>
<tr>
<td>Hewlett</td>
<td>Emily</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>Javed</td>
<td>Afzal</td>
<td>World Psychiatric Association</td>
</tr>
<tr>
<td>Morgan</td>
<td>Antony</td>
<td>WHO Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic</td>
</tr>
<tr>
<td>Tamsma</td>
<td>Nicoline</td>
<td>International Federation of Red Cross and Red Crescent Societies European Regional Office</td>
</tr>
<tr>
<td>de Barros Mota</td>
<td>Antonia</td>
<td>Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergencies</td>
</tr>
</tbody>
</table>

*a Unable to attend the third meeting.

### WHO SECRETARIAT

- Natasha Azzopardi Muscat
- Jonathan Campion
- Daniel Chisholm
- Anne-Birgitte Gradman
- Ledia Lazeri
- Melita Murko
- Elena Shevkun

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- Vivian Barnekow
- Christine Brown
- Nils Fietje
- Katrine Bach Habersaat
- Jarno Habicht
- Fahmy Hanna
- Dévora Kestel
- Alisa Ladyk-Bryzghalova
- Govin Permanand
- Martin Weber
- Isabel Yordi Aguirre

*a Unable to attend the third meeting.
The WHO Regional Office for Europe

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