



Joint Action MENTAL HEALTH TOGETHER

D.5.1.1a - Mental Health in All Policies: A Mapping Review of Tools and Methods for Cross-Sector Action

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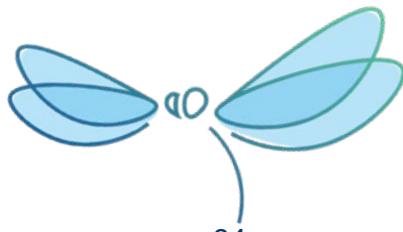
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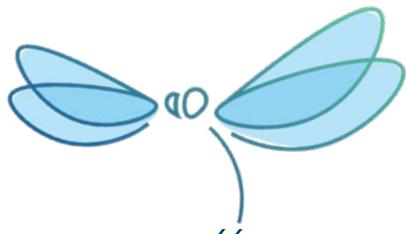


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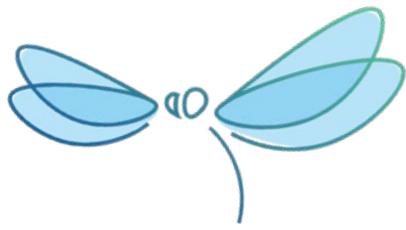
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Annexes

Annex I: Overview of survey and follow-up interviews

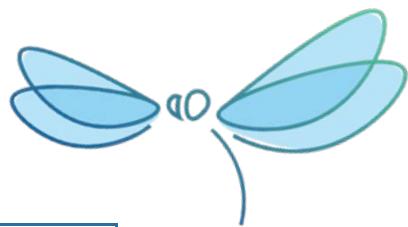
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Abbreviations' list and Acronyms

List of Abbreviations	
AP	Action plan
CA	Competent Authority
CE	Citizen engagement
CDC	Centres for Disease Control and Prevention
EC	European Commission
EU	European Union
HaDEA	European Health and Digital Executive Agency
HIAP	Health in All Policies
IMA	Interministerial Working Group on the Health Effects of Corona on Children and Adolescents
JA	Joint Action
MENTOR	Mental Health Together
MHIA	Mental Health Impact Assessment
MHiAP	Mental Health in all Policies
NACCHO	National Association of County and City Health Officials
NGO	Non-Governmental Organisation
NCD	Non-communicable disease
NMHP	National Mental Health Programme
OECD	Organisation for Economic Co-operation and Development
PLE	People with Lived Experience



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QALY	Quality-adjusted life-year
ROI	Return of Investment
SDG	Sustainable Development Goals
SROI	Social Return on Investment
ToC	Theory of Change
UK	United Kingdom
US	United States
WBSC	Wellbeing Service Counties
WHO	World Health Organization

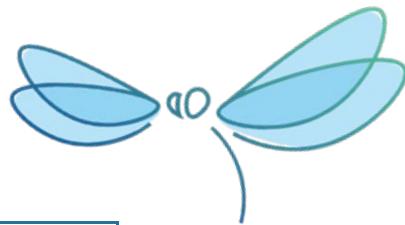
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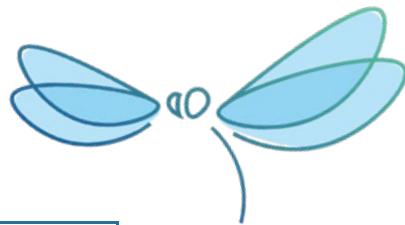


Main Definitions

Key definitions	
Champion for MHiAP	A champion for MHiAP is someone who actively supports, promotes, and drives the adoption, implementation, and success of mental health-inclusive policies, programs, or initiatives that incorporate mental health considerations. These champions advocate for approaches that improve mental health and address its social and structural determinants. They understand both the potential for improved policy outcomes and the value of integrating mental health considerations across sectors.
Core MHiAP team	A core MHiAP team is a dedicated group of people/person/organisation that focus on the process of implementing MHiAP (e.g., organising meetings, taking minutes, connecting people) and support the intersectoral working group.
Evaluation in MHiAP	<p>Process evaluation in MHiAP assesses <i>how</i> the policy or action was implemented. It focuses on the fidelity, reach, and quality of activities, and identifies barriers and facilitators encountered during the implementation of MHiAP.</p> <p>Outcome evaluation in MHiAP measures the <i>short- to medium-term effects</i> directly attributable to the implementation of MHiAP. It focusses on changes in awareness, attitudes, practices or behaviors among individuals, organizations or sectors. For example: shifts in decision-making and policy development that more explicitly include mental health outcomes.</p> <p>Impact evaluation in MHiAP examines the <i>long-term, broader effects</i> that result from the integrated policy approach. This focusses on changes in population level mental health outcomes, social determinants of mental health, and systemic inequities.</p>
Health in All Policies	Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being (https://www.who.int/publications/i/item/9789241506908).
Integrated care approach/intersectoral care	Integrated care approach / intersectoral care are (mental) health services that are managed and delivered in a way that the care received is from a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care services. Integrated care approach / intersectoral care is coordinated across the different levels and sites of care within and beyond the health sector (Thornicroft, et al., 2018). It refers to the structure of



	care, the way that services are organised and the manner in which care is received.
Intersectoral working group for MHiAP	An intersectoral working group for MHiAP is a group with policy representatives from different policy sectors that are actively working on including mental health in their respective policies and working together towards a common vision for MHiAP.
Mental health	Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in (https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response).
Mental Health Impact Assessment	Mental Health Impact Assessment (MHIA) provides a structured and systematic process to identify the potential impacts on mental health and wellbeing outcomes of (new) policies, programmes, services and projects, and focuses on population groups who may experience health inequalities with an emphasis on those most at risk of poor mental wellbeing
Mental Health in All Policies	Mental Health in All Policies (MHiAP) is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. MHiAP emphasises the impacts of public policies on mental health determinants, strives to reduce mental health inequalities, aims to highlight the opportunities offered by mental health to different policy areas, and reinforces the accountability of policy-makers for mental health impact. The MHiAP approach can be applied at all administrative levels, ranging from local authorities to the EU level (https://ec.europa.eu/health/sites/default/files/mental_health/docs/2017_mh_allpolicies_en.pdf). Note: MHiAP is sometimes also referred to as an integrated approach, inter-sectoral approach, whole-of-government approach, or inter-ministerial approach.
Mental health policy	Mental health policy is the policy regarding the promotion of mental health, prevention of mental ill-health and mental health care.
Monitoring in MHiAP	Monitoring in MHiAP is tracking the implementation of MHiAP (e.g. which actions have been taken, by whom, and when?).
National Mental Health Action Plan	A national mental health action plan is a policy at national level that aims to address mental health. For the most part, such national plans outline expectations and commitments of the mental health system and the approach to providing mental health care.



People with Lived Experience	People with lived experience refers to individuals who have direct, personal experience with a particular issue, situation, or system related to mental health. They are considered experts by experience, holding valuable insights that can inform and improve policies, programs, and practices.
Quick wins	Quick wins are achievable, short-term actions that can demonstrate early success and build momentum. Quick wins help establish credibility, foster trust between sectors, and lay the groundwork for more complex initiatives (National Association of County and City Health Officials, 2017)
Social determinants of mental health	The social determinants of mental health are the non-medical factors that influence mental health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (copied and adapted ('mental' added) from: Social determinants of health).
Sustainable Development Goals	Sustainable Development Goals (SDGs) are a call for action by all countries – developed and developing – in a global partnership. They recognize that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests (WHO, 2022)
Well-being	Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions (WHO, 2021)
Win-win strategies	Win-win strategies are actions that generate benefits for multiple sectors simultaneously.

Table 4 Key definitions



Abstract

Objectives

The European Joint Action on Mental Health Together (JA MENTOR) was launched in October 2024. Its goal is to promote mental health and well-being at both individual and population levels through sustainable, long-term strategies. A key focus of this initiative is to elevate mental health as a priority across all sectors using the Mental Health in All Policies (MHiAP) approach (Work Package 5.1.1). MHiAP is aimed at promoting population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas.

This report provides the latest knowledge on MHiAP implementation and a status update of Member States countries in their MHiAP implementation efforts. Both sources inform a MHiAP guidance that is designed to support policy makers (at national, regional and local levels) to see the value of an MHiAP approach in their context and have the best available information and tools at hand to design, implement, and improve an MHiAP approach.

Methodology

The latest knowledge on MHiAP implementation was collected by reviewing the literature on MHiAP and HiAP. For gaining a status update of Member States countries in their MHiAP implementation efforts, a structured survey was disseminated to 14 Member States participating in Work Package 5.1.1. The survey collected information on the current status of MHiAP, or any form of cross-domain policy or action on a national, regional or local level within each country. Based on the survey, semi-structured interviews were conducted with representatives from countries that completed the survey with more in-depth discussion regarding specificities and examples. In addition, desk research was undertaken to validate and build on the information obtained from the survey and interviews.

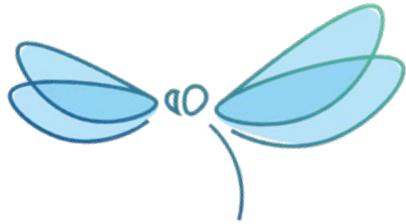
Knowledge gained from both the literature review and the status update from the Member States, served as input for the MHiAP methodology guidance. This guidance will be updated over the course of the JA MENTOR using feedback and experiences from four countries that will pilot the guidance. Feedback will be gathered through a multi country 'learning lab' in which experiences with pilot efforts will be shared with a wider group of country representativeness (JA task partners) interested in MHiAP implementation. A final redraft of the MHiAP guidance will be developed in 2027, based on lessons learned from the pilot countries and integrating outcomes of EU-supported initiatives (e.g., JA PreventNCD and European Commission Flagship capacity building initiatives) collected and discussed during a dialogue event.

Key findings

Current literature and practice in the implementation of a MHiAP approach emphasise the importance of beginning with a comprehensive assessment of the existing landscape. This includes identifying or creating a window of opportunity and conducting a thorough analysis of the current mental health status of the population, the key determinants influencing mental health, and the relevant policies, programs, and interventions across sectors that impact mental health outcomes.

The foundation for MHiAP implementation is the development of supportive structures, including convening appropriate stakeholders, cultivating a shared vision, forming intersectoral working groups, and establishing a common language and understanding of the MHiAP framework.

Capacity building is another essential component for embedding MHiAP into routine policy processes. This includes establishing a committed intersectoral working group and a core team comprising MHiAP leaders, champions, and individuals with lived experience. Ensuring sustainability of the approach over time requires strong governance mechanisms and clearly defined accountability structures. Institutionalising the working group and integrating its contributions into routine policy development processes will help secure the long-term viability of both the group and the MHiAP strategy.



Finally, consistent monitoring and evaluation are crucial for tracking progress, refining implementation strategies, and demonstrating the value and effectiveness of the MHiAP approach over time.

At present, some Member States have integrated mental health into cross-sectoral strategies with structured governance mechanisms, action plans, and monitoring frameworks. Other countries are still in developmental stages or have implemented certain elements of MHiAP, such as intersectoral working groups across policy domains. Common challenges across nations include entrenched silo-based thinking, limited mental health literacy among policymakers, insufficient financial and human resources, and low political commitment. Other gaps are intersectoral buy-in, coordination, and the establishment of robust evaluation mechanisms.

The knowledge base resulting from the literature review and status update has been used to inform a guidance that outlines key action areas for MHiAP. The guidance introduces a practical spiderweb tool to help policy makers in visualising the current state of MHiAP implementation in their country or region and assist them in planning their next steps. This Mental Health in All Policies target tool is divided into zones that are relevant to both initiating and sustaining MHiAP efforts.

Relevance to the project's goal

While many countries have adopted MHiAP as a preferred strategy, it is also recognised as complex. Mapping the current knowledge and experience regarding MHiAP, and the resulting guidance for implementing MHiAP, all contribute to promoting an integrated policy approach to mental health, while targeting both the general population and people with mental health issues. Specifically, the guidance supports policy makers at national and regional government levels in the design, implementation, and improvement of MHiAP approaches.



1. Introduction

1.1. Purpose of this report and the guidance

In October 2024, the European Joint Action on Mental Health Together (JA MENTOR) was launched to promote mental health and well-being at both individual and population levels through sustainable, long-term strategies. A key element of this initiative is the advancement of mental health as a cross-sectoral priority, guided by the Mental Health in All Policies (MHiAP) approach. A MHiAP approach considers social determinants of mental health by developing, implementing and promoting policies across sectors that reduce risk factors and enhance protective factors. To support this objective, existing knowledge and experiences with MHiAP implementation have been mapped, and a flexible methodology is being developed to facilitate its practical application. Building on previous efforts, this report consolidates the latest insights on MHiAP implementation and provides an overview of the current status of MHiAP efforts across EU Member States. The guidance presented in this report will be refined throughout the duration of JA MENTOR, informed by feedback and lessons learned from four pilot countries. This iterative process will ensure that the final methodology is both adaptable for implementation different European contexts. This report forms part of Task 5.1 within JA MENTOR and serves as the foundation for piloting the MHiAP guidance in the selected countries.

The primary aim of this mapping report is to support policymakers at national and regional levels in the design, implementation, and enhancement of MHiAP approaches. While it primarily targets health sector stakeholders, such as policy development or implementation focal points within Ministries of Health or municipal health authorities—it is equally relevant to their counterparts in other sectors, such as social affairs, education, labour, or digitalisation.

1.2. Context

1.2.1. Policy context

'Obstacles to good mental health cannot be overcome within the health system alone'. This quote from the 2023 European Commission (EC) Communication on a comprehensive approach to mental health introduces further texts on the need to integrate mental health across policies and the importance of a 'Mental Health in All Policies' (MHiAP) approach (European Commission, 2023a). Policy areas as diverse as education, arts and culture, environment, employment, social cohesion, research and innovation, social protection, sustainable urban development, and digitalisation are all examples of relevant areas to support mental health and wellbeing. Action that supports the creation and/or strengthening of favourable conditions for mental health and increasing resilience were already identified as a priority in the context of the 2022 'Healthier Together' EU NCD Initiative (European Commission, n.d.). It is this initiative that sets the policy context for the Commission's financial support to the Joint Action MENTOR (European Commission, 2023b). The status of the Healthier Together Initiative does not carry as much formal weight compared to the 2023 EC Communication (European Commission, 2023a), but the evidence and proposed actions in the Healthier Together guidance document (European Commission, 2022) informed the Communication. It was developed in co-creation with Member States and stakeholders, thus providing insight into issues of prime concern to them. MHiAP topped the list of Member States' preferred areas for action.

The Conclusions on Mental Health adopted by the Council in November 2023 put further weight behind Member States' emphasis on MHiAP as an important way forward (Council of the European Union, 2023). These conclusions can be interpreted as the national governments' official response to the June 2023 EC Communication. It addresses a range of policy issues and actions that could be taken by Member States and/or national governments. This includes the implementation (by Member States) of a mental health, across all-policies approach that goes beyond health and includes issues in other key sectors as relevant factors such as the ones listed in the EC Communication, and the recognition of social, environmental and economic determinants of mental health.



1.2.2. Citizens and stakeholders views

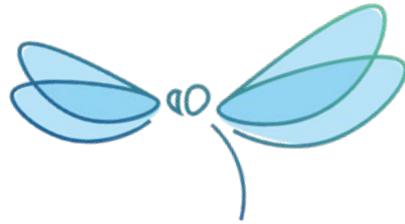
Policy makers are not the only ones emphasising the important role of other policy areas in striving for good mental health. The views of European and national stakeholders were already taken into account in the development of Healthier Together. In addition, in 2023, a Eurobarometer survey shed light on the views of EU citizens on this topic. The majority of respondents identified living conditions as the most important factor(s) to achieve good mental health, followed by financial security, physical activity and social contacts. Being in contact with nature and green spaces was mentioned most often among survey respondents as a concrete activity that could help achieve good mental health (European Union, 2023). In addition, key civil society stakeholders in Europe worked on a Position Statement as part of the EU Health Policy Platform in 2023 on MHiAP, with a joint vision statement, key considerations and an Annex with tools and examples (EU Health Policy Platform Thematic Network, n.d; EuroHealthNet, n.d.)

1.2.3. Learning from prior EU efforts

The EU policy advances made in 2022 and 2023 built on earlier work going back more than 20 years. While this JA MENTOR report is not the place for an extensive historic overview, it may be helpful to note that the need to 'link with other sectors and engage different actors' already featured in the first ever EU-funded project report aspiring to inform a possible EU policy on mental health promotion (Jané-Llopis & Anderson, 2005). The Commission's 2005 Green Paper on mental health published soon after stressed the need for '*a comprehensive approach that should involve many actors, including health and non-health policy sectors and stakeholders whose decisions impact on the mental health of the population*' (European Commission, 2005).

Many documents, conferences and statements followed, but it was not until 2011 that the Member States took a first stance on mental health, acknowledging the important contribution of population mental health and well-being to the economy. Their Council Conclusions recognised that determinants of mental health and well-being are multifactorial and can often be found outside health systems. Inviting Member States to develop mental health strategies and/or action plans that also cover prevention and mental health promotion, the document underlined the need for innovative partnerships with other policy sectors and calls to improve social determinants and infrastructure which support mental well-being (Council of the European Union, 2011). This opened the door to EC support for the first EU Joint Action on Mental Health and Well-being (2013-2016) (Joint action Mental Health and Wellbeing, 2025). This action also delivered the first dedicated EU-funded work on MHiAP, mapping the then state of the art knowledge of and situation as regards MHiAP, and to identify, evaluate and disseminate good practices in EU Member States. Its outcome document on this topic is still relevant ten years later, also to inform this JA MENTOR mapping and guidance (Botezat et al., 2017).

As a follow-up to this action, the EU Compass on further action on mental health and well-being (2015-18) was tasked to support actions that address challenges in mental health in Europe through monitoring and disseminating information about mental health activities and developments in EU Member States, organising workshops in all EU Member States on several mental health topics, producing Consensus Papers and Thematic Papers on priority topics, collected and developed criteria for assessing good practices in mental health, and held annual Mental Health Fora with key stakeholders (EU Compass Consortium et al., 2018). One of thematic priorities within the EU Compass was MHiAP, in 2018. This collected information from Member States and non-governmental organisations on (national strategies for) integrated governance approaches and, inclusion of mental health activities in non-health areas. The report recommended the development of tools for implementing MHiAP, further develop opportunities to undertake joint budgeting for mental health across sectors, monitor of indicators related to (mental) health equity, and invest in the evidence and knowledge base (such as the determinants of mental health) to inform a MHiAP approach.



Following up on the EU Compass, to explore national capacities to promote mental health and prevent and manage mental health conditions, WHO Europe carried out a survey in 2023 among representatives from Ministries of Health from all EU Member States, Iceland and Norway. Having mechanisms for intersectoral cooperation in place were among the most frequently reported enablers of national mental health policy implementation. Despite this prioritisation by Member States, only two countries reported they prioritised work on social determinants (WHO, 2024a).

Taken together, there have been substantial efforts at the European level to draw attention to the importance of taking a MHiAP approach, and there remains scope to translate this increased attention and acknowledgement into implementation.

This is what JA MENTOR aims to do, to provide guidance on implementation processes, tools and insights for taking MHiAP forward in Member States, either locally or nationally.

1.3. Reading guide

The report starts with explaining background context to MHiAP from the literature and building upon previous work (chapter 1.2.). This is followed by a chapter diving into the policy domains that are important when discussing MHiAP as well as insights into how MHiAP compares to other intersectoral approaches (chapter 2). Chapters 3 until 8 aim to provide information and tools on how to get started with MHiAP, taking insights from HiAP sources, as well as how to implement sustainable actions to keep going once started. The report targets policymakers but acknowledges that some recommended actions may be better addressed or outsourced to other actors, such as researchers or civil society organisations, depending on the specific requirements. Finally, chapter 9 describes the current MHiAP situation and examples of practices in the 14 European countries that are partners in task 5.1 of JA Mentor. This report informs the guidance, which is delivered as a separate document besides this report and is also meant to function as a standalone tool.

1.4. Disclaimer

The content of the JA Mentor D5.1.1. represents the views of the JA Mentor Consortium Members` only, it cannot be considered to reflect the views of the EC or the HaDEA.

In addition, the JA Mentor 5.1.1 does not replace any established agreements, nor does it replace any of the EC guidelines for EU-funder project implementation and documentation.



2. Mental Health in All Policies: what is it and why is it important?

This chapter includes an introduction on what a Mental Health in All Policies (MHiAP) approach is. It provides an overview of the interconnections between diverse policy domains and mental health, highlighting the bidirectional benefits of incorporating mental health considerations into policies beyond the health sector, and the benefits of policies in other domains on mental health.

2.1. What is a Mental Health in All Policies approach?

To effectively explain what a Mental Health in All Policies approach is, it is important first to define mental health (Textbox 1).

Mental health: “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.” (WHO, 2022a).

Textbox 1 Definition mental health

As noted in the EU's Healthier Together report in 2022 (European Commission, 2022), policies in areas like education, employment, and social protection can positively influence mental health and wellbeing. Based on this conclusion, the EU's Comprehensive Approach to Mental Health (European Commission, n.d.) encourages and supports Member States in the EU to adopt MHiAP as a policy approach to build resilience and improve public mental health outcomes. A MHiAP approach can be used at local, regional and national governmental levels. Although the name suggests “all policies”, the MHiAP framework is not an “all or nothing” approach.



A National Mental Health Action Plan vs. MHiAP: what's the difference?

A number of countries in Europe and globally have a policy at national level that aims to address mental health. For example, a national plan on mental health may provide objectives on ensuring the availability and accessibility of mental health care or state a commitment to community participation in mental health service development. For the most part, such national plans outline expectations and commitments of the mental health system and the approach to providing mental health care.

MHiAP, rather than being a singular plan or program, is a way of working that involves bringing together policy makers from across departments and sectors. MHiAP means working towards results that can be considered win-wins as they are in the interest of mental health and other policy areas. MHiAP is an approach or method of policy development.

Note: a national mental health plan can be developed in a MHiAP format. This would mean that it has been developed with stakeholders outside of mental health and has the intention of improving outcomes outside of mental health (in addition to mental health outcomes). For example, a stakeholder may suggest that healthy lunches should be mandatorily available in schools: this would have benefits on health as well as mental health of children (and on children's learning ability (education)), but could be included in the national plan on mental health.

Textbox 2 Difference between a National Mental Health Action Plan and Mental Health in All Policies

A MHiAP approach considers social determinants of mental health by developing, implementing and promoting policies across sectors that reduce risk factors and enhance protective factors. Health in All Policies (HiAP) has long been discussed as a policy approach internationally. The WHO (2014a) defines HiAP as “an approach to public policies across sectors that systematically takes into account the health



implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity". It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. As there is a tendency to overlook mental health when talking about health and when focusing more on physical health, the explicit focus on mental health in MHiAP is deemed important and necessary. With HiAP being around for longer and being widely implemented, valuable lessons can be learned for MHiAP in understanding what works to implementing such an approach.



An integrated care approach vs. MHiAP: what's the difference?

Integrated care, also referred to as intersectoral care, can be defined as (mental) health services that are managed and delivered in a way that the care received is from a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation, and palliative care services, which is coordinated across the different levels and sites of care within and beyond the health sector (Thornicroft et al., 2018). It refers to the structure of care, the way that services are organised and the manner in which care is received.

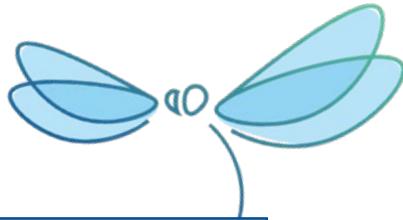
Where integrated care is focused on mental health services, MHiAP is an approach to policy making that occurs across departments at national (e.g., Ministry) or local (e.g., municipal) level. MHiAP is about integrating decision-makers from different departments to work on policy in a way that keeps mental health in mind, while also benefiting other outcomes. MHiAP or HiAP approaches sometimes go by a different term, for example a whole-of-government approach (Poliquin, 2022) or inter-ministerial collaboration on mental health or health equity in policy.

Note: If your mental health services in your country delivers integrated care, this is an important aspect within mental health systems development but is not the same thing as taking a MHiAP approach in policymaking.

Textbox 3 Difference between an integrated care approach and Mental Health in All Policies

MHiAP draws attention to the importance of promoting mental health and wellbeing in different settings and contexts, and preventing mental ill-health in different settings through universal, selective, and indicated strategies. Promoting good mental health refers to strengthening protective factors that keep us in good mental health and/or can act as a buffer in the face of stressors, such as healthy coping behaviours, social support, and reducing income and employment precariousness. Effective strategies to promote mental health include promoting wellbeing in school contexts through strengthening social and emotional skills or implementing workplace mental health programmes. Preventing mental ill-health refers to strategies that prevent mental health problems from developing or preventing mental health problems from exacerbating. Examples of effective strategies include screening and timely mental health support during pregnancy, parenting programmes, or suicide prevention interventions.

One key finding emerging from international reports and surveys mentioned above is that the "win-win" potential of a MHiAP approach needs to be clear for decision makers in both health and non-health policy domains. Specifically, this means that the evidence showing that policy goals and measures in non-health policy domains can improve mental health outcomes (OECD, 2023c), and that improving mental health can support achievement of policy goals or outcomes in other policy domains. Moreover, integrating mental health measures into non-health policy evaluation can help quantify benefits—such as reduced absenteeism, increased productivity, and lower healthcare costs—thereby guiding targeted investments (OECD, 2023c). Such intersectoral collaborations not only enhance population well-being but also strengthen the overall social and economic circumstances.



In different contexts, following a MHiAP has different names such as a Whole of Government approach or a Cross-Domain approach.

The elements that these approaches have in common can be distilled into:

- **Involvement:** there are multiple stakeholders from different sectors/ domains involved in the process of developing, reviewing and updating policy
- **Intention:** the aim of the approach is to benefit population mental health as well as outcomes in other policy areas
- **Impact:** the outcome of the policy or action is evident, intentional and benefits across multiple policy domains

Textbox 4 Elements of Mental Health in All Policies: involvement, intention, impact

2.2. The importance of policy domains for good mental health

2.2.1. Factors affecting mental health

Mental health is shaped substantially by factors beyond healthcare. A wide range of individual, social, commercial and structural determinants, listed below, interact over the life course, which can undermine our mental health or strengthen and protect our mental health (Shields-Zeeman et al., 2019; OECD, 2023, Kirkbride et al., 2024; WHO, 2022a). Our mental health is also shaped by these factors in different ways depending on our context and depending on the stage of life we are in (childhood, adolescence, adulthood, older adulthood).

Determinants of mental health include (but are not limited to):

- Education (lack of/ interrupted/ higher)
- Employment (job stability/security/ working condition)
- Housing (housing instability/ housing stability/ homelessness/ housing quality/ housing availability)
- Income (income stability/ income instability)
- Neighbourhood conditions (physical/ social environment/ safe/ hazardous)
- Food security (lack of/ enough of)
- Childhood situation (adversity/ lack of adversity/ support)
- Social support (lack of/ enough of)
- Discrimination (free from/ impacted by)
- Accessibility to healthcare (affordability/ lack of access)

Exposure to risk is also not equally distributed across populations, which can lead to differences in mental health outcomes between and within populations, also referred to as mental health inequalities. This means that people with greater exposure to social and economic disadvantage, for example, are more likely to be at risk for mental health problems, and vice versa (Ridley et al., 2020; OECD, 2023). This exposure to risk can also be transferred across generations (OECD, 2023), such as intergenerational poverty. This can have a subsequent impact on mental health too, across generations.

Taking the example of poverty and economic disadvantage, people experiencing long-term financial stress are at an increased risk of experiencing mental distress (Shields-Zeeman & Smit, 2022; Wahlbeck



et al., 2017; Patel, 2021). Research also highlights that effective policy actions - such as enhancing income support – is an important intervention to reduce these risks and improve mental health and wellbeing (Simpson et al., 2021). There is substantial evidence demonstrating that improvements in areas such as financial security, housing stability and education can reduce mental health inequalities (WHO & Calouste Gulbenkian Foundation, 2014). It is therefore important to identify ways to tackle problems in other non-health policy domains like poverty if the goal is to improve mental health outcomes.

2.2.2. Important policy domains for mental health

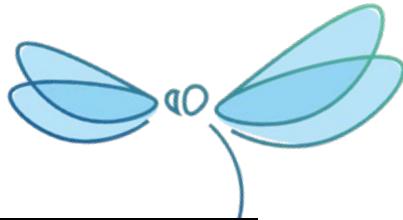
The table below lists ten policy domains that influence mental health outcomes and are, in turn, influenced by mental health. It highlights the connections between each policy domain and mental health, the ways policies in other domains can benefit mental health, and how investing in mental health can positively impact the outcomes or priorities of those policy domains. The examples in this overview are not exhaustive but they aim to shed light on the importance of these connections and the mutual impact between mental health and these policy areas.

Table 5 Links between policy domains and mental health, and benefits of coordinated action across these domains

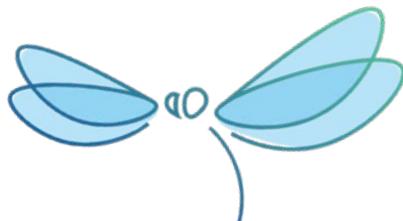
Employment	
Link to mental health	Job stability and job quality (good working conditions) are linked to mental health. While secure and supportive work environments contribute positively to mental health, precarious or poor working conditions are associated with poorer mental health. Stable working conditions provide not only livelihood security through income (important for mental health) but a sense of purpose and community as well (WHO, 2024b). Conversely, mental health issues can result in increased absenteeism and decreased productivity, compounding labour market challenges (OECD, 2023).
Benefits	<p>Economic: The investment in mental health at the workplace has positive economic returns for businesses, as well as health and social security systems (IMPACT Consortium, 2011). Early diagnosis and intervention for conditions such as depression can generate net savings of approximately €5 for each €1 spent with €4.5 accruing directly to the workplace because of improved productivity and reduced absenteeism (Knapp, McDaid & Parsonage, 2011). A report from 2022 by Mcdaid and Park concludes that investing in prevention for mental health could be cost-effective, with evidence drawn from the UK. For example, a review found that on average, for every pound that is invested in mental health in the workplace, 5 pounds are saved (McDaid & Park, 2022).</p> <p>Social: Countries with strong workplace mental health policies, like Sweden, report higher overall life satisfaction and lower social isolation (OECD, 2013). Safe and healthy workplaces reduce tension and increase enjoyability at work (WHO, 2024b).</p> <p>Mental health: Work and employment can protect mental health, because when one does not have stable and secure employment, chronic stress can be induced, causing higher risks of developing worse mental health outcomes. Besides having stable and secure work, it is essential that the work environment has good mental health conditions, such as flexible working arrangements and frameworks that minimize violence and harassment in the workplace. This is important to reduce psychosocial and burn-out risks (WHO, 2024b; Trimbos Institute, n.d.-a.). For people with mental health conditions, decent work (work with dignity, equity, and economic opportunity in employment) can contribute to recovery and inclusion, improve confidence and social functioning (WHO, 2024b).</p>
Education	



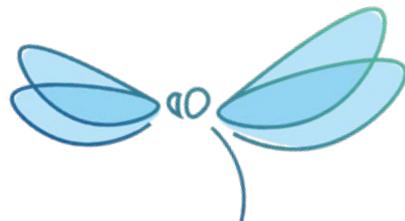
Link to mental health	<p>Lack of, lower levels of, or interrupted education impacts an individual's mental health (WHO, 2025a). The educational environment plays a dual role by influencing mental health outcomes and being influenced by them. Schools are not only places for academic learning but social spaces as well, where factors such as bullying, discrimination, and peer relationships critically affect mental wellbeing (Trimbos Institute, 2022). Educational attainment, in turn, shapes future socioeconomic status and employment opportunities, which can influence mental health outcomes later in life (Kirkbride et al., 2024).</p>
Benefits	<p>Economic: Programmes in schools that prevent conduct disorders through social and emotional learning have demonstrated net savings of €84 for each €1 spent with the majority of savings accruing to criminal justice sector. Similarly, anti-bullying interventions in schools have been linked to savings of €14 for each €1 spent, mainly through improved employment outcomes later in life (Knapp et al., 2011).</p> <p>Social: A positive school climate - one that fosters socioemotional learning skills, emotional regulation, coping skills within a structured and supportive environment - has been shown to create students with less depressive symptoms, less hopelessness, less stress at school and less stress about the future (Wong et al., 2021).</p> <p>Mental health: Mental health significantly affects schooling in multiple ways, influencing academic performance, social interactions, and overall well-being. Mental health issues can lead to reduced academic achievement and satisfaction with the educational experience (Chu et al., 2022).</p>
Housing	
Link to mental health	<p>Having a roof over one's head, the affordability of housing, the quality of housing and safety of/within housing are fundamental for a stable and secure life and mental health. Housing unaffordability and instability are significant drivers of severe mental health conditions (OECD, 2023). Financial stress about housing (not being able to pay rent, a mortgage, energy bills) can increase the risk of negative mental health outcomes such as anxiety and depression. Quality of the housing conditions, such as isolation, heating, mold, as well as a safe neighbourhood are also linked to physical and mental health outcomes. When these conditions are of adequate quality, they can improve mental health outcomes by reducing chronic stress, for example, through better sleep and increased feelings of safety (Trimbos Institute, 2022).</p>
Benefits	<p>Economic: Housing one long-term houseless person saves about 15,000 euros per year in Finland (Y-Foundation, 2017). In other country contexts like Canada and the United States, benefits of Housing First programs exceeded the costs (Jacob et al., 2022).</p> <p>Social: Secure housing fosters stronger community relationships, as people are more likely to engage in local activities when they have stable living conditions. Affordable housing decreases reliance on emergency shelters, food assistance programs, and other social services. Research has shown that both shelter services and housing supports can create positive social outcomes for families experiencing homelessness (Constellation Consulting Group, 2023).</p> <p>Mental Health: Supportive housing programmes that provide stable housing for vulnerable populations (for instance people with severe mental health conditions and substance use problems) have been shown to decrease the need for specialised mental health care, reduce emergency room visits, improve quality of life, reduce stress, and even reduce mortality (Padgett, 2020). Improving housing conditions, such as access to sufficient heating during cold temperatures, has also been shown to significantly improve mental health (Chen et al., 2022).</p>



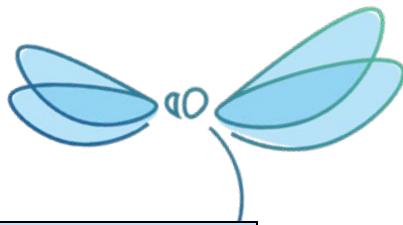
Income	
Link to mental health	Both mental ill-health and positive mental health are closely related to income and wealth status (OECD, 2023). Having insufficient income – where basic needs such as food, housing, and healthcare cannot be met – is a major risk factor for depression, anxiety and other mental health conditions (OECD, 2023; Ten Have et al., 2002; Thomson et al., 2022; Patel et al., 2020). The cyclical relationship between low income and poor mental health means that each can reinforce the other. Having limited income can lead to poor mental health and poor mental health can lead to reduced income-generating opportunities.
Benefits	<p>Economic: Ensuring income security also enables individuals to pursue further education and training, invest in their children's future, etc thereby improving employment and educational outcomes for themselves and in future generations. Debt reduction programmes and debt-advice interventions have shown to be effective. Specifically, debt advice interventions to prevent mental health conditions result in net savings of €4 for each €1 spent, largely due to improvements in employment-related outcomes (Knapp et al., 2011).</p> <p>Social: Income stability creates space for innovation, potential entrepreneurship and empowerment. At the same time this has a positive impact on crime and violence (Nicolaou et al., 2025).</p> <p>Mental Health: An increase in income has been shown to produce improvements in mental health particularly through reductions in psychological distress among the general population (Thomson et al., 2022; Shields-Zeeman & Smit, 2022; Shields-Zeeman et al., 2021; OECD, 2023a). Income supports, especially when they pull people out of poverty, have demonstrated even more substantial benefits to mental health outcomes (Thomson et al., 2022).</p>
Culture and arts	
Link to mental health	Cultural participation and art help people to connect and decrease loneliness. Visual art creates space for emotions and thoughts. Culture and arts can help to create perspective and hope, which is beneficial when people are experiencing mental health challenges like depression (Fancourt & Finn, 2019).
Benefits	<p>Economic: A study from the UK in 2024 stated that annual society-wide benefits range from £18.5 million per year (Arts-based museum activities for older people) to £8 billion per year (General engagement and adults' general health). This stems from both improved quality of life and increased productivity. The arts have also been shown to reduce demand on healthcare services, including GP visits, hospital stays, and reliance on medication (Frontier Economics, 2024). The research also shows that individuals who regularly engage in creative pursuits report improved mood, better mental health, and increased overall life satisfaction—factors that contribute to enhanced performance in the workplace (Frontier Economics, 2024).</p> <p>Social: Engaging in collaborative arts activities serves as a potent remedy for loneliness, fostering meaningful social bonds among participants. Research indicates that participatory arts can effectively address issues of social isolation by enhancing relationships, promoting social connectedness and social cohesion (Frontier Economics, 2024). It helps to bridge communities, increases educational attainment and awareness on mental health, social cohesion, is useful in psychological support, decreases depression and anxiety, tackle stigma (Fancourt & Finn, 2019; Landelijk Kennisinstituut Cultuureducatie en Amateurkunst, 2022)</p>



	<p>Mental health: Participation in arts and culture can bring benefits to the general wellbeing of people in different ways depending on the activity. The mechanisms through which participation in arts and culture can benefit mental health are for example an increased feeling of self-reliance, less stress hormones are produced, and more social support (Trimbos Institute, n.d.-b; Fancourt & Finn, 2019).</p>
<p>Health</p>	
Link to mental health	<p>Primary healthcare is often the first entry point in Europe for addressing health (and) mental health needs (WHO, 2014b). Access to timely and quality healthcare is an important determinant of mental health. Poor mental health can exacerbate physical health problems, and mental health conditions such as depression have a well-demonstrated link to a wide range of physical health problems, such as type-2 diabetes (De Hert et al., 2011). Lifestyle choices, such as (healthy) food, exercise, and substance use (including smoking, alcohol and drug use) have also been linked to mental (ill-)health. In addition, people with mental health conditions who also have physical health conditions report poorer access to timely and effective care compared to their peers without mental health conditions (De Hert et al., 2011).</p>
Benefits	<p>Economic: Interventions within the health sector—such as empathetic general practitioner consultations—have shown to reduce depression rates and improve cost-effectiveness, with a cost per quality-adjusted life-year (QALY, the length of life adjusted for quality of life for a person or a group) gained of €1,085 (McDaid & Park, 2022), through reduced absenteeism and lower healthcare costs. Moreover, co-morbid mental health issues significantly increase healthcare expenditures, which highlights the economic benefits of integrating mental health care (Naylor et al., 2012).</p> <p>Social: Having appropriate access to health care is a human right. The importance of good mental health to individual functioning and well-being can be amply demonstrated by reference to values that are fundamental to the human condition. The following values are particularly important: 1) Independent thought and action, relating to the capacity to manage your thoughts and feelings and interactions; 2) Pleasure, happiness and life satisfaction, as happiness is argued to be an important goal in life and a measure of well-being; 3) Family relations, friendship and social interaction as individuals' self-identity and capacity to flourish is deeply influenced by their social surroundings (WHO, 2013a).</p> <p>Mental health: Timely access to quality health care can have a beneficial impact on mental health outcomes and improved overall health status has also consistently been linked to better mental health. (WHO, 2014b).</p>
<p>Social support</p>	
Link to mental health	<p>Social cohesion can be encouraged through community participation schemes, volunteering opportunities, and local initiatives that aim to strengthen connections among citizens. Social cohesion is therefore viewed as both as a goal and a means to enhance (mental) health (Williams et al., 2020). A link has been found between social cohesion/disorder and mental health outcomes (Nicolaou et al., 2025).</p>
Benefits	<p>Economic: Improvements in social cohesion at the population level result in significant cost savings, particularly due to reduced healthcare utilisation (including emergency room visits, specialised health care, etc.) (Nicolaou et al., 2025).</p> <p>Social: Social cohesion is often linked to community resources, mutual trust, and a shared sense of belonging within neighbourhoods. Long-term multicultural interaction may support stronger social cohesion and research indicates that providing adequate</p>



	<p>facilities and services can enhance social relationships, improve wellbeing, and foster more unified communities (Fowler Davis & Davies, 2025).</p> <p>Mental health: According to the WHO (2021), social connection is particularly important for older adults to reduce risk factors such as social isolation and loneliness. Meaningful social activities can significantly improve positive mental health, life satisfaction and quality of life and reduce depressive symptoms. Example interventions include befriending initiatives, community and support groups, social skills training, creative arts groups, leisure and education services and volunteering programmes (WHO, 2021).</p>
Justice	
Link to mental health	<p>A sense of safety is essential for mental well-being. Fear of crime or victimisation can lead to poor mental health, depression and may limit participation in social activities (Stafford et al., 2007) ,</p>
Benefits	<p>Economic: Lower crime rates can boost economic activity as business owners consider crime levels when selecting locations and customers are more likely to visit businesses in areas where they feel safer from crime (Stacy et al., 2017). Policies aimed at reducing crime, particularly property crime, could be successful at bringing economic activity and opportunities into a neighbourhood (Stacy et al., 2017).</p> <p>Social: Changes regarding the economic status, victimisation rates and disorder level of neighbourhoods can explain the decline in unsafety levels in cities, such as Rotterdam (Glas, 2023).</p> <p>Mental health: Local crime rates have a significant, negative and substantial effect on mental well-being, particularly in urban areas due to fears of property crime and violent crime (Dustmann & Fasani, 2015). A study in the UK found positive perceptions of neighbourhood safety and quality were associated with lower levels of depression among individuals in the social housing sector and appeared to buffer the (non-significant) links with anxiety and reduced well-being (Owen et al., 2020).</p>
Infrastructure and built environment	
Link to mental health	<p>Access to quality public transport, green spaces (e.g., parks, fields, forests) and blue spaces (e.g., lakes, canals, the sea), and pedestrian-friendly infrastructure contributes not only to physical health but also to reduced stress and improved social cohesion, which in turn contribute to better mental health. These spaces also encourage good air quality and social cohesion. (WHO, 2021a; Bray et al., 2022). Elements like mixed land use, access to public transport, visual appeal, active street fronts, pedestrian path quality, sound environment, and air quality are most strongly linked to mental health outcomes (Hemati & Ranjbar, 2022).</p>
Benefits	<p>Economic: One way in which the build environment facilitates grows and positive wellbeing is by ensuring workers are able to commute affordably and efficiently. Walking to work and a shorter commute time promotes job satisfaction and job retention (OECD, 2023b) while also supporting mental health.</p> <p>Social: investing in infrastructure can promote viable local services, social inclusion, preservation of open space, greater social interaction and better security in the public realm, and more vibrant local businesses (Centre for Economics and Business Research, 2018).</p> <p>Mental Health: Urban design that is environmentally friendly can provide green spaces for communities, with mental health benefits and stress reduction in different settings (WHO, 2025a).</p>

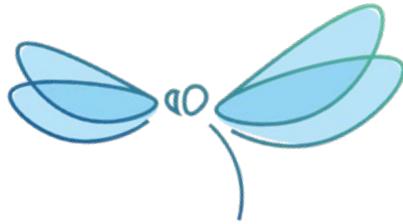


Climate and environment	
Link to mental health	Climate change and environmental degradation can trigger economic disruption, displacement, and “eco-anxiety”—a growing concern especially among younger populations (Cianconi et al., 2020). Addressing climate change is therefore essential for mitigating its mental health impacts. Actions aimed at reducing greenhouse gas emissions and adapting to climate change offer mutually beneficial opportunities to enhance mental health and emotional wellbeing (Lawrance et al., 2022). Additionally, rising temperatures and extreme weather events increase mental distress and suicide risk (Lawrance et al., 2022).
Benefits	Economic: Climate action reduces governmental expenditure on disaster recovery. By 2030, the global societal costs associated with mental disorders are projected to increase by nearly US\$47 billion annually due to factors such as climate-related hazards, air pollution, and limited access to green spaces (Kumar et al., 2023). Social: Collaborative efforts in climate action support the building of stronger social networks, which act as buffers against negative health impacts of climate disasters and help communities recover more quickly after a disaster (Berry et al., 2018). Mental Health: Investments in green infrastructure have been associated with lower rates of depression, as evidenced by a UK Biobank study (Sarkar et al., 2018) among over 95 000 adults. There are potential beneficial mental health outcomes resulting from engaging in climate action, such as increased well-being resulting from actively coping with the situation through climate action (WHO, 2022a).

2.3. Conclusion

MHiAP underscores that the responsibility for mental (ill-)health extends far beyond the health sector. Recognising and addressing mental health determinants across various policy domains is essential for both promoting mental well-being and preventing mental ill-health. As policy challenges are increasingly complex and interconnected, adopting a MHiAP approach can potentially yield significant benefits for improved mental health and other relevant outcomes. Whether by decreasing workplace absenteeism, increasing educational attainment, or promoting sustainable urban environments, the cumulative effects of intersectoral policies are clear: the mental health of our societies throughout Europe is closely linked to the integration of mental health into all areas of policymaking.

The following chapters outline the concrete steps needed to begin developing and implementing MHiAP in practice. Drawing from HiAP literature, particularly the WHO (2022b) toolkit for pilot implementation, the chapters provide practical tools, guidance, and tips to support this foundational work. Key elements covered include capacity building, leadership development, and the identification of MHiAP champions, including individuals with lived experience, who can help drive progress. The chapters also highlight the importance of cross-sectoral training and the formation of intersectoral working groups to foster shared goals. Attention is given to governance and accountability mechanisms, stressing the need to embed MHiAP within institutional structures for long-term sustainability. Finally, the critical role of monitoring and evaluation is discussed as a means to measure impact and ensure continuous improvement across sectors.



3. Assessing the current landscape for MHiAP

Before starting with MHiAP activities, it's important to understand the current landscape related to mental health. This includes reviewing the mental health status of the population, existing policies, and how sectors currently work together. A good overview helps identify policy gaps, opportunities and priority areas for action. This process should include collecting data on mental health outcomes across the life course and in different contexts to inform areas of focus. This chapter will elaborate activities for assessing the current landscape for MHiAP.

3.1. Finding the right moment: Window(s) of opportunity

One of the first steps in applying a MHiAP approach is to find- or create – a window of opportunity. This is a period when conditions are right for introducing or promoting new policy areas. Recognising and acting on these moments is a key skill in policymaking, not specific to MHiAP. It means being aware of what's happening in society and politics and being ready to act when the time is right. Seizing and creating opportunities for applying a MHiAP approach helps keep mental health on the agenda, facilitates the proposal of solutions with shared benefits, and fosters professional and public support for the approach (WHO, 2022b). Just having an opportunity isn't enough - it's also essential to be prepared and able to respond when one arises (WHO, 2022b). As an example, a new government interested in health equity may present a window of opportunity to introduce MHiAP as a policy framework, or a national crisis may occur in a country that brings mental health to attention which might offer a unique opportunity to act.

3.2. Scanning the current situation

There are often signs in society that suggest a need for MHiAP, such as identified and growing mental health needs in communities with structural social or economic disadvantage, rising healthcare costs related to mental health, rising rates of stress among young people, or burnout rates among the working population. Scanning the current situation helps identify these trends and build a case for action. Key areas to review/understand include: the mental health status of the population in a country, region or municipality; health inequalities and the major factors influencing mental health (risk & protective factors); existing policies, programs and interventions across sectors that affect mental health. This broad view gives a foundation for setting priorities and shaping the direction of MHiAP efforts (WHO, 2022b) and builds upon what's already in place.

3.2.1 Mental health, life stages, and living environments

As discussed in Chapter 2, mental health is influenced by many policy areas – and what matters depends on the national or regional context. A MHiAP approach is grounded in understanding how different factors (determinants) affect mental health at every stage of life and in various environments (e.g., school, work, home, neighbourhood, work, care settings). Mapping these relationships helps identify where policy can make the biggest difference. To start, consider:

- Consulting research and reports that show how social factors (in your context) influence mental health
- Identify which social determinants are most relevant in your country or region
- Examining how mental health problems are connected to broader societal challenge and issues, and how policies can help

This research task can be outsourced to a university or research institute, or it may have already been completed by one in the past. Papers from the WHO and OECD, for example, also often contain information on a variety of countries at national level.

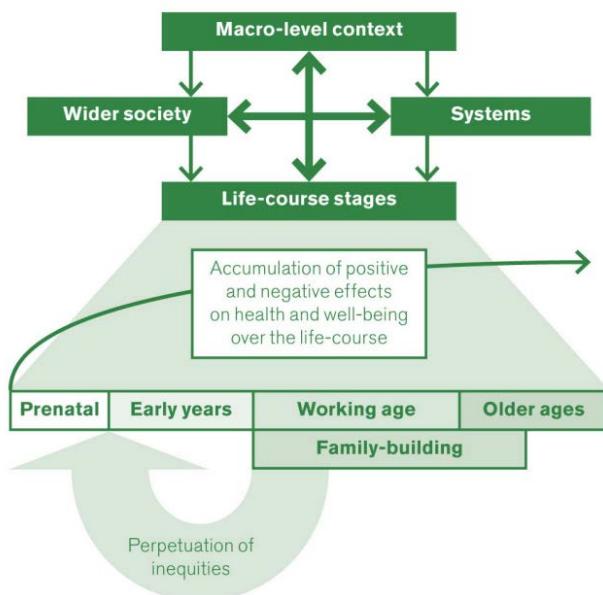
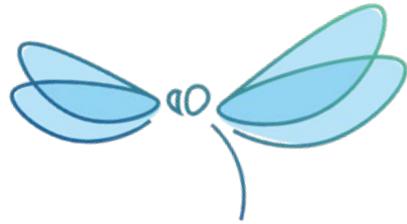


Figure 1 A life course approach to tackling inequalities in health, adapted from WHO European Review of Social Determinants of Health and the Health Divide (WHO, 2014b)

As figure 1 demonstrates, health and well-being are shaped across life stages, from prenatal to older age, through the combined influence of societal systems and macro-level factors. Positive or negative effects accumulate over time, and without intervention, inequities can persist. There is extensive literature available on social determinants of mental health. At the time of writing, there are several recent reviews of the social determinants of mental health or the impacts of mental health in other policy domains, including:

- **The social determinants of mental health and disorder: evidence, prevention and recommendations - PMC**: The authors outline a roadmap to address social determinants of mental ill health, focusing on key risk factors across the life course and their impact on marginalised groups. Using evidence they propose a preventive framework, review intervention strategies, and offer seven social justice-based recommendations to guide research, policy, and public health action.
- **Social Determinants of Mental Health: Where We Are and Where We Need to Go - PMC**: This review synthesises recent literature on social determinants and mental health outcomes and provides recommendations for how to advance the field. The researchers summarise current studies related to changes in the conceptualisation of social determinants; how social determinants impact mental health; what we have learned from social determinant interventions; and new methods to collect, use and analyse social determinant data.
- **Social determinants of mental health**: Building on previous analyses—including the WHO Commission on Social Determinants of Health, the Marmot Review, and recent expert resources—this report from the Institute of Health Equity explored two issues: the social determinants of common mental disorders, and actions to prevent them or improve mental health. The study was conducted with WHO's Department of Mental Health and an international panel of experts.
- **World Report on Social Determinants of Health Equity**: This World Report on Social Determinants of Health Equity from the WHO, mandated by WHA74.16, reviews limited progress toward health equity goals and shifts focus to the root causes of health inequities and effective policy solutions. It offers 14 recommendations across four action areas, with country examples highlighting diverse implementation strategies. The report supports policymaking at all levels and promotes coordinated action on health equity.



3.2.2. Scanning existing intersectoral policies

Understanding that mental health is influenced by socioeconomic determinants is crucial. This knowledge helps in evaluating existing policies or programs, both within and outside the health sector, that can support mental health promotion and prevent mental ill-health, while also yielding positive outcomes in their respective sectors. Learning from existing intersectoral policies is helpful to understand what type of intersectoral collaboration can be successful, knowing what has or hasn't been done or implemented and to start engaging with stakeholders from different policy sectors. Scanning intersectoral policy can be done by interviewing program managers or policy departments.

Starting by mapping out current intersectoral policies and initiatives may reveal MHiAP approaches already in place and, more importantly, highlight key themes or sectors that lack adequate MHiAP focus. This foundational step ensures subsequent actions (e.g., targeted engagement and policy development) are based on real gaps and existing efforts.

- The [WHO toolkit section A.2](#) provides a step-by-step explanation on how to carry out this scan. While focused on general health outcomes, it can also be applied to mental health specifically.

3.2.3. Scanning of available data sources on mental health outcomes

Making a scan of available data sources on mental health outcomes (examples provided below) is helpful to gain an understanding of trends on mental health outcomes and the related factors that impact mental health outcomes in a country or region. This is beneficial at a later stage when creating data driven MHiAP plans, for example if there are specific policy domains that have priority to start intersectoral collaboration with (Trimbos Institute, n.d.-c). Data supports building commitment from other domains and a scan can also help identify what data that would help sustain a MHiAP approach is missing or necessary to obtain (WHO, 2022b). Generally, there are national and international data sources available to scan and map out mental health priorities. See below.

National sources of mental health related data:

- **Health ministry or national health institute reports:** Often provide prevalence data, trends, and service usage (e.g., annual health reports).
- **Mental health surveillance systems:** Where available, these track diagnoses, hospitalisations, and outcomes.
- **National census and household surveys:** Some include mental health indicators, particularly related to disability, wellbeing, or healthcare access.

Textbox 5 Examples of national sources of mental health related data

International sources of mental health related data:

- [WHO Country Mental Health Profiles \(ATLAS\)](#): Include system capacity, financing, service access, and policy status.
- [OECD Health at a Glance reports](#): Offer mental health comparisons across member countries.
- [OECD How's Life? 2024](#): Country reports provide information on well-being and resilience in times of crisis

Textbox 6 Examples of international sources of mental health related data



4. Identifying and setting-up supportive structures for MHiAP

In addition to understanding the policy landscape and mental health context in your setting, building supportive structures is a fundamental pillar of an MHiAP approach. These structures include assembling the right people, developing a shared vision, forming intersectoral working groups, and establishing a common language and understanding around MHiAP. Together, these elements help build momentum and long-term support for MHiAP. This chapter will elaborate on activities that support identifying and setting-up structures for MHiAP.

4.1. Stakeholder mapping (per policy domain) to enable intersectoral collaboration

Identifying policy sectors and their respective stakeholders is essential for shaping the direction and structure of MHiAP efforts. Stakeholders function as a foundation for collaboration and can help drive policies forward. While Chapter 2 provided a non-exhaustive list of relevant policy domains, not all domains need to be involved from the start.

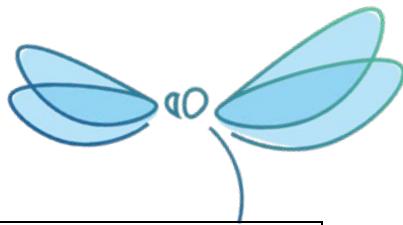
In the context of MHiAP, it is not only important to identify relevant stakeholders, but also to thoroughly analyse existing structures of collaboration between sectors and professional groups at local, regional, and national levels. Understanding these existing mechanisms, such as interdepartmental committees, cross-sectoral working groups, or shared platform, can reveal valuable opportunities for integrating mental health into current policy processes. Leveraging these established structures helps to avoid creating parallel or duplicate systems, ensures more efficient use of limited resources, and builds on practices that are already functioning effectively. This approach not only supports sustainability but also strengthens the legitimacy and feasibility of MHiAP by embedding it within familiar and accepted institutional frameworks.

With limited existing collaborative structures, it is strategic to begin with bilateral partnerships between mental health and another domain – for example, between education and mental health to address wellbeing at school, or between employment and mental health to work on advancing workplace mental health. A broader stakeholder analysis may be required depending on the country or regional context. A basic stakeholder mapping exercise should clarify where to start and who to engage. Below is a table presented with a basic stakeholder mapping to identify which stakeholders are important and how to engage with them. Key questions include (adapted from Loket Gezond Leven, n.d.):

- Who has relevant knowledge or skills? (e.g., prior experience in collaborating with another policy domain on a policy, project, or joint initiative, who has prior experience in the non-health domain in mental health?)
- Are there ongoing policies/interventions/projects with overlapping goals or themes? (e.g., school wellbeing programs)

Table 6 Stakeholder mapping (adapted from WHO, 2022)

Stakeholder name	Role	Policy domain	The planned or ongoing policy(/ies) or interventions	How to engage the stakeholder for MHiAP?
Policymaker, Ministry of Social Affairs	Policy Lead Housing	Housing	Affordable housing, homelessness prevention	Invite for an interview to learn about how they see collaboration with the Ministry of Health or health sector as it relates to mental health, invite to participate in a co-creation workshop on developing a



				<i>common understanding and goal for MHiAP</i>
<i>Program director (Financial insecurity)</i>	<i>Program director of municipal initiative to reduce long-term financial stress</i>	<i>Income & Employment</i>	<i>Income support streamlining for individuals and families</i>	<i>Invite to an interview to learn more about why this initiative started and what role mental health (inequalities) plays in the outcomes. Invite to a common vision working session on MHiAP</i>

In addition, key individuals in government - "champions" - can play a crucial role in supporting MHiAP and keeping mental health on the political agenda (Rudolph et al., 2013). Section 5.2 elaborates on identifying and collaborating with champions.

4.2. Setting up an intersectoral working group

Experience from HiAP shows that trust and relationships among stakeholders are critical for long-term success (Keast et al., 2011). One effective structure to implement MHiAP is a standing working group – such as an interministerial task force or committee – dedicated to advancing MHiAP. Countries that have already experimented with such a working group include Canada and Finland, and more recently, the Netherlands. Such a group creates continuity and a platform for progress, accountability and knowledge exchange. Inclusivity and diversity are key: aim to engage individuals with lived experience or who represent marginalised groups affected by mental health inequities (WHO, 2025b).

Additionally, a mix of competencies is needed – not just public mental health expertise, but also skills in governance, negotiation, community engagement and systems thinking. Some have appointed a coordinator or an organisation to take the lead to manage the working group, set agendas and keep momentum. Where feasible resource-wise, a dedicated core team can be established to provide full-time support and oversee implementation efforts (Rudolph et al., 2013). This process requires time, commitment and flexibility, but is foundational to embedding mental health into other policy domains in a way that makes this engagement more "routine".

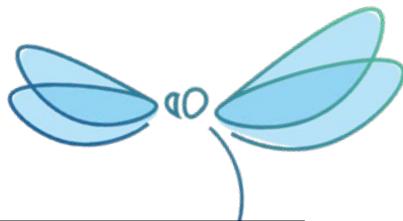


The difference between an intersectoral working group and a core group

Intersectoral working group: An intersectoral working group for MHiAP is a group with policy representatives from different policy sectors that are actively working on including mental health in their respective policies and working together towards a common vision for MHiAP.

Core MHiAP team: a dedicated group of people/person/organisation that focus on the process of implementing MHiAP (e.g. organising meetings, taking minutes, connecting people) and support the intersectoral working group

Textbox 7 Difference between intersectoral working group and core group



Interministerial working group in Slovenia

In Slovenia, a working group made up of ministerial employees has been set-up to focus on mental health.

- **What is the goal of the working group:** They are set up to facilitate collaboration on the topic of mental health among ministries and ensure higher efficiency in implementation of the National Mental Health Programme (NMHP).
- **Who attends the working group:** Ministry of Health presides this working group. The National Institute of Public Health of the Republic of Slovenia (NIJZ) is a member of the working group (as a coordinator of NMHP). Other ministries that are involved in this working group are amongst others: social affairs and labour, solidarity based future, education, research and innovation, culture, justice.
- **How often does the working group meet:** Meetings take place every month - occasionally twice a month.

Textbox 8 Example of interministerial working group in Slovenia

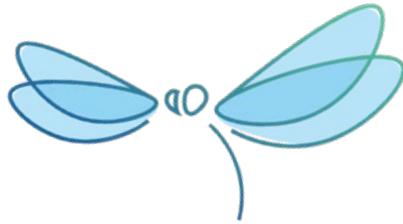
4.3. Working with existing structures

To strengthen an existing (intersectoral, parliamentary or working) group for implementing a MHiAP approach, consider revising or expanding the group's work plan to explicitly include mental health outcomes such as stress reduction, child wellbeing, and social inclusion (WHO, 2013b). Appointing a dedicated mental health lead or focal person within the group can help drive this integration and maintain focus. It is also important to clarify roles, responsibilities, and reporting lines related to MHiAP. This may require updating the group's goals, expectations and stakeholder mapping based on a specific issue.

Working with planning departments to embed mental health considerations into sectoral and cross-sectoral budgets, ensures that MHiAP is reflected in multi-year strategic planning documents and long-term policy priorities (WHO, 2013b). Budgeting is mentioned in section 7.2 and an example is provided.

4.4. How to communicate about MHiAP within the working group

- Effective internal communication begins with a shared understanding of key terms and what the goal to be achieved with MHiAP is. The intersectoral working group should first agree on a common definition of mental health. Mental Health Europe's glossary 'Mental Health: The Power of Language' – A glossary of terms and words - Mental Health Europe is a valuable resource (Mental Health Europe, 2024). Developed with input from individuals with lived experience, professionals and advocates, it explains commonly used terms, their originals and appropriate usage to support de-stigmatisation as well as clarity. Once a shared definition of mental health is in place, the group should align on what MHiAP means for them. Another aspect of communication that should be addressed is a commitment to reducing jargon to make sure that language used among the working group is consensually understood. This requires reducing the use of abbreviations and technical language that is perhaps well-known within a specific domain, such as CMH (community mental health centre) from the health domain or PPA (purchase power agreement) from the energy domain. There will also be the opportunity to learn terminology from one another.
- The text boxes provided in chapter 2 address some of the common misconceptions around MHiAP. There are also many other documents that provide information and definitions of



MHiAP including: Mental Health In All Policies Joint Action on Mental Health and Well-being Situation analysis and recommendations for action

4.5. Developing a common vision

To achieve commitment and ownership and buy-in from different policy domains, it is essential to co-create a clear, shared vision of what MHiAP aims to accomplish. This vision should demonstrate how mental health integration benefits not only health outcomes but also sector-specific goals. Chapter 2 outlined the advantages of investing in mental health from various policy perspectives.

The following headings (adapted from de Leeuw, 2022; OECD, 2023; Baum et al., 2014) highlight the mutual benefits of following a MHiAP approach and can support building a common vision across domains:

1. **Mental health at the core:** Mental health is fundamental to many areas of life, covered in and beyond health policies. Improving mental health benefits everyone and is in everyone's interest.
2. **Mental health for other sectors:** Improved mental health strengthens other sectors (win-win logic)
3. **Mentally healthy society:** a society where its population has good mental health has many societal benefits – see below for explanation of the wellbeing economy
4. **The economic argument:** investing in mental health is good for economic stability and growth
5. **Damage control:** Proactively addressing mental health risks from policies in other domains

Creating a common vision bridges the gap between the current state and the desired future. This requires coordination across departments, especially among leadership figures such as municipal or ministerial level civil servants (Steenbakkers et al., 2012). A compelling vision provides motivation and clarity for sustained collaboration, reinforcing that MHiAP is a collective responsibility – not reliant on a single actor/sector. The process of crafting this vision begins with a thorough understanding of the present context, a projection of what the future might look like without intervention, and a realistic, hopeful picture of the improvements achievable through joint efforts (WHO, 2022). In the textbox below you will find an example of the Economy of Wellbeing that illustrates this.

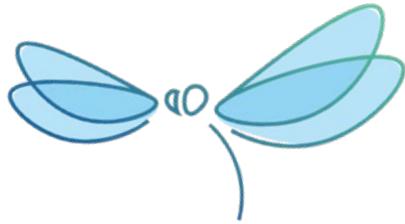
Communicating about a mentally healthy society: The Economy of Wellbeing

The Economy of Wellbeing (also referred to the Wellbeing Economy) model emphasises integrating health and wellbeing across all policies, while addressing environmental, occupational, and economic stressors (EuroHealthNet, 2022). This approach builds resilience and promotes better health and mental health outcomes and is driven by creating and sustaining health, not on economic growth. As outlined by the Wellbeing Economic Alliance, a paradigm shift is needed to re-centre the current system around principles that focus on wellbeing, rather than GDP. As outlined by the Wellbeing Economy Alliance (n.d.):

The current economic system (the “old way”) responds to the common needs of humanity and the planet in ways that do not address the heart of problems and do not make life better for all. In fact, often problems are made worse.

In a Wellbeing Economy (the “new way”), solutions are people-centred, geared towards environmental protection and regeneration, and long-term. The exciting thing is – the new way is already emerging, with inspiring examples around the world showing us the way.

Textbox 9 The Economy of Wellbeing explained



Methods and resources that can support working towards a common vision to co-create a shared vision include:

- The Wellbeing Economy Alliance has explained some of the main concepts and terms used as part of the wellbeing economy conversation. Terminology used as part of the wellbeing economy is useful when thinking about how to frame MHiAP as it focuses on the benefits for people and planet and therefore across domains and not just on return on investment. This can help to inform the formation of a common vision across domains as the Economy of Wellbeing approach looks at society as a whole, while also considering wellbeing as the overarching goal.
- Consensus-building workshops bring together people from various sectors, including within mental health, to discuss shared goals and opportunities. These workshops can range from large-scale events to smaller forums, roundtables or dialogues. The WHO (2022b) HiAP guide provides helpful, detailed steps for national consensus-building, including suggestions for developing objectives, finding funding, venue and dates, and tips on post-workshop consultation and consolidation which can be adapted to local or regional needs. There is no right way to approach this process, and it will depend on available resources. This is an opportunity to look for win-wins across sectors and to get policymakers informed and excited about the potential of a MHiAP approach.
- Under the title National consensus building, the WHO (2022b) HiAP guide provides a detailed guide to organising a consensus workshop. Concept mapping is a participatory technique that visually maps ideas and their interconnections, allowing for perspectives of different domains to be brought together, heard and weighed equally. A concept map is a visual representation of ideas and concepts, including the relations between them. In a visual map, text is written in boxes and connected with arrows that indicate the relationship. This helps stakeholders to think both "inside and outside of the box" (Kinchinet al., 2019).

Version 1.0



5. Building capacity

Building capacity is key to ensure that MHiAP is implemented and sustained. Having an intersectoral working group and core team in place (see section 4.2 Setting up an intersectoral working group), is an important first step. However, capacity building must extend beyond these initial structures. It's crucial to equip stakeholders across all relevant sectors with the knowledge, tools, and skills required to effectively apply and sustain the implementation of MHiAP.

Capacity building provides the foundation for meaningful and sustainable change. Many policy sectors may lack the experience or resources to fully engage with MHiAP, making targeted training and support essential. A strong understanding of what MHiAP entails, tailored to the specific context of a country or region, enables more informed decision-making and ultimately contributes to improved outcomes in mental health and other intersecting policy areas. This chapter will elaborate on ways to build capacity to support the MHiAP approach.

5.1. Identifying and adopting leadership roles

Leadership is essential throughout every stage of MHiAP implementation. Effective leadership begins with individuals or groups who can bring together diverse policy actors and inspire collective action to take place. Importantly, leadership is not confined to formal authority or seniority; leaders may merge at any level and from any sectors. True MHiAP leaders are those who can articulate a clear vision for change, bridge the gap between the current state and a desired future, and communicate persuasively to mobilise others towards shared goals (WHO, 2022b). Including such leaders in the intersectoral working group and/or the core MHiAP team can significantly enhance the effectiveness and momentum. Identifying individuals with the traits listed in the box can be an effective way to recognise potential MHiAP leaders across various domains and levels of government.

The WHO (2022b) has provided a list of characteristics when identifying leaders:

- **Integrity** – honest and a strong belief in health equity and the right to health values;
- **Vision** – looking beyond tomorrow, seeing the necessity of working across sectors, and having a personal drive for a better future for the people;
- **Communication** – strong interpersonal communication skills, with regard to senior officials, peers, policy-makers and personnel and representatives at all levels, for conveying information and messages as well as for 'active listening';
- **Relationships** – high level of trust and respect among senior officials, peers, policy-makers and personnel and representatives at all levels, and ease of establishing new relationships;
- **Persuasion** – ability to influence others and cause them to move in a particular direction.

Textbox 10 Characteristics when identifying leaders (WHO, 2022b)

5.2. Identifying and working with champions

A MHiAP champion, similar to a HiAP advocate, as outlined by WHO (2022), is someone who actively supports, promotes, and drives the adoption, implementation, and success of mental health-inclusive policies, programs, or initiatives that incorporate mental health considerations. These champions advocate for approaches that improve mental health and address its social and structural determinants. They understand both the potential for improved policy outcomes and the value of integrating mental health considerations across sectors. In many examples of HiAP and MHiAP initiatives, champions have been high-level political figures. As an example, the prime minister of New Zealand was very active in championing the landmark wellbeing budget in the country and the Minister of Health of Finland has been a champion for integrating wellbeing into health and non-health policy domains. Such champions



not only lend credibility to MHiAP efforts but help mobilise political will and cross-sectoral collaboration.

To support the identification of effective champions, the Global Mental Health Policy Influence Toolkit, developed by the Mental Health Innovation Network provides practical guidance (Mental Health Innovation Network, n.d.)). One recommended activity involves bringing together the core team to map out key policy influencing activities and key influences. This exercise includes identifying activities, matching them with potential champions, and considering how to support and engage those individuals effectively.

- There are several steps that accompany filling in the table that are listed in detail in [the Global Mental Health Policy Influence Toolkit](#).

5.3. Engaging people with lived experience

Engaging people with lived experience is a vital component of MHiAP policymaking. Their perspectives ensure that policies are grounded in real-life experiences and address actual needs.

Lived or living experience may take many forms. For example, someone who grew up in poverty may have firsthand knowledge of how socioeconomic disadvantage affects mental health. This kind of experiential insight is invaluable in shaping income or social protection policies that meaningfully incorporate mental health considerations. It can also inform public messaging and help ensure that policies resonate with those they are intended to support.

In the context of MHiAP, individuals with lived experience—particularly those whose mental health has been shaped by vulnerable living conditions—should be meaningfully involved in:

- Framing the MHiAP narrative;
- Defining its goals;
- Ensuring that it reflects the needs and rights of affected communities.

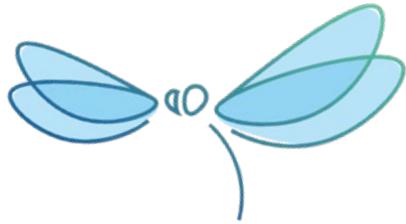
Their participation is not only a matter of inclusivity but also a strategic asset for ensuring that mental health policies are effective, equitable, and sustainable.

The WHO (2025) has provided a list on how to engage and involve people with lived experience:

- **Dignity and respect.** Participation is a human right. People's lived experience should be valued as expertise, equal to traditional evidence in global public health policy and practice.
- **Power and equity.** Participatory approaches should remove systemic and structural barriers, address power imbalances, and eliminate stigmatization and discrimination.
- **Inclusivity and intersectionality.** Engagement should account for intersecting identities, ensuring inclusivity and accessibility.
- **Accommodations for participation.** Information must be available in accessible formats. Meetings must offer flexibility in times and methods of input, and creating safe spaces for discussion, particularly before joining larger groups.
- **Commitment and transparency.** Engagement should be consistent and transparent at every stage, with clear communication on who will be involved, how, and when.
- **Embedding engagement.** Engagement should be formally integrated into organisational practices and culture to ensure it is meaningful and sustainable

Textbox 11 How to engage and involve people with lived experience (WHO, 2025c)

- [The Lived Experience in Policymaking Guide](#) from the policy lab in the UK provides principles for lived experience work and a list of practical considerations for policy makers.

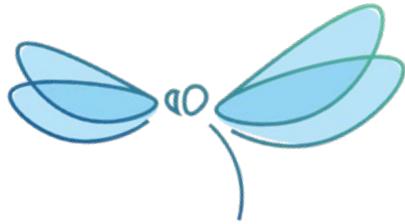


- The Guidance on mental health policy and strategic action plans from the WHO provides guidance on building and investing in a network of people with lived experience and representatives from other stakeholder groups, to contribute to high-level decision-making as part of advisory boards and working groups on policy, law, strategy and evaluation (page 19 to 22).

5.4. Training for the intersectoral network

As with the HiAP approach, effective implementation of MHiAP requires that those involved are trained by professionals from the field such as researchers or implementation specialists (depending on the topic). Ideally, policymakers and professionals from various sectors – particularly those participating in the intersectoral working group – should receive targeted training early in the process. Training not only builds capacity but also helps to establish a shared understanding, foster collaboration, and gain political support for the initiative. Two foundational training topics are: Cross-sectoral collaboration and the social determinants of mental health. Additional topics, adapted from WHO HiAP training, may include: understanding contemporary health challenges, policy writing, performing stakeholder analyses, supporting negotiations and conducting monitoring and evaluation. Training videos, webinars and session are available online from a variety of professional bodies, such as the WHO. For example:

- The WHO has developed a training manual focused on HiAP. The modules are relevant to MHiAP as well and can be used for training: Health in all policies: training manual.



6. Intersectoral working group activities

Once the intersectoral working group has been established (see 4.2 Setting up an intersectoral working group), the operational phase begins. This phase includes defining clear roles and responsibilities within the intersectoral working group, setting up internal processes, and developing a collaborative culture. Members of the group will need to negotiate ways of working together across departmental boundaries, often for the first time. Establishing trust, shared goals, and a common language is essential. The following sections outline some key activities the group may undertake.

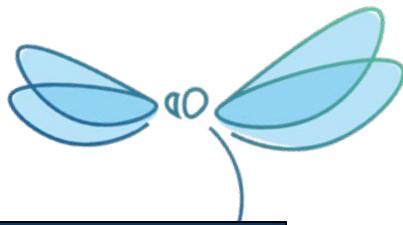
6.1. Mapping stakeholders

An initial stakeholder mapping exercise, as described in chapter 4.1, is typically conducted during the formation of the intersectoral working group to identify relevant members and understand the broader policy landscape. However, a second, more detailed mapping process should be carried out by the group itself once it is operational. It is essential that the MHiAP working group takes the lead in stakeholder mapping because this task cannot be effectively outsourced or done in isolation from the group's core purpose. For the mapping to be meaningful, the group must first have a clear mandate, such as either a defined objective or a pressing issue that has been assigned to them. This clarity is what guides the identification of relevant stakeholders, determines how they should be engaged, and clarifies what kind of collaboration or input is needed from each. Without this anchoring purpose, the stakeholder mapping risks becoming an overly broad and unfocused exercise. The group may end up with a long list of "important" stakeholders, but no strategic direction on how to prioritise them or what role each should play. This can lead to inefficiencies, delays, or misaligned efforts—particularly problematic when working with time-constrained ministry teams and sectors unfamiliar with mental health integration.

By conducting the mapping themselves, with their specific mandate or issue in mind, the MHiAP working group ensures that stakeholder engagement is intentional, targeted, and aligned with the actual policy goals or intersectoral challenges at hand. It also fosters ownership and a deeper understanding of the policy landscape they are navigating, which are both critical for building sustainable cross-sector collaboration. This expanded mapping should identify additional stakeholders across the system who:

- Influence mental health outcomes,
- Possess valuable expertise or lived experience, or
- Play a role in the implementation of relevant policies.

This step ensures the group maintains a comprehensive understanding of the policy ecosystem and identifies potential allies and collaborators. The textbox below presents a list developed by the WHO of potential key actors and organisations.



Key actors	Key organisations
<ul style="list-style-type: none">• People with lived experience of mental health conditions and psychosocial disabilities;• Policymakers and managers from health and social sectors;• Politicians (for example, ministers, city and town mayors);• Representatives from groups that face discrimination;• Community leaders and gatekeepers, such as local chiefs or village leaders, traditional and faith-based healers or leaders;• Mental health and general health practitioners as well as other relevant and allied professionals at all levels of health care;• Families and other caregivers;• Legal and human rights experts and professionals;• Academics and researchers; and• Philanthropists	<ul style="list-style-type: none">• Government sectors/departments;• Organisations of people with disabilities;• Organisations of people with lived experience;• Other organisations of groups that face discrimination;• Local civil society groups;• Nongovernmental organisations (NGOs);• Charity and voluntary organisations;• Faith-based organisations;• Organisations representing mental health practitioners, general health practitioners,• and other multidisciplinary practitioners;• Organisations representing families and caregivers;• Academic and research institutions; and• Legal aid and human rights organisations.

Figure 2 Key actors and organisations important to consider when mapping stakeholders (WHO, 2025c)

Stakeholders can be strategically analysed using the Power-Interest-Grid (also known as Mendelow's Matrix; Mints & Kamyshnykova, 2019), which categorises stakeholders by their level of influence (power) and their level of concern or involvement (interest) (see Figure 3):

- **High power, high interest** stakeholders—such as Ministries of Health—fall into the "manage closely" quadrant. These stakeholders require continuous collaboration and active engagement.
- **High power, low interest** stakeholders—such as members of parliament or employer groups—should be "kept satisfied" through tailored communication and strategic updates.
- **Low power, high interest** stakeholders—like community groups or mental health advocates—should be "kept informed" and included where appropriate.
- **Low power, low interest** groups may require minimal attention but should still be monitored for changes in position or influence.

This structured approach, illustrated in the below Power-Interest-Grid developed for mental health, enables MHiAP policy-makers to prioritise engagement efforts effectively and ensure that influential voices are both heard and aligned with shared mental health goals.

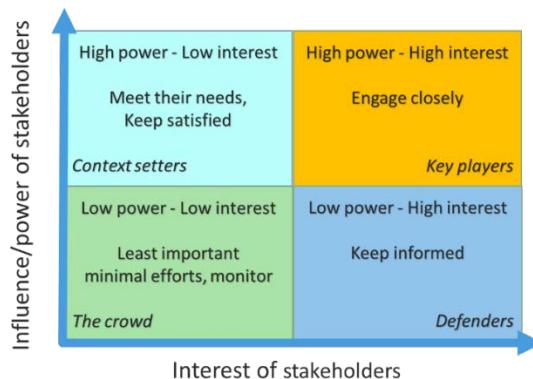
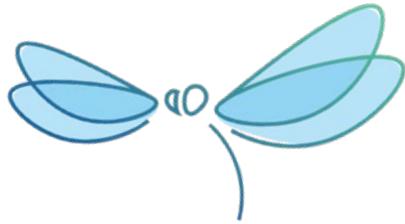


Figure 3 Power-Interest-Grid based on mental health policy changes

6.2. Identifying wins across sectors

Quick wins: A frequently made recommendation (e.g., Renauld, 2023) is to start small by identifying "low-hanging fruit", and undertake achievable, short-term actions that can demonstrate early success and build momentum. Quick wins help establish credibility, foster trust between sectors, and lay the groundwork for more complex initiatives (National Association of County and City Health Officials, 2017).

Win-win strategies: Win-win actions are those that generate benefits for multiple sectors simultaneously. An example is the implementation of healthy school lunch programs, which enhance both student health and learning outcomes (WHO, 2017). A study into the mechanisms behind HiAP win-wins, found that the use of shared language and the value of multiple outcomes were common approaches to win-win. Adapting health-focused messaging to the language and priorities of non-health sectors helps align interests and build commitment to MHiAP.

6.3. Mental health impact assessment

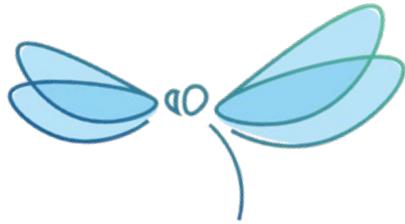
A central feature of MHiAP is embedding mental health considerations into the policymaking process. One structured way to do this is through a Mental Health Impact Assessment (MHIA), which evaluates the likely effects of a policy, program, or initiative on mental health and wellbeing. MHIA aligns with the broader goal of institutionalising mental health and equity considerations across sectors—similar to Health Impact Assessments used in HiAP frameworks (Rudolph et al., 2013; ASTHO, 2013).

Several countries, including Wales, Scotland, England, and Canada, have developed MHIA tools. A key resource is the Mental Wellbeing Impact Assessment (MWIA) Toolkit, produced by the National MWIA Collaborative (2011). This toolkit provides practical guidance for assessing how actions might:

- Maximise positive mental health outcomes, and
- Minimise potential negative impacts.

Integrating MHIA into MHiAP processes helps ensure that mental health is systematically considered, rather than addressed as an afterthought. According to the National MWIA Collaborative toolkit on MHIA, there are six key steps that make up the MHIA process (adapted below).

- **Screening:** the aim is to assess if a MHIA is needed and determine whether it is worthwhile to carry out a more in-depth MWIA that engages a broader group of stakeholders. While screening is the initial stage of MWIA, it can also serve as a useful standalone, brief assessment.



- Scoping: the aim is to identify and establish the practical foundations for the MWIA. Information will need to be collected on how the process will be overseen, by who and what resources are needed to be able to make it happen.
- Appraisal process: the aim is to collect a range of information that will advise the development of recommendations that should influence the policy, programme or project. Information generally comes from community profiling from demographics, a literature review by reviewing published and grey literature and collecting stakeholder perspectives via interviews.
- Identification of potential impacts: the aim is to review the information collected and identify potential positive or negative impacts on social determinants and protective factors of mental well-being.
- Identification of indicators: the aim is to use the indicators to monitor the impact on mental well-being. Developing and utilising indicators to monitor the ongoing impacts on mental well-being would form part of the MWIA recommendations and should be subject to evaluation.
- Identification of recommendations and reports: the aim is to identify lessons learned from undertaking MWIA and to disseminate the learnings in order to improve practice

A useful toolkit for MHIA:

- Mental Well-being Impact Assessment: [A toolkit for well-being](#) from the National MWIA Collaborative has been developed on sound evidence and tested and used successfully in a number of local areas across the UK. The above information on process has been adapted from the toolkit – the toolkit includes detail on each step of the process and provides tools and tips.

6.4. Engaging the public in policy

Citizen engagement is key to ensuring that policies reflect lived realities, foster public trust, and are socially sustainable. As stated by WHO (2022c), citizen engagement (CE) is “a deliberative form of public participation to inform effective policymaking by providing members of the public with a platform to discuss a policy issue.” CE brings several benefits to the MHiAP approach:

- It reveals how policies across domains affect people's everyday lives and mental health.
- It builds support and legitimacy for MHiAP by grounding it in real community concerns.
- It empowers citizens to influence the systems that affect their wellbeing.

The WHO's document *Implementing Citizen Engagement within Evidence-Informed Policy-Making* (2022c) offers practical guidance, outlining conceptual strengths, principles, and applications of CE. It is a valuable resource for MHiAP teams seeking to embed inclusive, evidence-based practices.

6.5. Engaging other policy makers in the MHiAP approach

Securing broad-based support for MHiAP requires engaging not only the intersectoral working group and core team, but also policy-makers who operate outside these structures. In some cases, this may involve discussing a specific policy or program currently under review.

Policy dialogues offer an effective mechanism for this broader engagement. These are structured discussions that convene stakeholders around a particular policy question. According to the Health Policy Project (2014), policy dialogues:

- Facilitate the exchange of perspectives,
- Enhance mutual understanding, and
- Foster meaningful participation in the policy development process.

Importantly, policy dialogues can cultivate a sense of **ownership** among attending stakeholders, as they are often invited to explore practical implementation challenges. By simulating real-world policy



development scenarios, dialogues help to “bring the policy to life”—illuminating tasks, potential barriers, and enabling factors. They also clarify the specific roles and responsibilities of policymakers in the implementation process, thereby strengthening buy-in and collaboration. Policy dialogues are therefore a useful tool in MHiAP to bring stakeholder together and explore how their policies impact mental health, particularly when developing, reviewing, or implementing policies that influence social determinants of mental well-being.

- This policy toolkit builds on existing information/literature, recommendations and lessons learned in the Joint Action ImpleMENTAL project. Information is provided on the steps needed to organise a policy dialogues (Joint Action ImpleMENTAL, 2024)

An example of a High-Level Policy Dialogue focused on mental health is the **Triple Planetary Crisis** event, held in Brussels, which addressed the interconnected challenges of climate change, pollution, and biodiversity loss, as well as their impacts on mental health. The event brought together representatives from Member States of the European Union, the European Commission and other stakeholders, including public health advocates and youth representatives, the meeting aims to:

- Exchange evidence and insights regarding the mental health impacts of climate change and other environmental crises;
- Explore evidence-based policies, actions, and resource availability to lessen these effects;
- Encourage cross-sectoral and cross-border collaboration to create a more resilient and mentally healthy future for everyone;
- Pinpoint priority areas for further action in policy and practice.

At the event it was reiterated that comprehensive, multisectoral action can help to combat the increasing pressures that the triple planetary crisis of climate change, environmental pollution and biodiversity loss is putting on mental health and well-being. The policy dialogue facilitated space for such discussions and can be used for MHiAP in a similar way.

- For more detailed information, see the full event summary here: [High-Level Policy Dialogue: Mental Health and the Triple Planetary Crisis](#).

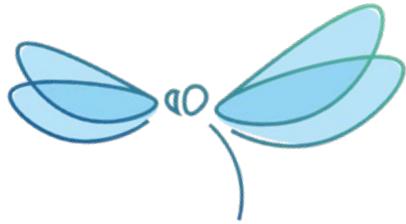
6.6. External communication

For MHiAP to gain traction across government and civil society, it is vital that intersectoral working groups develop a shared language and common understanding. This shared approach enables members to communicate the value and purpose of MHiAP consistently and clearly across sectors (Walsh et al., 2023). Effective external communication not only raises awareness but also builds momentum for integrated action on mental health and well-being (Walsh et al., 2023). Framing MHiAP for better (public) engagement requires a strategic and inclusive approach. As outlined in the HiAP guidance, “each team must create its own way of talking about HiAP that fits its own local conditions and culture” (WHO, 2022b).

The U.S. Centers for Disease Control and Prevention (CDC) developed a **communication formula** for HiAP, which can be effectively adapted for MHiAP messaging. This messaging principle can be applied to all audiences, but the emphasis would change depending on what is more important to a given audience. The formula combines:

- Trigger: A pressing issue or observed challenge;
- Values: Shared societal principles such as fairness or safety;
- Solution: A policy-based, collaborative response.

The formula suggests presenting a trigger that can be used to promote policy solutions by framing the issue within values like fairness, opportunity, and collaboration. The message should emphasise that



clear, collaborative efforts between sectors, such as public health and other domains, are crucial in achieving outcomes. The formula also suggests that being specific in messaging, such as naming locations or target groups, makes the issue more relatable to the audience.

An adapted formula for communication about MHiAP would be as follows:

TRIGGER + VALUES + SOLUTION = MENTAL HEALTH IN ALL POLICIES

An example for MHiAP could be:

EXAMPLE 1 – BROAD SOCIETAL MESSAGE:

- **Trigger:** Mental health outcomes are not equally distributed among the population in [Country/Municipality X].
- **Values:** Everyone has the right to quality education, safe housing, secure work, and good mental health.
- **Solution:** Policy-based solutions across sectors can reduce mental health inequalities and promote societal well-being.

EXAMPLE 2 – SECTOR-SPECIFIC MESSAGE:

- **Trigger:** A shortage of affordable, safe housing is leading to unsafe living conditions, disproportionately affecting women and children and harming mental health.
- **Values:** Every individual deserves a safe, warm place to call home.
- **Solution:** Housing policies that prioritise access and affordability can reduce mental health risks and promote resilience.

This approach can also be taken when attempting to show the benefit of a MHiAP approach to a public administration department or other internal bodies that are not in the intersectoral working group.

MHiAP needs to be framed in terms of core interests: policy coherence, cost-efficiency, service delivery, and social impact. Showing how MHiAP aligns with existing public administration priorities or is part of a Wellbeing Economy approach can help to show how to communicate about the joint benefits. See section 4.5 on developing a common vision for a more detailed explanation of the Wellbeing Economy approach and how it can be used to communicate internally and externally. and see section 8.2 Evaluating the broader impact of taking a MHiAP approach for an assessment tool from the Wellbeing Economy Alliance that evaluates policy against wellbeing goals. This can then be used in conversations with internal bodies to align priorities.



7. Governance and accountability

Sustaining the MHiAP approach over time requires robust governance mechanisms and clear accountability structures. These elements help to institutionalise MHiAP and ensure that it becomes embedded within routine policymaking.

7.1. Formalisation and embedding the intersectoral working group and the core MHiAP group process

Where possible, attempts should be made to formalise and embed the intersectoral working group into existing governance structures. Embedding the working group and the core group and making its existence and input part of routine policy development will ensure both the sustainability of the working group and of a MHiAP approach. The level of government that the working group exists at will determine the ways in which the working group can be formalised. Below is an example of this process in California for a HiAP Task Force.

Task Force in California, United States.

While not having a specific focus on mental health, in 2010 the state of California set up successful health in all policies Task Force to address and tackle the high number of chronic diseases, inequalities and climate change. The Task Force supports in considering health implications of agency programs, policies, government decision-making, and more. At the start, the Task Force didn't get any dedicated budget, so the California Department of Public Health decided to make financial and human resources available from their own budget to start running the Task Force. The first years of the Task Force were dedicated to finding collaborations with the policy domains and exchanging knowledge and building trust. Currently there are 22 members from different policy domains in this Task Force. The HiAP Task Force is deemed successful for three reasons: 1) there was an executive order to create the Task Force, making it a formal structure for collaboration and sustainability, 2) there is dedicated staff that runs the Task Force, and 3) it allowed policy making across the government to be viewed through a health lens (Center for Health Care Strategies, 2018).

Textbox 12 Example of HiAP task force, California, United States

- [The 2017 WHO case study on California's Health in All Policies \(HiAP\) Task Force](#) examines how the state integrated health, equity, and environmental sustainability into policymaking through cross-sector collaboration.

As is good practice in HiAP, developing a written document which outlines the formalisation of the governance and accountability should be arranged. This can be by way of an executive order, strategic plan, resolution, interagency agreement, city ordinance, charter, memorandum of understanding or through legislation (WHO, 2022b). To uphold integrity in policy development, measures to manage potential conflicts of interest should be implemented. This involves setting clear disclosure guidelines, promoting transparency in decision-making, and preventing undue influence from any individual or group (WHO, 2025b).

Ministerial intersectoral collaboration in Finland

Finland prepared a systematic process to start intersectoral collaboration between ministries as part of a government programme. This included creating a network of representatives from the different ministries, organising seminars, and joint writing sessions to draft a roadmap for intersectoral collaboration and domain specific plans. This helped ensure that ministries kept meeting regularly, trusting relationships, and time to negotiate in case of disagreements, which was very helpful for a broad understanding of each domain's priorities (Stahl, 2018).

Textbox 13 Example of ministerial intersectoral collaboration in Finland



7.2. Resources and Joint Budgeting

Sustained collaboration requires the allocation of resources, including staff time, coordination efforts, and communication infrastructure. As with many collaborative initiatives, staff will likely be the largest expense. This may involve adjusting job descriptions, sharing personnel across departments, or seeking funding from government budgets, grants, or foundations (Rudolph et al., 2013). To find and allocate sufficient resources, it is necessary to be creative about identifying funding sources, including exploration of foundations, government grants, and support from your own or other departments (Rudolph et al., 2013). Likely, the national or local government will need to provide funding, or resources need to be shared across policy domains, so that departments/ministries have resources to work together on defining, moving forward and implementing MHiAP.

Joint budgeting is a recommended strategy for resource alignment across sectors. It enables pooled funding or coordinated investments for common mental health goals, while allowing for flexibility in reporting and accountability (WHO, 2022b).

7.3. Incorporating MHiAP into legislation

A legislative mandate or government approved time-bound strategy for MHiAP is uncommon, but some countries, see chapter 9, have been able to include reference to collaboration across policy domains to improve mental health outcomes in other formal documentation. Inclusion of these types of clauses in legislation can serve as a mandate which motivates stakeholders to take action and sometimes inspire political will (Wyss et al., n.d.).

In HiAP, examples of incorporating HiAP into legislation include laws that facilitate or require the incorporation of health in environmental or energy sector work, or similar laws for transportation and/or agriculture agencies. Also, the Sustainable Development Goals (SDGs), even though not legally binding, can support the MHiAP efforts. For example, Iceland committed to the SDGs and implemented a whole-of-governance approach and interministerial groups to ensure, among other things, reaching SDG goal number 3: good health and well-being (WHO, 2019; Sustainable Development, 2019).

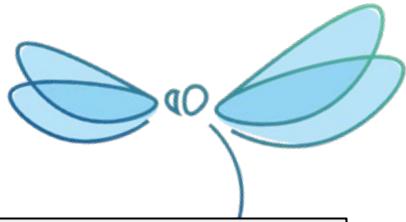
A clear example of how MHiAP can be integrated into policy is the Wellbeing Future Generations Act from Wales (see textbox 14).

The Well-being of Future Generations Act 2015 (Wales)

The Well-being of Future Generations Act 2015 (Wales) offers a strong legislative example of how public policy can systematically incorporate long-term mental health considerations. By requiring public bodies to act in ways that improve the economic, social, environmental, and cultural well-being of Wales, the Act promotes a preventive approach aligned with MHiAP principles. Its focus on sustainable development, citizen involvement, and collaboration. It reflects the objectives of MHiAP by ensuring that mental health impacts are not only considered but actively addressed across all levels of policymaking. The establishment of a Future Generations Commissioner provides institutional support and accountability, helping ensure that mental health and well-being are central to strategic decisions with long-term consequences.

Textbox 14 Example of how MHiAP can be integrated into policy in Wales

A clear example how legislation supports MHiAP comes from Finland and is described in the textbox below.



Legislation and MHiAP in Finland

Finland has embedded wellbeing and cross-sectoral collaboration into its legislation through a comprehensive, evidence-informed approach to governance. Central to this is the Finnish Government Programme and the Act on Organising Healthcare and Social Welfare Services (612/2021), which mandate that public authorities consider health and wellbeing impacts across all policies—embodying the Health in All Policies (HiAP) approach. The Finnish Institute for Health and Welfare (THL) plays a key role in coordinating this intersectoral work, ensuring that wellbeing objectives are integrated into sectors like education, environment, and social affairs. Furthermore, the Wellbeing Services Counties—established in 2023 under the Social Welfare and Health Care Reform—represent a structural innovation that brings together municipal, regional, and national stakeholders to deliver coordinated health and social services. Analysis of OECD policy reviews and WHO reports shows that Finland's legislative efforts have resulted in improved health equity and policy coherence. The approach is supported by strategic frameworks such as the National Mental Health Strategy 2020–2030, which aligns education, labour, and health policies to promote psychosocial wellbeing. Finland's model is thus a leading example of institutionalizing wellbeing through legally mandated, multisectoral collaboration.

Textbox 114 Example of legislation for MHiAP in Finland



8. Evaluation & monitoring

Robust evaluation and monitoring are essential to track progress, adjust strategies, and demonstrate the value of the MHiAP approach. This process should be built in from the early stages of implementation. In general, evaluation and monitoring should not be an afterthought and therefore considered in one of the earlier stages of MHiAP. For MHiAP, this requires strong clear goals to have been decided among the intersectoral working group and for the direction and intention of MHiAP to be clear. There is more information on setting up a clear vision in section 4.5.

Evaluation can be categorised as:

- **Monitoring:** Tracking implementation of MHiAP (what happens, who does it, when did it occur?)
- **Process evaluation:** How did the implementation process progress? What were barriers and challenges in implementing MHiAP?
- **Outcome evaluation:** Has MHiAP shifted decision-making and policy development?
- **Impact evaluation:** What long-term changes in mental health and well-being can be attributed to MHiAP?

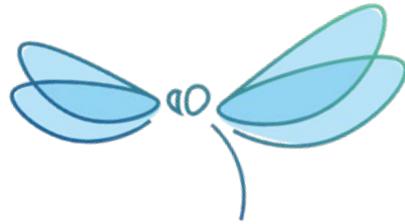
8.1. Evaluating and monitoring the MHiAP implementation process

8.1.1. Quantitative approach: process and outcome evaluation

Reviewing the process and outcomes of implementing MHiAP is important to understand whether goals have been achieved and identify what needs to be changed and/or optimised. The implementation process can be evaluated by developing a set of indicators (metrics) that review the actions needed to ensure the mechanisms of MHiAP are operational. For example, "number of meetings held with X sectors" or "number of sectors actively participating in the intersectoral working group". Outcome indicators focus more on what taking a MHiAP approach is changing in policy processes. Here, the focus is not on improving mental health outcomes directly, but on policy process outcomes, such as changes in how funding decisions are made, changes in how community stakeholders in non-health sectors refer and communicate about mental health, or an increase in the number of non-health sector policies that incorporate/embed mental health considerations into their policy goals and policy outcomes.

Continued...			
Strategy	Activity (Output)	Process Evaluation Metric	Outcome Evaluation Metric
Coordinate Funding and Investments Goal: Resources are coordinated for the maximal benefit of the community	A. Create health equity prioritization matrix and incorporate into budget process (e.g. capital improvements) B. Incorporate health and equity considerations into community partners' budgets C. Develop a participatory budget to share power and decision-making	A. Number of health equity prioritization matrixes created and incorporated into budget process (e.g. capital improvements) B. Number of partners' budgets containing health and equity considerations C. Number of partners participating in budget decision making	Increased number of funding decisions made utilizing a health equity prioritization matrix Increased percentage of decision-makers reporting health equity prioritization matrix impacted funding decisions Increased amount of external community partners' budget earmarked for health-related goals Increased percentage of partner organizations reporting local cooperation to leverage internal and external resources for HiAP initiatives, plans, and projects

Figure 4 Screenshot of National Association of County and City Health Officials (2021) table of metrics



The Health in All Policies Evaluation Guidance for Local Health Departments, published by the National Association of County and City Health Officials (NACCHO) in the United States, offers a comprehensive framework to assist local health departments in evaluating their HiAP initiatives. The guidance outlines a logic model framework (Figure 4) that connects inputs, activities, outputs, and outcomes of HiAP initiatives and provides examples of process and outcome indicators (metrics) for the implementation of HiAP, that could be adapted to MHiAP.

- National Association of County and City Health Officials (NACCHO): The goal of this evaluation tool is to provide local government staff and other community-based organisations with example metrics to help build an evidence base for HiAP practice. The metrics can be reviewed with a MHiAP lens and used to develop metrics for the evaluation of the MHiAP process.
- A Practice-Grounded Approach for Evaluating Health in All Policies Initiatives in the United States (Gase et al., 2017) also provides a comprehensive list of process and outcome indicators related to the embedding of HiAP in existing structures, which could also apply to MHiAP.

Case study: Monitoring and Evaluation of Slovenia's National Mental Health Programme (NMHP)

1. Overarching Indicator Framework for Public Mental Health

A central feature of Slovenia's evaluation system is the national framework of public mental health indicators, published by the National Institute of Public Health (NIJZ).

This framework was designed with input from NMHP strategic goals and includes three main domains:

- Determinants of Mental Health – e.g., socioeconomic status, social support, education, housing
- Mental Health Systems and Services – e.g., workforce, service accessibility, prevention programs
- Mental Health Outcomes – e.g., prevalence of mental illness, suicide rates, quality of life indicators

Each domain contains multiple categories and sub-indicators, providing a comprehensive view of the state of public mental health. This framework supports ongoing policy development and system-level decision-making.

2. Action Plan Evaluations (Process and Output Evaluation)

Each NMHP Action Plan (AP) is evaluated directly based on the specific activities it outlines. These evaluations are process/output focused, using a traffic-light rating system (green/yellow/red) to show the level of implementation for each action.

- First Action Plan (2018–2020): Evaluation Report. Included a Delphi study to identify priority areas for the next AP.
- Second Action Plan (2022–2023): Evaluation Report. Included a formative evaluation of the mental health care system to inform future improvements.

Each evaluation also contains detailed appendices, featuring additional research and thematic assessments of key interventions. Monitoring is overseen by coordinating bodies designated within the NMHP structure, ensuring multi-sectoral input and shared accountability. These bodies conduct periodic reviews and use the data from both the indicator framework and the action plan evaluations to steer implementation and inform policy adjustments.

Textbox 156 Monitoring and Evaluation of Slovenia's National Mental Health Programme (NMHP)



8.1.2. Qualitative approach: process and outcome evaluation

To complement quantitative data, qualitative methods such as interviews, focus groups, and observations can provide deeper insight into: sectoral collaboration, barriers and enablers/facilitators and changes in culture or policy priorities.

Sample questions for the qualitative evaluation with the MHiAP intersectoral working group could include:

- “Can you describe how your department became involved in MHiAP?”
- “What helped (or hindered) collaboration between sectors?”
- “How do you see your work aligning with mental health?”
- “What changes (if any) have occurred in decision-making processes?”

To engage and collect data from external stakeholders, such as community members or those recognised in the stakeholders' mapping exercises detailed in previous chapters, a survey may be a more efficient way to gain their inputs. A survey can be sent to multiple people at the same time.

Online free survey instruments:

- [SurveyMonkey](#)
- [Microsoft Forms](#)
- [Google Forms](#)

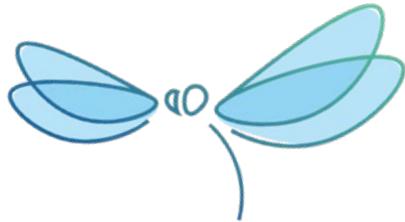
It is important to take the information from the outcome and process evaluations into account and adapt the MHiAP approach accordingly. The information collected may provide insights into, for example, how the process can continue in a sustainable way or how other policy makers can be encouraged to join in.

USING THE THEORY OF CHANGE FRAMEWORK TO EVALUATE THE MHiAP APPROACH

The Theory of Change (ToC) is a framework that aims to explicitly highlight the pathways leading to the specific outputs and outcomes of a project, program or policy (Breuer et al., 2018). The ToC can be used as an evaluation framework for the implementation of a MHiAP approach.

Below the definitions of the ToC are outlined with an example related to the implementation of MHiAP provided:

- **Impact:** The long-term, overarching change or benefit that a project, program, or policy aims to achieve.
 - **Mental health in all policies is embedded across all domains**
- **Outcome:** The medium- to long-term changes that result from the outputs. Outcomes reflect shifts in behaviour, policy, systems, or conditions that contribute to the overall impact and are typically within the sphere of influence of the program.
 - **An increase in the number of policies that take mental health into consideration**
 - **An increase in the number of domains that are part of the intersectoral working group**
- **Output:** The immediate, tangible results produced by activities. Outputs are typically deliverables such as services provided, policies developed, or reports completed, and are fully within the control of the project or program.
 - **An intersectoral working group with representatives from across domains exists**



- A mandate has been approved that encourages the use of Mental Health Impact Assessment
- **Activities:** The specific tasks, interventions, or actions carried out to produce the outputs. These are the operational components of the project.
 - Meetings are organised for twice a month for the intersectoral working group to meet
 - An information meeting has been organised to inform policy makers about the intersectoral working group
- **Inputs:** The resources invested in the project or program, including funding, staff time, expertise, materials, and partnerships required to carry out the activities.
 - Time is provided for policy makers to join the working group
 - Joint budgeting template is provided
- **Risks/ assumptions:** External factors that may affect the success of the intervention. Assumptions are the conditions believed to be true for the theory to work, while risks are potential challenges or barriers that could hinder progress.
 - Assumption: the importance of MHiAP is understood government wide
 - Risk: a political change that does not benefit the integration of MHiAP

More information on ToC can be found below:

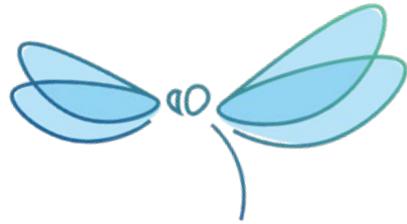
- Video guidance developed as part of the Joint Action Implemental that explains the different terminology within the ToC and provides examples
- Guidance on developing a ToC focusing on "Where's the Power?" when developing a Theory of Change from the Commons Social Change Library

8.2. Evaluating the broader impact of taking a MHiAP approach in government

Directly attributing mental health outcomes to MHiAP is difficult due to the complexity of influencing factors. Therefore, proxy indicators and alternative evaluation models should be considered.

Approaches include:

- Return on Investment (ROI): Financial benefits relative to investment. It measures how much return/ profit can be gained from an investment relative to its cost. Examples of ROI can be seen in the table of chapter 2.
- Social Return on Investment (SROI): Broader social and community impacts. In recent years, there has been a greater focus on looking at return on investment beyond the financial return. This has been coined social return on investment, where methods evaluate not only the financial returns for investors but also the broader social value created for other stakeholders, including the wider community (WHO, 2017).
- This has also been the focus of The of Economy of Wellbeing (also referred to as the Wellbeing Economy); a model that emphasises integrating health and wellbeing across all policies, while addressing environmental, occupational, and economic stressors (EuroHealthNet, 2022). This approach builds resilience and promotes better health and mental health outcomes. An Economy of Wellbeing seeks to move beyond conventional economic metrics like GDP by also emphasising wellbeing indicators to assess societal and national progress (EuroHealthNet, 2022). Using the principles of The Wellbeing Economy to develop an evaluation approach can provide a well-rounded framework to reflect on the impact if MHiAP and policies.



Recommended Tools:

- [OECD Well-being Framework](#): Measures progress across income, education, housing, environment, and more. It collects data across a selection of themes includes income, work and job quality, housing conditions, health, safety, social connectedness and civic engagement (see figure 5).
- [Wellbeing Economy Alliance Policy Design Guide](#): Assessment tools for policy evaluation aligned with wellbeing goals.

These frameworks offer ways to evaluate cross-domain effects of MHiAP and can inform long-term strategic development.

Note: Monitoring and evaluation should support—not constrain—the adaptive, collaborative, and evolving nature of MHiAP (WHO, 2017).

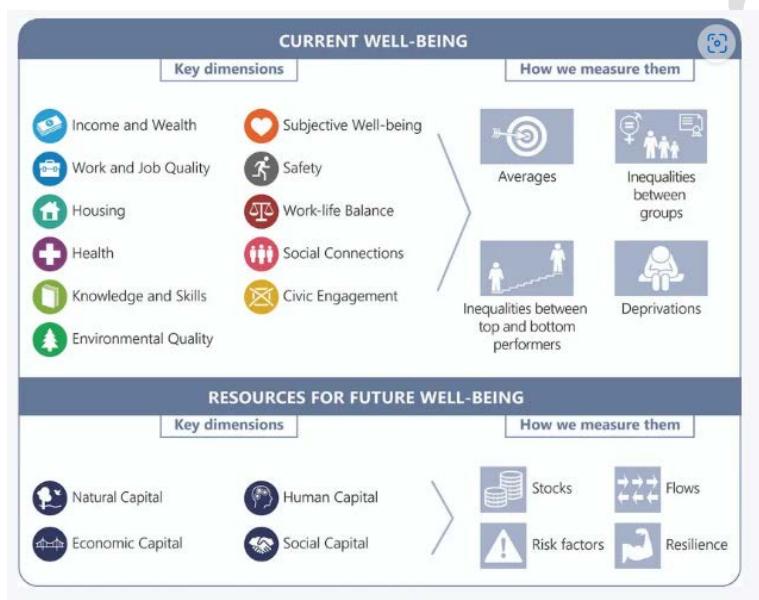


Figure 5 OECD Well-being Framework (OECD, 2020)

The OECD's How's Life? report includes over 80 indicators to evaluate current outcomes and inequalities that sit outside typical well-being indicators. These indicators, that include household debt levels, educational attainment, greenhouse gas emissions, gender gaps and many more, provide an indication on overall well-being. Indicators, such as these that have been collected by the OECD at national level, provide suggestions on what could be collected as part of a broader evaluation framework reviewing cross-domain impacts and wellbeing.

- The well-being framework from the OECD can be found here: [Measuring well-being and progress | OECD](#).
- The approach using this OECD framework is outlined in this document from the WHO: [Win-win solutions for well-being and mental health](#).



9. A snapshot of the MHiAP situation in European countries

The previous chapters explained how policy makers can develop and implement an MHiAP approach. Over the years, many countries throughout Europe have recognised the importance of mental health in non-policy domains. Some countries have already taken first steps towards MHiAP, while other countries are just beginning. The actions that Member States have taken in line with an MHiAP approach have been documented in previous European initiatives such as the Joint Action for Mental Health and Wellbeing (2012-2015), the EU Compass for Action on Mental Health and Wellbeing (2015-18) and the Thematic Working Group Position Statement on Mental Health in All Policies (EU Health Policy Platform, 2023). This chapter provides an updated snapshot of the current MHiAP situation in fourteen European Member States.

Building on existing knowledge, desk research, a survey, and interviews with 14 Member States (see Annex I) were carried out. The aim was to understand progress made in starting or continuing to implement MHiAP, at national, regional level and/or local level throughout Europe. Challenges and success were also identified. Additionally, as countries may not have taken steps in MHiAP yet, policies or actions involving multiple policy domains were also part of the scope. The following steps were taken:

- A structured survey was disseminated to 14 Member States participating in Work Package 5.1.1. The survey collected information on the current status of MHiAP, or any form of cross-domain policy or action on a national, regional or local level within each country, focusing on governance mechanisms, intersectoral collaboration, strategic objectives, monitoring and evaluation processes, and challenges and facilitators in implementing MHiAP. The survey also collected examples of both successful initiatives and barriers encountered.
- Follow-up semi-structured interviews were conducted with representatives from countries that completed the survey. These enabled more in-depth discussion regarding specificities and examples of MHiAP development and implementation, as well as addressing ambiguities or gaps in the survey responses.
- In addition to the primary data collection methods, desk research was undertaken to validate and build on the information obtained from the surveys and interviews. This included reviewing national health and mental health strategies, policy documents, relevant frameworks, and available literature, such as reports from the OECD, WHO, and other international organisations. Country-specific publications, grey literature, and official statistics on mental health policies were also searched to provide broader context and triangulate findings.



9.1. Cyprus

MHiAP is not currently embedded as a policy approach in Cyprus. However, in March 2025 a first step towards MHiAP was taken when the Council of Ministers approved a new National Mental Health Strategy (2025-2028). The strategy aims to enhance the quality of mental health services and create an environment to support those impacted, by promoting social inclusion and wellbeing. The strategy focuses on six pillars: prevention, hospital and community-based services, social inclusion, stigma reduction, policy integration, and research promotion.

The strategy also incorporates a three-year action plan that includes "horizontal actions" for mental health promotion. The final detailed text of the strategy and the incorporated action plan has been recently released and is currently available and will soon be available in English as well.

To implement the National Mental Health Strategy 2025-2028, a proposal has already been made to establish a National Mental Health Committee, which will serve as an advisory body to the Ministry of Health and will engage in consultations with the Ministry regarding the determination of actions for the Strategy's implementation.



The National Committee will be appointed by the Minister of Health and will consist of:

- Representatives from the Ministry of Health and its Services
- Representatives from other relevant Ministries and Services
- Experts, health professionals
- Individuals with lived experience (patients and families),
- And representatives of younger generations

The Committee's responsibilities will include the following:

- Submitting recommendations to the Minister of Health regarding the formulation of mental health policy
- Monitoring and updating the National Action Plan for the implementation of the Strategy
- Ensuring collaboration and mutual support among all involved stakeholders and promoting joint actions, with a focus on synergies between competent stakeholders and interested parties
- Developing a monitoring system for the implementation of the National Strategy
- Establishing subcommittees or working groups composed of representatives from involved bodies/services, depending on the topic and proposals falling under the six Pillars of the present Strategy

A shared ambition became clear when ministries committed themselves to the implementation of the strategy. Cyprus indicated that the synergy for mental health between ministries also seemed to increase.

Challenges for MHiAP

Cyprus faces challenges in adopting an MHiAP approach, including siloed policymaking, resource limitations, and insufficient political prioritisation of mental health beyond the health sector.

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9.2.Denmark

Denmark does not have a formalised MHiAP strategy. Denmark is currently in the process of implementing a 10-year National Action Plan1 on improving psychiatric care, an initiative funded and led by the Ministry for the Interior and Health and in partnership with the Ministry for Social Affairs and Housing and the Ministry of Children and Education. The plan includes 37 recommendations, focusing heavily on treatment, early diagnosis, and improving services, with limited attention to promoting well-being across the general population.



Previously Denmark established multiple panels or commissions to provide recommendations on specific mental health topics. In 2018 for example, the 'National Stress Panel' was established by six ministers. The panel consisted of experts with diverse backgrounds and aimed at identifying factors causing stress. Between 2023 and early 2025 the Danish government also established a National Commission on Well-being ("Trivselskommissionen"). The commission was tasked with making recommendations that support children and young people's well-being. The recommendations were recently published.

The National Stress Panel in Denmark

<https://ufm.dk/aktuelt/nyheder/2019/her-er-stresspanelets-anbefalinger>

The National Stress Panel was established in June 2018 by six ministers from the previous government: The Minister of Health, the Minister of Employment, the Minister for Children and Social Affairs, the Minister of Higher Education and Science, the Minister for Gender Equality, and the Minister of Education. The Panel consisted of a group of experts from different backgrounds.

The panel was tasked with creating debate and raising awareness about factors that can cause stress, as well as suggesting measures to reduce its prevalence. According to its mandate, the panel would both advise on relevant actions based on knowledge of stress triggers and "create debate and awareness in the population so that fewer people experience stress."

In April 2019, the panel issued a single comprehensive report with 12 recommendations for preventing and managing stress. They concluded that resources need to be strengthened, and work environment demands must be adjusted. Stress should be viewed as a societal issue rather than an individual problem. A coordinated, cross-sector effort was recommended, emphasising prevention, early intervention, and strengthening workplace environments through improved collaboration among the labour market, the healthcare system, and educational institutions. The Stress Panel's recommendations have drawn attention in the Danish media, putting them on the political agenda. The panel's recommendations led to several comments from the minister. However, there is still no comprehensive national strategy or nationwide political initiatives. After providing the recommendations, the panel was dissolved.

Textbox 116 The National Stress Panel in Denmark

Challenges for MHiAP

Denmark faces multiple challenges in adopting an MHiAP approach, including "silo-thinking" in policy fields and difficulties in evaluating the impact of MHiAP.

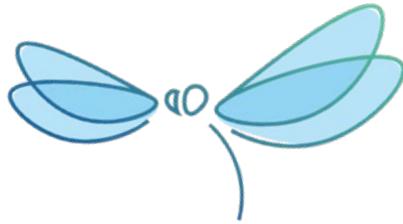
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9.3. Estonia

Estonia's Mental Health in All Policies (MHiAP) strategy is under development, driven by a few key documents. The first document "Agreement on the principles of cross-sectoral prevention" puts a strong emphasis on the importance of cooperation between various sectors (e.g., healthcare, education,



social services) to address mental health issues effectively via coordinated approach. The agreement focuses on three priorities: 1) development of a mental health monitoring system; 2) increased attention to mental health promotion, prevention and the provision of community support; and 3) increasing access to mental health care and improving its quality. Based on the above agreement “the National Health Plan 2020–2030” was updated in 2022 to align with the three aforementioned priorities. Moreover, the National Health Plan emphasises the importance of the development and implementation of an evidence-based and consistent mental health policy across sectors and levels.

In 2021 the “Green Paper on Mental Health” was developed; a mental health strategy document setting out proposals to ministries for the implementation of the mental-health-in-all-policies principle. In short, the paper advises ministries to consider the impact on mental health when planning and carrying out their actions. Additionally, in June 2022 the results of the first Estonian National Mental Health Study were published. This was the first extensive mental health study in Estonia, providing a comprehensive overview of the population’s mental health, as well as paths for regular monitoring.

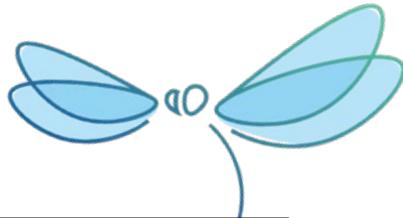
In order to respond to the mental health needs more systematically, a Department of Mental Health was formed within the Ministry of Social Affairs in 2022. Guidelines for the new department were developed in the “the Mental Health Action Plan 2023–2026”. As a living document, the action plan showcases the Ministry’s commitment to a MHiAP approach. Since 2022, the Department of Mental Health has implemented multiple programs on improving mental health using MHiAP principles. Two of these initiatives are the Suicide Prevention Action Plan (2025-2028) adopting a whole-government and society-wide approach and a proposal for improving mental health of children and youth. A more in-depth description on the Department of Mental Health and proposal for improving mental health of children and youth can be found in the textboxes

Mental Health Department in the Ministry of Social Affairs in Estonia

The establishment of the Department of Mental Health within the Ministry in early 2022 created a dedicated unit focused on designing mental health policies and delivering necessary reforms. The Mental Health Action Plan (2023–2026) provides a strategic framework for the department. The aim of the department is to raise public awareness, enable prevention, ensure early detection, and improve access to quality mental health services. It also prioritises creating a supportive living environment that underpins mental health and general well-being. Recognising that mental health requires a whole-of-society approach, the Department actively collaborates with other ministries and governance levels to ensure a multi-sectoral response.

The successful implementation of the Mental Health Action Plan depends on several key factors, including sustainable funding, adequate human resources, and alignment with political priorities. To maintain progress, the plan aligns with the Ministry’s annual work plan and the state budget process, with its implementation reviewed annually in collaboration with stakeholders. Strengthening links to the National Development Strategy “Estonia 2035” (a document setting out strategic goals for the state and people of Estonia for the next fifteen years, and determines the changes necessary for achieving them) further supports a strategic, joined-up approach to the governance of mental health.

Textbox 178 Mental Health Department in the Ministry of Social Affairs in Estonia



Proposal for improving mental health of children and youth in Estonia

The Estonian Government has prioritised improving children's mental health through cross-sectoral solutions in its action programme. Building on earlier agreements between key ministers, the Prevention Council was established to guide national coordination and joint activities.

In May 2023, the Prevention Council tasked the Ministry of Social Affairs with forming a cross-ministerial working group to develop actionable solutions. This group, involving all ministries, met in December 2023 and identified key focus areas, including: parenting, living environments, early childhood and general education, vocational education, abuse prevention in hobby education, learning motivation, local support systems, and challenges in the digital society.

These topics were explored through nine workshops and smaller discussions involving hundreds of stakeholders, including CSOs, experts, practitioners, and young people. The findings informed a comprehensive report, published in early 2025, which outlined ways to reduce mental health risk factors and strengthen protective factors, drawing on scientific evidence and stakeholder input.

To sustain progress, a formal structure for monitoring the implementation of recommendations is being developed under the Prevention Council. This collaborative effort marks a significant step towards improving children's mental health in Estonia.

Textbox 118 Proposal for improving mental health of children and youth in Estonia

Challenges for MHiAP

Despite some foundation setting, challenges remain. Political leadership lacks sustained prioritisation of mental health, stigma persists among policymakers, insufficient buy-in or interest from other policy fields, and resources—both financial and human—are constrained. Additionally, monitoring and evaluation systems are still under development, with no specific targets yet established to measure MHiAP outcomes.

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9.4. Finland

Finland has been one of the leading countries in Health in All Policies (HiAP). Finland also demonstrates commitment to mental health and MHiAP principles through its '*National Mental Health Strategy and Programme for Suicide Prevention (2020–2030)*' by recognising that mental health can be promoted through actions which lie outside of the health and social care context. The strategy has five priority areas: 1) mental health as human capital; 2) developing positive mental health in the daily lives of children and young people; 3) mental health rights; 4) broad-based services that meet people's needs; 5) good mental health management. In accordance with the abovementioned strategy, an interministerial working group was established to develop a Resolution on Mental Health Promotion. More details on the resolution and interministerial working group can be found in the textbox below.

At the regional level, Wellbeing Service Counties (WBSC), created during the 2023 social and health care system reorganisation, are attempting to integrate mental health into broader well-being strategies. However, collaboration often remains siloed within the health and social sectors, with weak intersectoral engagement. Municipalities face similar challenges, citing limited capacity and MHiAP knowledge.

Interministerial working group in Finland

The Finnish '*National Mental Health Strategy and Programme for Suicide Prevention 2020–2030*' was published in February 2020. To support its implementation, the Ministry of Social Affairs and Health set up an interministerial working group in April 2021. The group exists of representatives from: the Ministry of Finance, Ministry of Education and Culture, Ministry of Economic Affairs and Employment, Ministry of the Interior, Ministry of the Environment, Ministry of Defence, Ministry of Justice, Ministry of Agriculture and Forestry, and Ministry of Transport and Communications. In addition, the group includes permanent experts from the Finnish Institute of Occupational Health, the Finnish Institute for Health and Welfare, and the Ministry of Social Affairs and Health.

Recently, the interministerial working group developed a '*Government Resolution on Mental Health Promotion*' based on the '*National Mental Health Strategy and Programme for Suicide Prevention*'. The Resolution includes cross-administrative measures for mental health promotion, suicide prevention and measures for the development of multidisciplinary cooperation in healthcare and social welfare services in 2024–2027. A cross-administrative implementation plan will be drawn up separately. Implementation is monitored and steered by a cooperation group of the ministries contributing to the National Mental Health Strategy.

Textbox 20 Interministerial working group in Finland

Challenges for MHiAP

The progress in following a MHiAP approach has stagnated since the mid-2010s due to systemic restructuring, budget cuts, and lack of workforce continuity in local public health functions. Lack of MHiAP literacy also poses a challenge, as the focus is often on mental health specific problems.

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9.5. France

In 2025 mental health is declared a national health concern in France (the 'National Grand Cause'). Because mental health is a national public health priority, the Prime Minister has asked each ministry to assess and contribute to actions related to mental health promotion. Funding has been provided for communicating on mental health for the whole year. In addition, an interministerial committee is planned to be founded in which all ministries will be participants. In the context of mental health being a national health priority, a national communication plan based on MHiAP principles and containing several events was developed, including the publication of an interministerial road map on sleep as a (mental) health determinant, several campaigns, and the launching of websites dedicated to mental health. Additionally, France has a written HiAP strategy aimed at healthy and longer living of the population through health promotion and ill-health prevention and with the improvement of mental health as a sub-objective. Despite these efforts, and despite the publication of a comprehensive "Mental health and Psychiatry Road map" in 2018, the implementation of MHiAP on a national level is inconsistent. strategy aimed at healthy and longer living of the population through health promotion and ill-health prevention and with the improvement of mental health as a sub-objective. Despite these efforts, and despite the publication of a comprehensive "Mental health and Psychiatry Road map" in 2018, the implementation of MHiAP on a national level is inconsistent.

Examples of intersectoral activities on promoting mental health in France include a strategy of the Ministry of Health, the Ministry of Education, the Ministry of Higher Education, the Ministry of Justice and the Ministry of Youth and Sports aimed at promoting social and emotional skills in children and adolescents. For this initiative, these ministries are brought together in a national committee. Activities are also supposed to be decentralised to local levels where the actual actions take place. There are a national and decentralised monitoring committees for this initiative.

Another example is a national comprehensive strategy on suicide prevention (integrated in the Mental health and Psychiatry RoadMap) which involves, besides the health sector, education, higher education, justice, transport, internal security and agriculture. There is also a national plan to fight unhappiness and ill-being in the agricultural world; it includes the health sector (prevention of suicide by training gate keepers), as well as other sectors, such as works and employment.

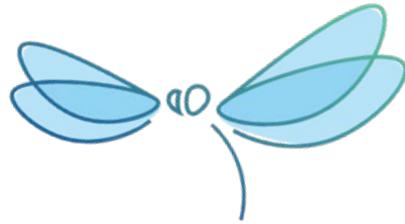
Local Mental Health Councils in France

On a local level, France has developed Local Mental Health Councils (CLSM, <https://ressources-clsm.org/>) in many of its city/communal administrative territories (urban and rural, often targeting territories with special needs). These councils are created at the initiative of local governments, in collaboration with the Health Regional Agencies. In 2023, there were approximately 260 active CLSMs in France. They bring together elected officials, psychiatry, user representatives, caregivers, citizens, and all relevant local professionals, with the aim to develop and implement local policies and actions to improve the mental health of the local population. They address social determinants of mental health, including housing, care access, and community well-being. These councils are a tool for coordinating mental health activities by analysing the state of play, investigating the broad determinants in a particular area (e.g., environment, housing, jobs), involving all sectors playing a role, and making a plan of action for mental health. This way, all policies and stakeholders relevant for mental health are involved. However, efforts depend on local priorities and funding, leading to variability in outcomes.

Textbox 21 Local Mental Health Councils in France

Challenges for MHiAP

Challenges regarding MHiAP in France include limited mental health literacy among policymakers, lack of a common language for a MHiAP approach, human resource constraints, low political commitment,



"silo-thinking" in policy fields, limited buy-in or interest from other policy fields, and lack of sustainable financial resources.

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9.6. Germany

Germany does not currently have a formal Mental Health in All Policies (MHiAP) strategy and no such initiatives are foreseen. There is also no national HiAP strategy in Germany. However, there is a lot of potential that can be built on for the implementation of the MHiAP approach. This includes initial statutory requirements, existing cooperation between stakeholders and identification of and collaboration with existing key networks at the different levels, e.g., German Depression Relief Foundation (Stiftung Deutsche Depressionshilfe).

There are some specific activities to promote collaboration of different policy areas and intersectoral cooperation. Some examples are the "Mental Health Promotion and Intervention in Occupational Settings" (MENTUPP) project. This is aimed at improving mental health in the workplace by developing, implementing, and evaluating a multilevel intervention targeting mental health difficulties (non-clinical and clinical). Another example is the National Disease Prevention Conference (Nationale Präventionskonferenz – NPK). The NPK has the goal of using the topics of mental health in the family context, and health promotion and prevention in care as models to test how cooperation across society can succeed within the framework of the national prevention strategy and what results can be achieved. The following joint objectives, based on life phases, guide the actions of the NPK: healthy growing up, healthy life and work, and healthy in old age. In addition, there are some interministerial efforts, e.g., the Interministerial Working Group on the Health Effects of Corona on Children and Adolescents (IMA) aimed at addressing the mental health impacts of COVID-19 on children and adolescents. This working group is one of the rare examples of interministerial collaboration as ministries usually set their own specific focal points. There is political consensus on the need to have access to reliable data on mental health. Since 2019 a Mental Health Surveillance is being set up at the Robert Koch Institute (RKI). As a first step a framework and core indicator set for MHiS in Germany were developed and the available data sources were reviewed. At the moment indicators of mental health are being integrated into a superordinate surveillance of non-communicable diseases.

Challenges for MHiAP

Germany's decentralised federal system poses structural challenges for MHiAP, with responsibilities spread across national, state, and local levels. Coordination between these levels is limited, and intersectoral collaboration remains rare, due to entrenched "silo-thinking", competing economic interests, and limited political commitment. Other challenges in Germany are limited mental health literacy amongst policymakers, lack of sustained funding, and not enough buy-in or interest from other policy fields. In addition, there is a data gap, as long as MHiS is not fully established.

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<https://www.npk-info.de/>



9.7. Iceland

Iceland does not have a formal Mental Health in All Policies (MHiAP) strategy, but various initiatives across government sectors align with MHiAP principles. Mental health promotion is addressed in broader public health, education, and social welfare policies, although this work is often fragmented and not explicitly labelled as MHiAP. Iceland's National Mental Health Strategy includes some cross-sectoral collaboration, particularly in education and children's welfare. However, past strategies, including a 2016 action plan, faced implementation challenges due to political transitions and limited cross-sector integration. Iceland has, without clear intention, advanced in relation to MHiAP without an overarching MHiAP framework. This is achieved through individual initiatives; although MHiAP is not an explicit, formal, systematic focus in Iceland, many sectors are contributing to mental health and wellbeing, often without that being their main agenda or realising how their actions are promoting mental health.

Promising examples of cross-sectoral efforts include Iceland's Wellbeing Economy and the Wellbeing Indicators Framework which is a collaboration between the Prime Minister's Office, the Ministry of Finance and Economic Affairs and the Ministry of Infrastructure integrating mental health as a priority in policymaking. The Wellbeing Economy, while not explicitly an MHiAP approach, shares its holistic, multi-dimensional focus on improving quality of life, including mental wellbeing. In Iceland, public surveys and stakeholder engagement led to the development of 40 wellbeing indicators and six national priorities—such as mental health, secure housing, and work-life balance—which guide the government's Five Year Fiscal Strategic Plans.

Another example is the Children's Prosperity Act (2021) in which the state and municipalities collaborate for implementing cross-sectoral cooperation of services aimed at protecting and supporting children's physical, psychological, intellectual, moral and social development and health. Iceland has a Cabinet Steering Group on Children's Affairs which is a formal consultation forum for ministries on children's issues and rights and also has a special role in the context of the Prosperity Act, including preparing a policy on child well-being and an implementation plan for state projects related to child well-being. Besides this, the National Education Policy until 2030 emphasises mental wellbeing and mental health promotion in schools but faces resistance, particularly in embedding social-emotional learning into curricula.

Challenges for MHiAP

Key challenges include siloed governance structures, limited mental health literacy among policymakers, insufficient political commitment, the lack of shared responsibility for mental wellbeing across sectors, and unsustainable financing.

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9.8. Latvia

Latvia does not currently have a dedicated MHiAP strategy. Although Latvia's Health in All Policies (HiAP) approach highlights mental health as a priority, linking it to public health goals outlined in the Public Health Guidelines (2021-2027) and the National Development Plan (2021-2027). These strategies emphasise psychological resilience, emotional well-being, and reduction of stigmas but primarily operate as guidance rather than actionable interministerial collaborations.

An example of a cross-sectoral initiative is the "Healthy Schools Network", run by the Centre for Disease Prevention and Control of Latvia (CDPC). The network's goal is to bring together schools that prioritise creating a health-promoting environment. It aims to give schools the chance to share experiences, learn new ideas, and implement practices that support health and well-being. By integrating health-related activities into daily routines, teaching, and school operations, the initiative strives to improve the health of both students and staff. To support this work, the CDPC has set up a consultative body called the Council of the Network of National Health-Promoting Schools. This council includes representatives from various organisations, such as the Ministry of Health, the Ministry of Education and Science, the State Service of Education Quality, and the State Centre for Education Content. It also involves the Latvian Association of Local and Regional Governments and parent non-governmental organisations, including the Latvia Parental Forum. The Council's role is to guide, develop, and coordinate the network's activities.

Challenges for MHiAP

Key challenges include siloed governance, limited political commitment, low mental health literacy among politicians in the government and insufficient sustainable funding. Despite isolated actions by different ministries, collaboration remains fragmented, with no mechanisms to align priorities across sectors.

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9.9. Lithuania

Lithuania does not currently have a formal MHiAP strategy, nor are there plans to develop one. However, certain initiatives and intersectoral collaborations indicate emerging opportunities to adopt a MHiAP framework. Also, at the national level, mental health is seen as one of the priorities. More specifically, Lithuania's health strategy aims to integrate mental health services into primary healthcare settings, i.e., general practitioners (GPs) and family doctors are trained to identify and manage common mental health issues. Other aims of the health strategy are to reduce the consumption of alcoholic beverages, the use of tobacco, the use of drugs, access to gambling, and suicide prevention. Lithuania's health strategy, however, remains largely clinical and less intersectoral, with limited engagement beyond the health sector.

Currently, Lithuania has several examples of intersectoral collaboration. For example, there is a collaboration agreement for mental health promotion between the Ministry of Social Security and Labour and the Ministry of Health. In recent years the Ministry of Education and the Ministry of Culture are also invited to collaborate. If there is a specific goal that needs to be achieved, official



working groups that meet regularly are created. Usually when an issue concerning different sectors reaches the ministry level, the process to consult other ministries is formal; the connection is made with a formal letter by which another ministry is invited to collaborate. As a result of intersectoral collaboration, a social prescribing program has been implemented aimed at cultural activities for mental health promotion.

Another example of intersectoral collaboration is that the Ministry of Health, through public health bureaus, is implementing mental health promotion for municipality residents through various projects and activities. Some of the activities are aimed at specific target groups, for example working staff in schools.

Also, the Ministry of Internal Affairs, the Ministry of Social Affairs, and the Ministry of Health developed a response algorithm for domestic violence cases, with a specific algorithm for accidents concerning violence involving people with mental health issues. There also is an inter-institutional working group on violence, related to this aim.

One last example is that the Ministry of Education, Science, and Sport has implemented programs to integrate mental health education and support within schools. For instance, there are initiatives aimed at preventing bullying, promoting emotional wellbeing, and offering psychological services in schools to support students' mental health.

Challenges for MHiAP

Challenges include limited mental health literacy among policymakers in ministries besides the Ministry of Health, and restricted financial and human resources due the ongoing mental health reform (2022-2028). The reform focuses on expansion of community-based care, stigma reduction and prevention. Although mental health is named as one of the priorities of the XIX government of Lithuania, there is a lack of understanding that mental health should be one of the priorities not only for the Ministry of Health.

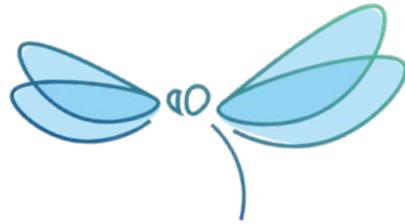
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9.10. The Netherlands

The Netherlands does not currently have a formal MHiAP strategy, but an interdepartmental policy agenda 'Health in All Policies', which includes mental health, was established in 2024. This agenda emphasises the importance of a cross-sectoral approach with mental health as a key component of the agenda which is addressed within themes such as financial security, employment, and the living environment.

Additionally, the Netherlands has integrated mental health into broader policymaking through a combination of national and local initiatives. The national 'Action Plan Good Mental Health for All', for example, was co-signed by different ministries and exemplifies elements of MHiAP, with cross-sectoral cooperation with sectors like education (in cooperation with the Ministry of Education, Culture and Science), the working environment (in cooperation with the Ministry of Social Affairs and Employment), and culture (in cooperation with the Ministry of Education, Culture and Science). The national government is responsible for implementing the action plan, in cooperation with municipalities and societal organisations. The Ministry of Health, Welfare, and Sport leads coordination, supported by interministerial groups and partnerships with municipalities and societal organisations. Key goals focus on raising awareness, prevention, self-management, and fostering mental well-being in varied environments such as the community, schools, workplaces, and online spaces. The Netherlands is currently working on a follow-up to the Action Plan Good Mental Health for All, which will conclude at



the end of 2025, in the form of the action program 'Mental Health and Mental Health Care.' This action program covers the entire spectrum of mental health and represents the next step in addressing the societal challenge of creating a mentally healthy society in the Netherlands.

At the local level, municipalities tailor implementation under the Healthy and Active Living Agreement (GALA), guided by national priorities but with flexibility in approach. More specifically, organisations from sectors involved have developed plans to collaborate locally and regionally to promote (mental) health. GALA monitors whether municipalities have policies in place regarding mental health and what they entail (e.g., whether mental health policy is combined with other policy areas).

Challenges for MHiAP

Despite a strong political commitment historically, ongoing challenges include lack of sustainable financing, silo-thinking between policy fields and low intersectoral buy-in (e.g., policy makers from other policy domains do not consider mental health their responsibility), human resource constraints, coordination gaps, and a need for enhanced capacity-building and to take learnings from international best practices.

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9.11. Romania

No formal MHiAP strategy is yet in place, but MHiAP initiatives are beginning to emerge. Romania has a National Health Strategy (2023-2030) highlighting the importance of addressing mental health as a critical component of overall health and well-being. The strategy advocates for addressing social determinants of (mental) health in an intersectoral approach. The approach connects health outcomes with other areas like housing, education, and employment, while reinforcing the significance of a supportive environment for mental health. Moreover, the strategy outlines the role of the Ministry of Health as a proactive partner in coordinating health initiatives across all sectors, to ensure a comprehensive response to health determinants.

A National Mental Health Strategy is currently being developed by the National Centre for Mental Health and Fight Against Drugs. The strategy includes, amongst others, the creation and coordination of interministerial working groups. As the strategy is still under development, no details or results of these interministerial working groups are known yet (the process started on 27th January 2025).

Challenges for MHiAP

Key challenges for developing and implementing MHiAP include low mental health literacy among policymakers, low political commitment, siloed governance, not enough buy-in from other policy fields and limited financial and human resources.

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9.12. Slovenia

MHiAP is one of the core principles of the National Mental Health Programme (NMHP) 2018–2028. Objectives of the programme include continuous and effective implementation of policies and measures to support the mental health of the whole population, and particularly of vulnerable groups, and the development and implementation of evidence based intersectoral and interdisciplinary promotional and prevention programmes in the field of mental health. The programme thus emphasises intersectoral collaboration to address mental health across diverse policy fields, such as education, social affairs, agriculture, and justice. Non-Governmental Organisations (NGOs) representing PLE are also involved in coordination of the implementation of the strategy.

Coordination of the NMHP is led by the National Institute of Public Health (NIJZ), supported by a multi-layered governance structure that includes the Interministerial Working Group, Programme Council, and Regional Coordinator. A detailed description of the multi-layered governance structure is included in the textbox below. The interministerial working group on mental health is set up to facilitate collaboration on the topic of mental health among ministries and ensures higher efficiency in the implementation of the NMHP. The working group consists of members from different ministries, including the Ministry of Social Affairs and Labour, Solidarity Based Future, Education, Research and Innovation, Culture, Justice and Agriculture and is presided by a member of the Ministry of Health. The interministerial working group usually meets monthly - occasionally twice a month.

The implementation of the action plans is periodically monitored by different coordinating bodies. The first two implemented action points of the NMHP are being evaluated using a framework of indicators on public mental health. The evaluation framework assesses progress towards strategic goals as well as "the bigger picture" of public mental health.

An interesting insight from Slovenia's MHiAP approach is that implementation has been relatively more successful in sectors that traditionally have fewer connections to and less experience with health, such as agriculture. For instance, it was observed that farmers were struggling with their mental health. It became evident that farmers were dealing with significant levels of bureaucracy in running their businesses, which was causing high levels of stress. To address this issue, a support system has been established in collaboration with the national Chamber of Agriculture, whereby some of their advisors also act as psychosocial counsellors to improve the mental health of farmers.

Key successes that helped facilitating the MHiAP approach, included increased mental health literacy among policymakers. This was achieved by a group of policy makers from different ministries with a shared ambition and a determined psychiatrist working as an adviser in the cabinet of Ministry of Health (a champion for MHiAP). A mutual understanding of the importance and benefits of MHiAP was consequently developed.

Challenges for MHiAP

Decision makers face staff shortages and are often overwhelmed by urgent tasks, such as updating or drafting policies under tight deadlines. Therefore, MHiAP implementation could advance faster with more experts or support staff assisting decision makers. More personnel and breathing room for thoughtful decision-making would aid MHiAP progress. Additionally, the lack of standardised indicators and Mental Health Impact Assessments (MHIA) poses a challenge.

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Multi-layered governance structure for MHiAP in Slovenia

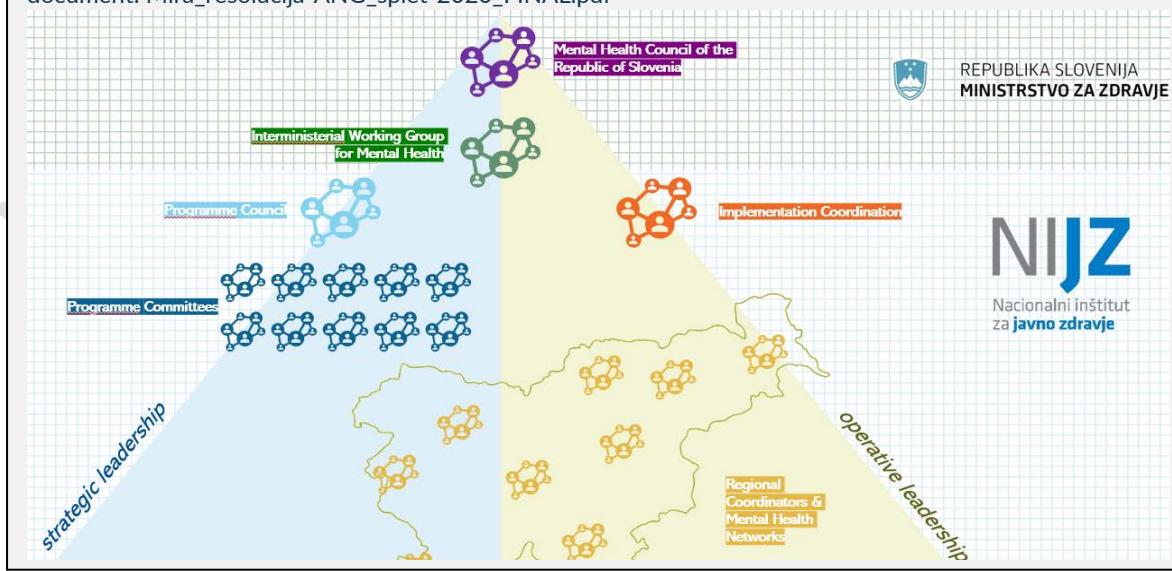
Slovenia's governance structure for its National Mental Health Programme (NMHP) 2018–2028 exemplifies a multi-layered approach to interministerial and intersectoral collaboration. At its core, the structure facilitates dialogue, decision-making, and implementation across various policy domains to embed Mental Health in All Policies (MHiAP) principles. The left side of the pyramid consists of different bodies responsible for the strategic leadership of MHiAP. Those bodies are:

- Mental Health Council of Republic of Slovenia: Chaired by the Minister of Health, this high-level body provides political support for the NMHP and acts as a platform for policy coordination and decision-making at the highest level.
- Interministerial Working Group for Mental Health: coordinates activities between different ministries and ensures that the NMHP is comprehensively integrated into the policies of various sectors..
- Programme Council: Strategically guides the implementation of the programme based on reports and proposals, coordinates activity proposals, and promotes intersectoral cooperation.
- Programme Committees: Ten committees who are specialised in various areas of mental health, such as Alcohol and Mental Health or Mental Health of the Working Population. The committees monitor the situation and needs in their respective areas, prepare proposals for measures, and collaborate with stakeholders. Their expert support is crucial for the development of effective strategies and measures.

The right side of the pyramid shows the bodies responsible for the operative leadership, including implementation.

- The Implementation Coordination: led by the Head of the National Programme, is responsible for the operational implementation of the NMHP and action plans. The Coordination monitors the implementation of the programme and prepares reports for the Programme Council.
- Regional Coordinators and Networks: play a key role in the implementation of the programme, operating in the field and connecting various actors in the local and regional environment. Their tasks include supporting mental health centres (health care services), promoting the development of community mental health networks, field work, and stakeholder engagement.

All these structures together form a comprehensive governance system that ensures the NMHP programme is effectively and successfully implemented at all levels, from national to local. For an overview of the complete organisational structure of the management of implementation of the NPDZ, see the following document: Mira_resolucija-ANG_splet-2020_FINAL.pdf



Textbox 19 Multi-layered governance structure for MHiAP in Slovenia



9.13. Spain

Spain does not yet have a dedicated national MHiAP strategy, although MHiAP principles exists. The Mental Health Strategy (2022-2026) and the accompanying Mental Health Action Plan (2022-2024) emphasise tackling mental health inequalities, addressing social determinants, and promoting intersectoral collaboration.

A significant development at the national level is the creation of the Mental Health Commissioner's Office in December 2023 (Royal Decree 1009/2023). Their key responsibilities include promoting intersectoral mental health policies thereby recognising that factors such as education, employment, housing, and the social environment significantly influence mental well-being. This approach seeks coordinated collaboration across sectors and levels of government to address the social determinants of mental health. Key activities include:

- **Inter-ministerial coordination:** Facilitating collaboration among different ministries to implement policies where mental health is a cross-cutting component.
- **Intersectoral working groups:** Establishing teams with representatives from diverse sectors—such as health, education, labour, and social services—to design joint strategies.
- **Involvement of autonomous communities and civil society:** Engaging regional governments, NGOs, and patient associations in the planning and implementation of mental health policies.
- **Monitoring and evaluation:** Tracking the implementation of intersectoral policies and assessing their impact on the population's mental health.

The Mental Health Commissioner's Office also leads initiatives such as the National Suicide Prevention Plan (2025-2027). Part of the National Suicide Prevention Plan is the establishment of the Suicide Observatory. The Observatory supports the development of intersectoral suicide prevention strategies and public education campaigns, especially targeting vulnerable populations.

More specific initiatives that align with MHiAP principles include:

- Collaborative initiatives between the Ministry of Education and the Ministry of Health focusing on tackling mental health issues in educational settings, targeting bullying, anxiety, and other challenges among youth.
- Urban planning in cities like Barcelona incorporating mental health considerations into policy. Efforts include promoting green spaces, affordable housing, and enhanced social cohesion.
- Partnerships between the Ministries of Health, Education, and Labour addressing workplace stress and promoting mental health education at the workplace and in school.

Spain's decentralised health system, where implementation is largely managed by regions, leads to varied approaches and outcomes.

Challenges for MHiAP

Developing and implementing MHiAP in Spain faces challenges such as low mental health literacy among policymakers, decentralised healthcare creating uneven regional commitment, siloed policy approaches needing better coordination, limited financial and human resources, and communication barriers within and across sectors.

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9.14. Sweden

Sweden's new 'It's all about life' Mental Health in All Policies (MHiAP) strategy, was officially adopted in January 2025 by Sweden's national government. It emphasises a cross-sectoral approach to tackling mental health through collaboration among 27 government agencies from diverse sectors, including education, transport, criminal justice, and culture. The collaborating government authorities have been commissioned to contribute to the work, but the strategy is meant to be the responsibility of all. The Public Health Agency of Sweden (PHAS) and the National Board of Health and Welfare lead the effort. The PHAS is assigned to give knowledge support to other actors, such as regions and municipalities when it comes to implementing the strategy.

Sweden's MHiAP strategy is designed to run for 10 years, subdivided into three-year action plans. The overarching goals are to improve mental health across the population, to decrease lives lost to suicide, to reduce avoidable disparities in mental health, and to reduce negative consequences due to

Implementing "It's all about life" MHiAP strategy in Sweden

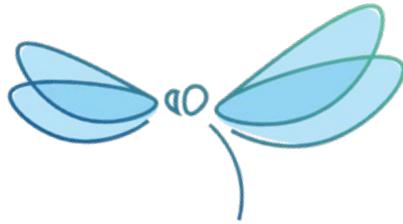
The strategy's implementation represents an effort to bridge siloed governmental structures. Meetings between 27 government agencies, held periodically, facilitate coordination. The first two meetings covered introductions and processes for building an interagency action plan due by December 2025. The structured methodology includes agencies submitting initial proposed actions (deadline: May 2025), prioritizing through workshops (June 2025), and gathering input from broader stakeholders (August–September 2025). Following internal reviews, the finalised action plan will be presented to the government in December 2025.

The action plan's purpose is to break down the high-level policy document into specific, measurable actions. For this, templates, guidelines, and criteria to support agencies in this process are developed. The main criterion is that actions must align with one of the strategy's objectives or priority measures and demonstrate their significance in improving mental health. Furthermore, proposed actions require a plan for evaluation and outcome measurement. Both challenges and opportunities lie in identifying synergies across sectors and transformative collaborative opportunities.

Monitoring and evaluation systems are being developed to track progress.

The strategy's broad scope ensures contributions from unexpected sectors. For instance, the National Transport Agency addresses mental health by mitigating suicide risks, such as those arising on railways and bridges. Similarly, criminal justice reforms involve the police, reflecting a justice-based approach to mental health. These cross-sector initiatives illustrate the pervasive influence of mental health policies beyond traditional healthcare sectors.

To support the implementation of the strategy on regional and local level, the government allocates just over 1.5 billion SEK (137 million Euro) in an agreement on grants/stimulus funds. Though much of the work on regional and local levels must be done with regions' and municipalities' own budgets, which is always a question of prioritisation.



Textbox 20 Implementing 'It's all about life' MHiAP strategy in Sweden

psychiatric conditions. Implementation is decentralised, with regional governments handling healthcare delivery and municipalities addressing education, social services, and urban planning. Many regions and municipalities have developed their own mental health plans, therefore alignment with the national strategy varies. The national government provides financial resources, but regional and municipal tax bases also fund efforts. More details on the strategy are available in the textbox below.

Challenges for MHiAP

Major challenges include breaking down government silos to foster cross-sectoral collaboration, evaluation complexities, notably linking non-health sectors to mental health outcomes, and resource constraints, both financial and human.

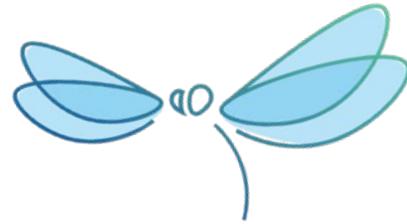
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9.15. Conclusions

This chapter provides a comprehensive overview of the progress and challenges faced by European countries in adopting and implementing a MHiAP approach. It highlights the recognition of mental health as a priority across various policy domains. While some countries like Finland, Slovenia, Estonia and recently Sweden have integrated mental health into cross-sectoral strategies with structured governance mechanisms, action plans, and monitoring frameworks, others are still in the foundational stages of development or have implemented certain elements of MHiAP such as intersectoral working groups across policy domains.

Common challenges across nations include entrenched silo-based thinking, limited mental health literacy among policymakers, insufficient financial and human resources, and low political commitment. Other gaps include sustainable financing, intersectoral buy-in, coordination, and the establishment of robust evaluation mechanisms. Promising practices, such as but not limited to, Estonia's Mental Health Department, France's Local Mental Health Councils, Slovenia's multi-layered governance structure for MHiAP and Sweden's 'It's all about life' MHiAP strategy, showcase potential pathways forward. Common facilitating factors in these initiatives include national champions, political commitment, a shared ambition and allocated finances.



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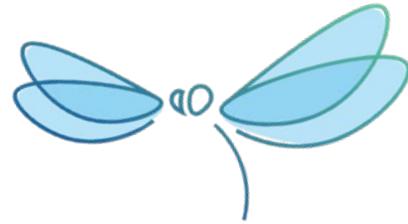
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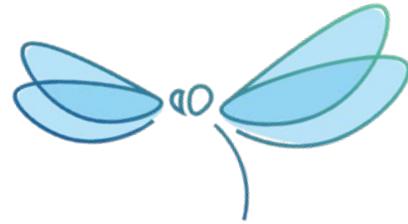
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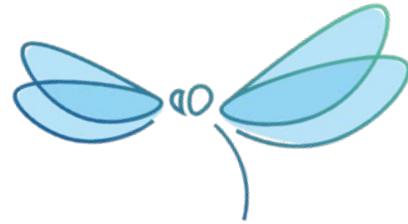
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Annex I Overview of survey and follow-up interviews

All task 5.1 partners (n=14 countries) filled out the survey, and with 11 countries a follow-up interview was conducted. See table 8 for an overview.

Table 7 Overview of countries included in the desk research, survey and follow-up interview

Country	Survey	Follow-up interview
Cyprus	✓	-
Denmark	✓	✓
Estonia	✓	✓
Finland	✓	✓
France	✓	✓
Germany	✓	✓
Iceland	✓	✓
Latvia	✓	✓
Lithuania	✓	✓
The Netherlands*	✓	-
Romania	✓	-
Slovenia	✓	✓
Spain**	✓	✓
Sweden	✓	✓

*No follow-up interview was conducted with the Netherlands. As the Dutch JA MENTOR partners are the authors of this report, only written information was provided.

**Spain consists of 17 autonomous communities. Multiple partners from different autonomous communities filled out the survey (BIOSYSTEMAK, ICO, IDIVAL, MoH, SMS), and two were selected for the follow-up interview (BIOSYSTEMAK and ICO).



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Annex II D.5.1.1b - Mental Health in All Policies: A Practical Guide to Implementing MHiAP Across Sectors

Version 1.0 June 2025



Joint Action MENTAL HEALTH TOGETHER

D.5.1.1b - Mental Health in All Policies: A Practical Guide to Implementing MHiAP Across Sectors

Work Package	WP5
Task	5.1.1.
Date	30-06-2025



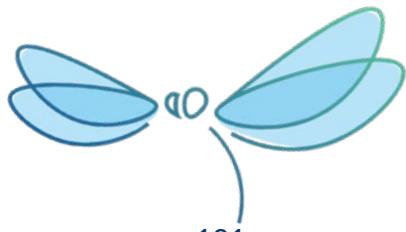
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1. Introduction to the Mental Health in All Policies tool

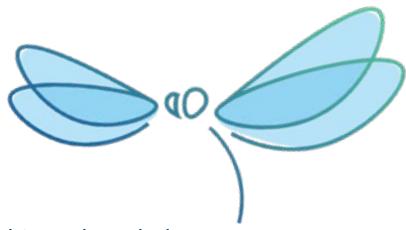
Mental Health in All Policies (MHiAP) considers social determinants of mental health by developing, implementing and promoting policies across sectors that reduce risk factors and enhance protective factors. MHiAP is not a single plan or program, but rather a way of working that brings together policymakers from various sectors. It promotes collaboration toward outcomes that benefit both mental health and other policy areas—striving for “win-win” results. MHiAP is a cross-sectoral policy development approach designed for countries interested in applying the approach within national, regional or local context. While many countries have adopted MHiAP as a preferred strategy, it is also recognised as complex to implement.

The European Joint Action on Mental Health Together (JA MENTOR) was launched in October 2024. Its goal is to promote mental health and well-being at both individual and population levels through sustainable, long-term strategies. A key focus of this initiative is to elevate mental health as a priority across all sectors using the MHiAP approach. To support this effort, JA MENTOR has developed this MHiAP guidance. Informed by a mapping review (**D.5.1.1a - Mental Health in All Policies: A Mapping Review of Tools and Methods for Cross-Sector Action**) in which the current knowledge and experiences as regards MHiAP methodology have been provided, this guidance is designed to assist policymakers throughout the process. The D.5.1.1 report is referenced throughout the current document, with links to relevant sections that offer additional information and tools specific to each topic.

The target group of the MHiAP guidance consists of policy makers at national, regional, and local levels who want to implement an MHiAP approach. Additionally, the suggested actions in this guidance aim to target policymakers but acknowledges that some recommended actions may be better addressed/outsourced to other actors, such as researchers or civil society organisations, depending on the specific requirements.

This guidance aims to support you by:

- Helping you assess your current position with regard to the MHiAP approach. There are many possible steps to begin or continue MHiAP implementation. You may already be taking important actions without realising it, or you may be seeking ideas for further progress.
- Guiding you in identifying which actions to prioritise. Clarifying your priorities can strengthen discussions with stakeholders who are key to advancing MHiAP implementation.
- Encouraging engagement from other sectors. By offering insight into what is realistic and feasible, the guidance can help foster broader support for the MHiAP approach.



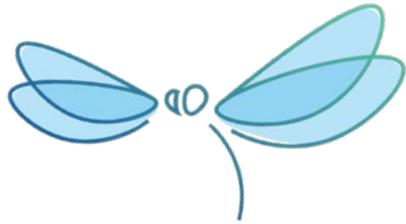
The guidance outlines key action areas for MHiAP and introduces a practical target tool. This tool can help you visualise the current state of implementation in your country or region and assist you in planning your next steps. The guidance is a stand-alone document but can also be found as an annex to the report (D5.1.), which describes the mapping review and resulting knowledge base that informs this guidance.



Prerequisite for MHiAP

It is important to be aware that required effort may be high, as implementing MHiAP often needs extensive processes, time and financial investment. Implementing a sustainable MHiAP approach also requires high-level long-term political commitment to ensure mental health remains a priority across agendas. Adequate resources and funding are essential to support policy implementation, and capacity building is sustained. Change doesn't happen overnight, and the progression of a MHiAP approach ultimately requires a change in policy development culture.

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2. The Mental Health in All Policies Target Tool: what is it and how do you use it?

The MHiAP target tool offers a simple and visual way to map out where your country, region or municipality stands in relation to the MHiAP approach. It is divided into key zones that are relevant to both initiating and sustaining MHiAP efforts.

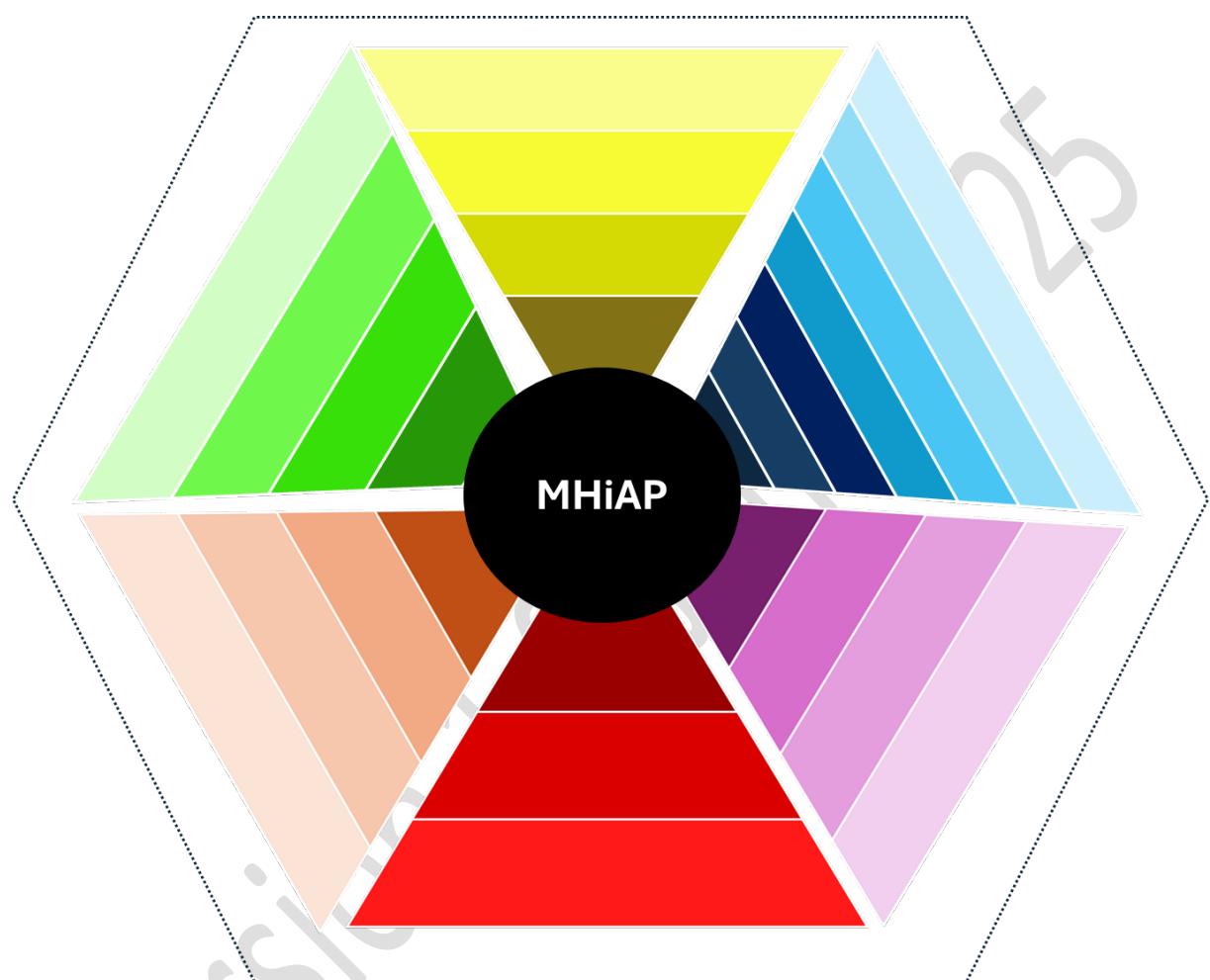
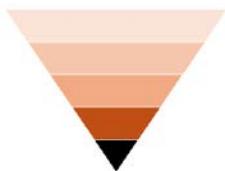


Figure 1 The Mental Health in All Policies Target Tool

As shown, the target consists of six distinct zones. Each zone includes specific checkpoints that can help indicate the level of progress achieved so far. These zones and checkpoints are not intended to be followed in a specific order – they can be addressed in any sequence that aligns with your current stage in your MHiAP implementation journey. If you are just beginning and not sure where to start, it is recommended to begin with the checkpoints in the orange zone. From there, you can explore other zones to identify potential "quick wins" (i.e., relatively simple improvements or actions that yield quick and tangible benefits) Please note that the zones and the checkpoints are not exhaustive and will be explained in detail later on in the document.



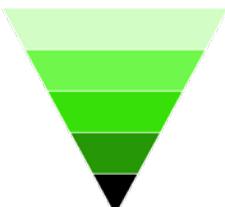
2.1. Zone overview



Orange Zone: Assessing the current landscape for MHiAP	
✓	<i>Data on mental health (e.g., health surveys) scanned</i>
✓	<i>Mental health across the life course and in different settings & contexts analysed</i>
✓	<i>Window(s) of opportunity assessed</i>
✓	<i>Current intersectoral policies or processes scanned</i>



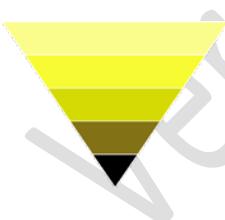
Purple Zone: Identifying and setting-up supportive structures for MHiAP	
✓	<i>Policy domain stakeholder analysis completed</i>
✓	<i>Intersectoral working group established</i>
✓	<i>Working with existing structures</i>
✓	<i>Common language established</i>
✓	<i>Common vision developed</i>



Green Zone: Building capacity	
✓	<i>Leadership roles identified and adopted</i>
✓	<i>Champions identified</i>
✓	<i>People with lived experience are engaged</i>
✓	<i>Training for intersectoral network conducted</i>



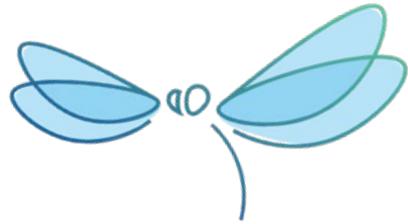
Blue Zone: Intersectoral working group activities	
✓	<i>Problem mapping exercise conducted</i>
✓	<i>Wider stakeholders mapped</i>
✓	<i>Win-wins across society identified</i>
✓	<i>Policy makers are engaged in MHiAP policy</i>
✓	<i>The public are engaged in MHiAP policy</i>
✓	<i>Mental health impact assessment completed</i>



Yellow Zone: Governance and accountability	
✓	<i>Intersectoral working group formalised</i>
✓	<i>Resources mapped and secured</i>
✓	<i>MHiAP incorporated into legislation</i>
✓	<i>Budget is being tracked</i>



Red Zone: Evaluation and monitoring	
✓	<i>MHiAP implementation process monitored</i>
✓	<i>Theory of Change created</i>
✓	<i>Framework for evaluating impact of taking a MHiAP approach in government implemented</i>



Building capacity:

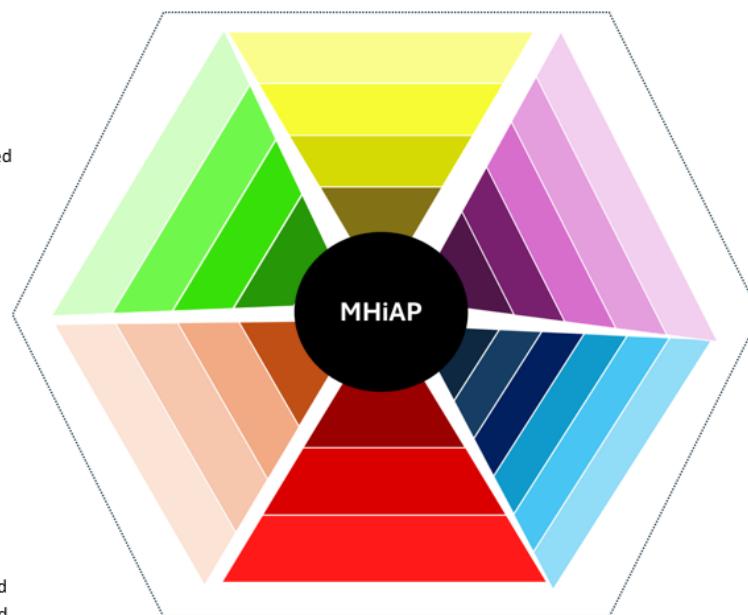
- Leadership roles identified and adopted
- Champions identified
- People with lived experience are engaged
- Training for intersectoral network conducted

Governance and accountability:

- Intersectoral working group is formalised
- Resources mapped and secured
- MHiAP is incorporated into legislation
- Budget is being tracked

Intersectoral working group activities:

- Problem mapping exercise conducted
- Wider stakeholders mapped
- Wins-wins across society identified
- Policy makers are engaged in MHiAP policy
- The public are engaged in MHiAP policy
- Mental health impact assessment completed



Assessing the current landscape:

- Data on mental health (e.g., health surveys) scanned
- Mental health across the life course and in different settings & contexts analysed
- Window(s) of opportunity assessed
- Current intersectoral policies or processes scanned

Evaluation and monitoring:

- MHiAP implementation process monitored
- Theory of Change created
- Framework for evaluating impact of taking a MHiAP approach in government implemented

Identifying and setting-up supportive structures:

- Policy domain stakeholder analysis completed
- Intersectoral working group established
- Working with existing structures
- Common language established
- Common vision developed

Figure 2 The Mental Health in All Policies Target Tool: Zones and checkpoints



3. How to fill in the MHiAP Target Tool

1. For each action zone (coloured triangle), estimate which of the associated checkpoints (gradients of colour within the triangle) have already been completed. You can refer to the detailed descriptions in the following sections to better understand what each checkpoint entails.
2. For every completed checkpoint (in no particular order), move inward one step from the outer edge of the target. The aim is to get as close to the centre as possible. For example, if two out of four checkpoints are completed in a given zone, move two steps inward and mark an "X" on the corresponding level of the target. Repeat this for each action zone. If no checkpoints are completed in a zone, place the "X" at the outermost level. This means you're yet to get started with this zone. This would therefore be a good place to start.
3. Once you've marked all zones, connect the X's with lines to create a visual representation of your country's current MHiAP status. The closer the lines are to the center, the further along you are in implementing a Mental Health in All Policies approach.



Remember, the core of the target represents MHiAP itself. Not reaching the core does not mean an MHiAP approach isn't in place. Success in MHiAP can look different depending on the context—it is not a linear model but a flexible, evolving way of working across sectors. This tool and guidance are meant to support you in navigating and advancing that process.

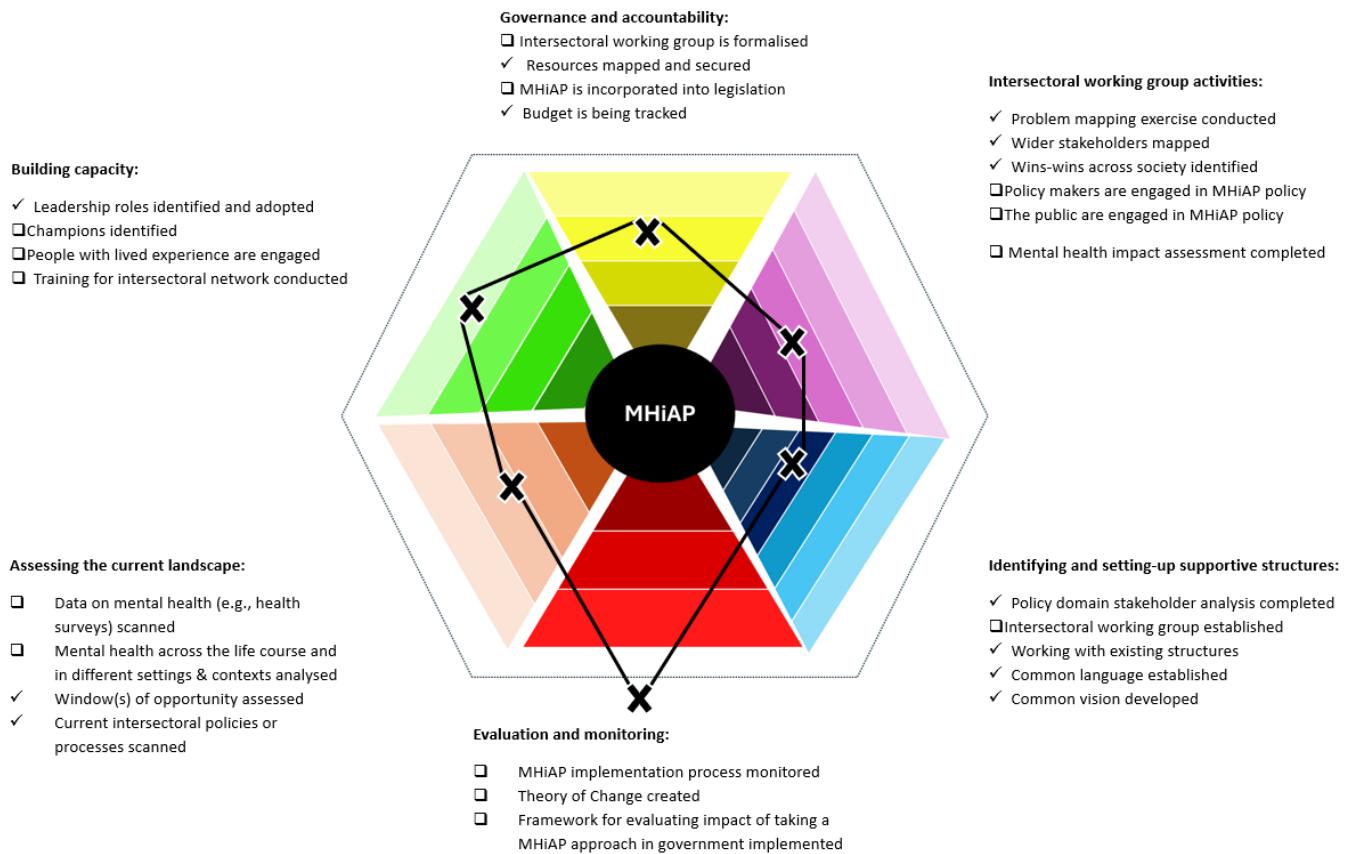
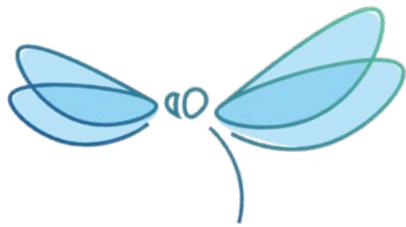


Figure 3 The Mental Health in All Policies Target Tool filled in as an example



4. Prioritising next steps

You can follow the steps below to help prioritise actions that contribute to advancing MHiAP in your country.

Once your target is filled out, you'll have a clearer picture of which zones and checkpoints might be strategic areas to invest resources in. While the target highlights zones needing more attention, it's equally important to consider what is realistic and feasible. For example, if the Blue Zone: Intersectoral Working Group Activities is currently inactive, but there is willingness, opportunity, and resources to activate it, it may be beneficial to invest in this area by selecting one or two key checkpoints to start with. Conversely, if a zone is inactive and unlikely to become feasible soon, it may not be a priority at this time. The zones and checkpoints you prioritise will naturally differ depending on your country or region's specific context.

The following sections of this document provide guidance on how to move forward with selected checkpoints from the target. These suggested activities can guide your next steps.



- The guidance is currently in a draft version and will be updated throughout the course of the JA MENTOR project. Countries piloting the guidance will be facilitated in exchanging experiences and feedback that will support the updating of the guidance into a final version.



5. How to use the MHIAP Target to plan for implementation or scale up

As well as being a tool to review how the MHIAP process is going, the target can also be used to map out implementation intentions and act as a tool for planning. Two versions of the target can be developed:

- Current status: how MHIAP is currently being implemented.
- Goal implementation: how it should be after the pilot or after a period of time.

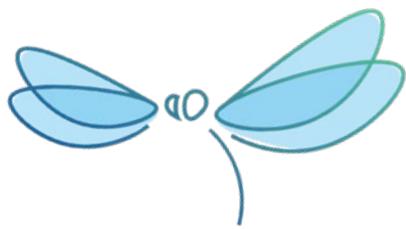
The second version of the target therefore acts as a high-level visualised implementation plan. This can then also be used to monitor progress towards intended zones and checkpoints by using the current status target as a baseline.

When using the tool to map future intentions, active checkpoints may require additional attention. For example, you may have already mapped existing policies but want to complete a more extensive mapping process or a Theory of Change may already exist but may need to be updated via co-creation as there are new members of the working group who would like to give input. This is not a problem; however, this level of contextual detail is not able to be explained within the target tool.

Alongside the target, when using the tool as an implementation plan, it is advised to also develop a narrative to explain details such as the above given examples. The narrative can be separated by zone and provide an explanation of the implementation intentions as well as, if appropriate, some indicators. The development of process indicators and an evaluation framework is explained in the Red Zone: Evaluation and Monitoring,



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Guidance on moving through the Zones

Version 1.0 June 2025



6. Orange Zone: Assessing the current landscape for MHiAP

Orange Zone: Assessing the current landscape for MHiAP	
✓	<i>Data on mental health (e.g., health surveys) scanned</i>
✓	<i>Mental health across the life course and in different settings & contexts analysed</i>
✓	<i>Window(s) of opportunity assessed</i>
✓	<i>Current intersectoral policies or processes scanned</i>

6.1. Data on mental health outcomes scanned

Scanning available data sources helps

identify trends in mental health and the drivers behind them within your country region or municipality.

What to do:

- ✓ Identify and review (inter)national, regional, and local data sources related to mental health in your country or region (e.g., health surveys, social indicators, education or employment statistics).
- ✓ Look for data that show trends in mental health outcomes and the social, economic, and environmental factors that impact them.
- ✓ Use this data to map out key mental health outcomes and identify which policy domains might be most relevant for intersectoral collaboration.

Important: This data scan will be especially valuable when developing data-driven MHiAP action plans. It helps:

- Highlighting priority areas for cross-sector engagement.
- Providing evidence that supports commitment and buy-in from other policy sectors.
- Identifying data gaps and showing what information is missing and needs to be collected to support and sustain a MHiAP approach.

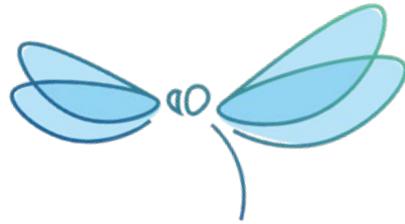
Tip: Start with widely available national statistics and complement them with data sources where such as from the WHO, OECD or World Bank where needed. This task can also be outsourced to a research institute or academic institution to save time.

6.2. Window(s) of opportunity assessed

Start by identifying a window of opportunity—a moment when conditions favour the introduction of the MHiAP approach. These moments may include a policy review, leadership changes, public health emergencies, or increased public focus on mental health.

What to do:

- ✓ Regularly monitor your policy environment for trends or events that align with mental health objectives.
- ✓ Build strong relationships with key stakeholders to ensure you're informed early when/ before opportunities arise.
- ✓ Be prepared with evidence, proposals, and messaging to act swiftly when the timing is right.



If no opportunity is currently visible, consider creating one by raising awareness about how non-health policies affect mental health and vice versa. Build coalitions or link mental health to existing policy priorities.

Tip: A window of opportunity is only valuable if you're ready to act. Preparation in advance is key.

6.3. Mental health across the life course and in different settings & contexts analysed

Begin by identifying which policy areas are most relevant for mental health in your national or regional context. This process helps you identify the priority sectors where mental health could be introduced with the greatest impact and understand the mechanisms behind the process –tailored to your country or region.

What to do:

- ✓ Map out key risk and protective factors (gender, age group, socio-economic situation, good health, social integration, etc.) that influence mental health across the life course (e.g., early childhood, adulthood, older age).
- ✓ Consider how these factors play out in different social environments—such as homes, schools, workplaces, or communities.
- ✓ Use this mapping to understand how mental health is shaped by broader social determinants like housing, income, education, and access to services.
- ✓ Use literature reviews or collect key national and international reports. There is a large body of literature available on the social determinants of mental health, see the textbox below.
- ✓ Certain groups (e.g., low-income populations, ethnic minorities, rural communities) face systemic barriers to mental health care and social support. Data reveals these disparities and enabling the identification of targeted policies where the greatest impact can be made.

Tip: Clearly explain how mental health outcomes link to root causes, supported by evidence. Consider not only health outcomes but also the social and economic benefits of cross-sectoral approaches.

Extra literature



- [The social determinants of mental health and disorder: evidence, prevention and recommendations - PMC](#)
- [Social Determinants of Mental Health: Where We Are and Where We Need to Go - PMC](#)
- [Social determinants of mental health](#)

Benefits of working across sectors

- By embedding mental health across sectors like housing, education, transportation, and labour, MHiAP addresses the social determinants of mental health, leading to broader well-being.
- Policies in non-health sectors can help reduce risk factors for mental ill-health, while at the same time benefiting outcomes from other domains – for example school attendance.



6.4. Current intersectoral policies or processes scanned

As mental health both affects and is affected by socioeconomic conditions, understanding existing policies across sectors is essential to avoid duplication and to build on what already exists. Note, scanning current intersectoral policies and processes examines how different sectors are currently (or not) working together to address mental health or other outcomes, while analysing mental health across settings and age groups (from the orange zone) focuses on understanding the mental health needs and outcomes of specific populations in various environments and life stages.

What to do:

- ✓ Review policies and programmes across sectors (e.g., education, employment, housing) to see how they impact mental health.
- ✓ Identify where policy actions in other sectors could simultaneously support mental health and sector-specific outcomes.
- ✓ Learn from other regions or countries—what made their cross-sector collaborations successful? What challenges did they face?
- ✓ Interview staff or program managers in relevant policy departments to understand current strategies, gaps, and potential entry points for collaboration.

Tip: Knowing what's already in place helps you target efforts more effectively, avoid duplication, and build partnerships that integrate mental health into broader policy goals.



7. Purple Zone: Identifying and setting-up supportive structures for MHiAP

Purple Zone: Identifying and setting-up supportive structures for MHiAP	
✓	<i>Policy domain stakeholder analysis completed</i>
✓	<i>Intersectoral working group established</i>
✓	<i>Working with existing structures</i>
✓	<i>Common language established</i>
✓	<i>Common vision developed</i>

7.1. Policy domain stakeholder analysis completed

Identifying relevant policy sectors and their respective stakeholders is essential to the MHiAP approach, as they provide the supporting structure that shapes its strategic direction.

What to do:

- ✓ Identify relevant policy sectors that influence mental health and wellbeing. If an intersectoral policy scan or life phase analysis (check points from the orange zone) has been completed, this information can be built on.
- ✓ Map key stakeholders within each identified policy sector to build an overview. A stakeholder mapping template can be found below.
- ✓ Adapt the stakeholder analysis to your national or regional context, expanding to include more policy areas as needed.

Tip: Once your mapping is complete, don't try to engage all sectors at once. Start strategically—focus on sectors where interest or momentum already exists. Begin with bilateral collaborations to build trust and gradually scale up.

Stakeholder name	Role	Policy domain	The planned or ongoing policy(/ies) or interventions	How to engage the stakeholder for MHiAP
Policymaker, Ministry of Social Affairs	Policy Lead Housing	Housing	Affordable housing, homelessness prevention	Invite for an interview to learn about how they see collaboration with the Ministry of Health or health sector as it relates to mental health, invite to participate in a co-creation workshop on developing a common understanding and goal for MHiAP
Program director (Financial insecurity)	Program director of municipal initiative to reduce long-term financial stress	Income & Employment	Income support streamlining for individuals and families	Invite to an interview to learn more about why this initiative started and what role mental health (inequalities) plays in the outcomes. Invite to a common vision working session on MHiAP

Table 1: Stakeholder mapping (adapted from WHO, 2022)



7.2. Intersectoral working group established

Establishing a formal, sustainable mechanism for collaboration across sectors is vital for the development and implementation of MHiAP. This is typically done by setting up an interministerial working group, task force, committee, or another appropriate format. Regular meetings help maintain momentum and ensure continuity.

What to do:

- ✓ Use the stakeholder analysis previously mentioned (see Purple Zone) to identify relevant and potentially interested members from different sectors.
- ✓ Contact members or organise informative sessions to gauge interest and availability to be involved in an (ongoing) intersectoral working group.
- ✓ Based on where the motivation or mandate for MHiAP implementation originates, appoint a person or organisation to initially drive the process. This person or organisation should lead the working group, chair meetings, set agendas, and ensure follow-up actions.
- ✓ Members should be made aware of the level of commitment required to join the intersectoral working group and a conversation around required resources should be initiated.
- ✓ Write a framework describing the objectives of the working group, its outcomes, its composition and the working method.

Selecting members:

- Ensure diversity and inclusion, with attention to representation from minority groups.
- Include individuals with a range of skills—not only public health expertise—to enrich discussions and outcomes.

Tip: Be patient. Building a functional intersectoral group takes time, and early efforts may not yield immediate outcomes.

7.3. Working with existing structures

In the orange zone, it is mentioned that intersectoral policies or processes should be scanned. As part of this process, existing intersectoral bodies may also have been identified that are already working across sectors. If this is the case, it's important to build on the work that is already happening and not to double up on work.

What to do:

- ✓ Propose to revise or expand the work plan to explicitly include mental health outcomes (e.g., stress reduction, child wellbeing, social inclusion).
- ✓ Propose the appointment of a mental health lead or focal person within the intersectoral group.
- ✓ Clarify roles, responsibilities, and reporting lines related to MHiAP within the group's structure. This may mean updating the workplan or existing protocols.
- ✓ Propose formal accountability mechanisms (e.g., reporting on mental health outcomes in annual reviews).
- ✓ Ensure People with Lived Experience (PLE) and community stakeholders are represented in decision-making processes, not just consulted.



- ✓ Work with planning departments to embed mental health into sectoral and cross-sectoral budget lines. For example, ensuring MHiAP is reflected in multi-year strategic planning documents.

Tip: Use ongoing projects, policy reviews, or funding opportunities as entry points for embedding mental health.

7.4. Common language established

For effective communication within the working group, it's essential to agree on shared definitions of mental health and MHiAP.

What to do:

- ✓ Promote an understanding of mental health as a state of well-being in which people realise their abilities, cope with normal stresses, work productively, and contribute to society.
- ✓ Use inclusive, respectful language to help combat stigma and discrimination.
- ✓ Once consensus on mental health is reached, ensure all members understand the concept and scope of MHiAP to align communication and planning efforts.

Tip: Involve people with lived experience, caregivers, health professionals, and human rights advocates to ensure a rich, human-centred understanding of mental health.

7.5. Common vision developed

A shared vision is essential for securing commitment and fostering a sense of collective purpose across policy domains. Developing this vision should be one of the intersectoral working group's first steps.

What to do:

- ✓ Begin the visioning process with a deep understanding of the current context – orange zone details steps that can be taken to gain a deeper understanding.
- ✓ Ensure the vision is clear, compelling, and collective, emphasising shared responsibility over individual initiative.
- ✓ Define realistic and hopeful outcomes that can be achieved through joint efforts.
- ✓ Choose an appropriate format – a large workshop or smaller events like forums, roundtables, or policy dialogues – based on available resources.
- ✓ Use the process to identify win-win opportunities across sectors.

Tip: There are different methods to develop a common vision. These include hosting a consensus building workshop or using an approach called concept mapping.

Methods for developing a common vision

- **Consensus building workshop:** These events bring together stakeholders from various sectors to discuss shared goals and collaborative opportunities. They can range from large-scale national workshops to smaller regional forums. [The WHO \(2022\) HiAP guide](#) provides helpful, detailed steps for national consensus-building, including suggestions for developing objectives, finding funding, venue and dates, and tips on post-workshop consultation and consolidation which can be adapted to local or regional needs.
- **Concept mapping:** This is a participatory technique that visually maps ideas and their interconnections, allowing for perspectives of different domains to be brought together, heard and weighed equally. A concept map is a visual representation of ideas and concepts, including the relations between them.



8. Green Zone: Building capacity

Green Zone: Building capacity	
✓	<i>Leadership roles identified and adopted</i>
✓	<i>Champions identified</i>
✓	<i>People with lived experience are engaged</i>
✓	<i>Training for intersectoral network conducted</i>

8.1. Leadership roles identified and adopted

Leadership is essential for driving the MHiAP process forward. Strong leaders help sustain momentum, connect stakeholders, and unify efforts around a shared vision.

What to do:

- ✓ Identify individuals or groups who are respected, trusted, and capable of bringing people together across policy sectors. A leader does not have to hold a senior position. Leadership can come from anyone who is committed, knowledgeable, and able to inspire and guide others. Look for people who can clearly communicate the gap between where things currently are and where MHiAP needs to go—and who can motivate others to help bridge that gap.

Skills of MHiAP leaders:

- Unite stakeholders from different sectors around common goals.
- Promote collaboration and shared responsibility for mental health.
- Keep the focus on long-term outcomes and systemic change.

Tip: Support emerging leaders by involving them early, giving them opportunities to lead discussions or initiatives, and helping them build relationships across sectors.

8.2. Champions identified

MHiAP champions play a key role in driving mental health integration across policies. These are individuals who actively support, promote, and push for the success of mental health-inclusive policies, programs, or initiatives. They use their relationships, visibility, and organisational power to enlist the support of other key players. Leaders manage and implement MHiAP within sectors, while champions are external advocates who promote and support the initiative.

What to do:

- ✓ Identify individuals who are passionate about mental health, committed to policy change and have visibility and leverage.
- ✓ Look for people who understand how mental health connects to broader policy goals and social determinants (e.g., education, housing, employment).
- ✓ Support them in becoming visible advocates for integrating mental health into all sectors.

Skills of MHiAP champions:

- Advocate for policies that improve mental well-being and reduce inequities.



- Communicate the benefits of mental health inclusion to different audiences, including policymakers, professionals, and the public.
- Help build momentum, shape narratives, and encourage action across sectors.

Tip: Champions don't need to work in mental health—they can come from any sector, as long as they are motivated and well-informed.

Figure 4: Screenshot from [the Global Mental Health Policy Influence Toolkit](#) on finding champions

Finding a champion: Global Mental Health Policy Influence Toolkit

As part of the Global Mental Health Policy Influence Toolkit, the Mental Health Innovation Network has created a guide for identifying influential advocates. One suggested approach involves gathering the core team and mapping out potential influencers on a flip chart using the framework provided.

Policy Influence Activities	Potential champions	Support for champions

8.3. People with lived experience participate

PLE should not only have the opportunity to share their experiences but must be involved as full and equal partners. This can happen at every stage of the process; from defining the problem, through planning and implementation, to evaluation. This includes ensuring PLE have decision-making power, such as voting rights, to ensure their perspectives genuinely shape outcomes. This approach promotes meaningful participation, improves the relevance and impact of policies, and upholds principles of equity and inclusion.

What to do:

- ✓ Ensure individuals with lived experience—such as (ex-)mental health service users or people affected by socioeconomic and other risk factors— are engaged and have decision making power in every stage of the policy process.
- ✓ Individuals must be involved in shaping how MHiAP is communicated, what its goals should be, and how it addresses the needs of those impacted by policy.
- ✓ Prioritise voices from groups facing multiple forms of discrimination or systemic disadvantage.
- ✓ Include PLE as members of the advisory boards, working groups, and decision-making bodies related to MHiAP.



Tip: Engagement should be continuous, not one-off. Create feedback loops, support participation with appropriate compensation and training, and build trust through transparent, respectful collaboration.

Tools to include People with lived experience

- [Lived Experience in Policymaking Guide](#) from the UK Policy Lab for practical principles and tips for engaging people with lived experience.
- Consult [WHO's Guidance on Mental Health Policy and Strategic Action Plans \(2025\)](#), especially pages 19–22, for advice on building networks of lived experience advisors and integrating them into strategic roles.

8.4. Training for Intersectoral Network conducted

Training is key to equipping stakeholders with the knowledge and skills needed to work across sectors. It also helps secure political and institutional support for MHiAP efforts.

What to do:

- ✓ Deliver training on intersectoral collaboration, mental health policy integration, and the rationale for MHiAP.
- ✓ Use real-world examples and case studies to help participants understand the impact of cross-sectoral work on mental health outcomes.
- ✓ Include interactive components that build relationship- and trust-building skills across sectors.

The WHO has developed a training manual focused on HiAP, the modules are relevant to MHiAP as well and can be used for training: [Health in all policies: training manual](#)



9. Blue Zone: Intersectoral working group activities

Blue Zone: Intersectoral working group activities	
✓	<i>Problem mapping exercise conducted</i>
✓	<i>Wider stakeholders mapped</i>
✓	<i>Win-wins across society identified</i>
✓	<i>Policy makers are engaged in MHiAP policy</i>
✓	<i>The public are engaged in MHiAP policy</i>
✓	<i>Mental health impact assessment completed</i>

9.1. Problem mapping exercise conducted

A structured problem analysis helps identify where policy can make a difference.

What to do:

- ✓ Choose a root cause mapping method that fits your context. This might be a visual diagram, a flowchart, or a written causal chain. Root cause mapping involves repeatedly asking “why?” to help people identify the ‘causes of causes’, or the social determinants of the issues they seek to address. It can illustrate the many opportunities for change, and the overlapping roles that various sectors may play in contributing to healthy environments. Consequently, root cause mapping can be used to identify potential intervention points and possible partners.
- ✓ Involve stakeholders with diverse perspectives—including people with lived experience, sector experts, and community reps.

Tip: Start with a basic root cause map and expand it through structured assessments. Identify which root causes are most frequent, impactful, or feasible to address. In group exercises, map out which agencies influence specific root causes directly on the diagram.

9.2. Wider stakeholders mapped

When setting up an intersectoral working group for MHiAP, it's important to know who should be involved—and who else needs to be engaged as the work progresses.

What to do:

- ✓ Identify additional stakeholders in the wider system: include actors with specific knowledge, lived experience, or influence over social determinants of mental health (e.g., policymakers and managers from social sectors, politicians),
- ✓ Spot gaps in representation or knowledge (e.g., prior experience in collaborating with another policy domain on a policy, project).

Tip: Repeat or update the mapping as the work evolves. New stakeholders may emerge as priorities shift, or policies develop.

9.3. Win-wins across society identified

Win-win actions are those that generate benefits for multiple sectors simultaneously. Now that the intersectoral working group is set up, they have a role in identifying, communicating and demonstrating the win-wins of a MHiAP approach. This is different to identifying win-wins for the intersectoral working group, as identifying win-wins across society looks more broadly at the potential of MHiAP



and considers win-wins for society and sectors that may not be members of the intersectoral working group.

What to do:

- ✓ Show how improving mental health and social determinants can benefit those from non-mental health reflected sectors, such as better educational outcomes, increased productivity, reduced social costs, stronger community well-being.
- ✓ Tailor your message to each audience by focusing on the outcomes they care about most.

Why it matters:

- Many sectors influence the factors that shape population mental health—whether they realise it or not.
- Some stakeholders may not be aware of their impact on (mental) health or the potential gains for their sector.
- Demonstrating mutual benefit (win-wins) is crucial to gaining their support.

Tip: Look into the **Wellbeing Economy model** and the language used to communicate the benefits to society of an approach to policy making that looks beyond GDP and at society as a whole. Within chapter 4.5 of the report under “Developing common vision” resources are shared on the Well-being economy and how terminology can be helpful.

9.4. Policy makers are engaged in MHiAP policy

To build broader support for the MHiAP approach, it's important to engage policymakers beyond the core team or intersectoral working group. This can be done via a policy dialogue – this is different to the consensus building workshop mentioned above. A consensus-building workshop aims to reach agreement among stakeholders on a shared decision or action, while a policy dialogue focuses on exchanging views and exploring policy options.

What to do:

- ✓ Organise a policy dialogue session focused on win-wins across sectors. Invite policymakers from different sectors who are not yet actively involved in MHiAP.
- ✓ Facilitate a structured discussion where stakeholders can:
 - Share perspectives and experiences
 - Identify challenges and opportunities for implementation
 - Reflect on their role in making the policy work

Why it matters:

- Policy dialogues increase understanding, encourage collaboration, and build ownership among participants.
- They make policies feel more tangible by grounding the discussion in real implementation contexts.
- These sessions help identify practical next steps and highlight where cross-sector support is needed.



Tip: Use clear guiding questions during the dialogue and assign follow-up actions to ensure momentum after the session.

9.5. The public are engaged in MHiAP policy

Involving citizens and communities in policymaking ensures that policies are relevant, have community support, and are more likely to be effective and sustainable. This can be done in the pre-development phase of a policy or in review of a policy and its impacts.

What to do:

- ✓ Set up platforms for citizen engagement (CE): Create opportunities for diverse groups of people to participate in policy discussions, such as town halls, focus groups, citizen panels, or community workshops.
- ✓ Include people from varied backgrounds and experiences: strive to involve people representing the full spectrum of the population.
- ✓ Facilitate open, respectful dialogue: Use structured, inclusive methods to gather peoples lived experiences, concerns, and ideas on how policies impact their mental health.

Why it matters:

- Citizens provide firsthand insight into how different policies—from housing to education to transport—affect their lives and mental well-being.
- Their input can reveal unintended consequences, barriers, or missed opportunities across policy sectors.
- Hearing these perspectives gives policymakers in all domains a strong reason to consider mental health in their decisions.

Tip: Document and share what you learn with all sectors involved. Real stories and clear examples can drive stronger cross-sectoral commitment.

9.6. Mental Health Impact Assessment completed

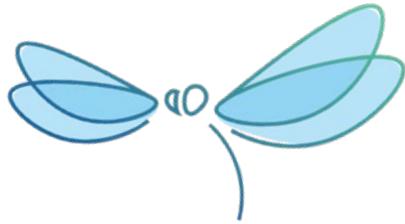
A Mental Health Impact Assessment (MHIA) is a structured process used to predict how a proposed policy, programme, service, or project might affect people's mental health and well-being—typically before it is implemented.

What does it do:

- Assesses potential effects of the intended policy on the mental health of the population—both positive and negative.
- Identifies vulnerable populations who may be disproportionately impacted.
- Recommends changes that can be made to maximise benefits and reduce harm.
- Supports cross-sectoral action, which makes it a key tool in the MHiAP approach.

MHIA shifts mental health from being an afterthought to a core part of policy planning. There are a variety of steps that need to be taken as part of a MHIA.

What to do:



- ✓ Determine whether the policy requires a MHIA via screening.
- ✓ Define key outcomes and target populations.
- ✓ Gather evidence (including stakeholder input) and analyse potential impacts.
- ✓ Propose changes to maximise mental health benefits.
- ✓ Share results with decision-makers.
- ✓ Where possible, follow up to measure actual outcomes.

Why it matters:

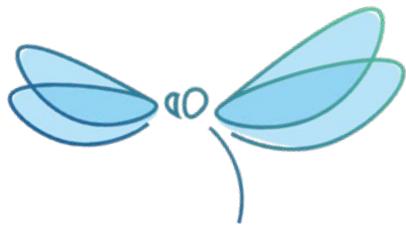
- MHIA shifts mental health considerations from the margins to the centre of policymaking. Conducting a Mental Health Impact Assessment (MHIA) is especially important during crises.
- For example, during the COVID-19 pandemic, many decisions aimed at protecting people from the virus—like enforcing isolation and limiting opportunities to grieve—were made without considering their impact on mental health.
- A MHIA can identify these kinds of effects and provide valuable information to policymakers, helping them choose alternatives that prevent or reduce negative mental health outcomes.

9.7. External Communication about MHiAP achieved

Effective communication helps spread understanding and build momentum beyond the working group, i.e., across sectors not involved in the working group.

What to do:

- ✓ Ensure that all members of intersectoral working groups have a unified language and understanding to effectively advocate for mental health and well-being across different sectors and levels of government.
- ✓ Communicate the importance of promoting mental health and well-being clearly and identify collective actions that can be taken across sectors to support this goal.
- ✓ Develop and tailor communication strategies around MHiAP to fit local conditions and cultural contexts, ensuring relevance and effectiveness in different settings.



Tip: When communicating externally about MHiAP, policies or mental health generally, there are text patterns that aid in the development of an impactful statement.

Example: MHiAP communication formula

The U.S. Centers for Disease Control and Prevention (CDC) developed a communication formula for HiAP. An adapted formula for communication about MHiAP would be as follows:

TRIGGER + VALUES + SOLUTION = MENTAL HEALTH IN ALL POLICIES

An example for MHiAP could be:

- **Trigger:** mental health outcomes are not equally distributed among the population in country/municipality X
- **Values:** Every person has the right to good education, a safe home, work and income and good mental health.
- **Solution:** providing policy-based solutions across policy domains that take mental health promotion and mental ill-health prevention into account, will help tackle mental health inequalities and support societal growth.

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10. Yellow Zone: Governance and accountability

Yellow Zone: Governance and accountability	
✓	<i>Intersectoral working group formalised</i>
✓	<i>Resources mapped and secured</i>
✓	<i>MHiAP incorporated into legislation</i>
✓	<i>Budget is being tracked</i>

10.1. Intersectoral working group is formalised

Where possible, integrate the intersectoral working group into existing governance structures to ensure its official recognition and ongoing role in policy development.

What to do:

- ✓ Make the working group's existence and input a regular part of the policy-making process to ensure its sustainability and the long-term success of the MHiAP approach.
- ✓ Tailor the formalisation process based on the level of government at which the working group operates, adjusting strategies to align with specific governance frameworks.
- ✓ Create a written document that outlines the formalisation of governance and accountability arrangements.
- ✓ Implement procedures to manage potential conflicts of interest within committees, ensuring transparency and fairness in policy development.

Tip: Written documents that outline the formalisation process can take the following formats: an executive order, strategic plan, resolution, interagency agreement, charter, memorandum of understanding, or legislation.

10.2. Resources are mapped and secured

Embedding the consideration of mental health in decision-making will require continued allocation of resources for collaboration and/or integration of mental health-promoting practices across government.

What to do:

- ✓ First start with writing down a concrete plan of the activities that need to be conducted and identifying which parts can be included in existing processes and structures and what needs additional funding, and approximately how much. Knowing what needs to be funded make it clearer where funding should be obtained.
- ✓ Assess intersectoral working group members roles and responsibilities to determine if changes to work practices or job descriptions are possible, rather than hiring additional staff.
- ✓ Explore various funding opportunities, including foundations, government grants, and support from different departments or ministries to secure the necessary resources.
- ✓ Ensure that national or local governments provide funding to departments or ministries to collaborate on defining, advancing, and implementing MHiAP.
- ✓ Dedicate core team members time to key activities such as public messaging, preparing reports and coordinating meetings to support MHiAP efforts.
- ✓ Promote joint budgeting across domains to better allocate resources across sectors, aligning financial support to achieve improved mental health outcomes.



Tip: It is important to ensure strong alignment of goals across sectors to enable better and more efficient resource allocation through joint budgeting. This should be done via a common vision building exercise.

10.3. MHiAP is incorporated into legislation

While a dedicated legislative mandate for MHiAP is rare, many jurisdictions have existing legal frameworks that align with or support elements of the MHiAP approach. Embedding MHiAP into the current legislative and policy environment can enhance its legitimacy, sustainability, and impact.

What to do:

- ✓ Leverage existing laws to inspire action. Identify relevant legal mandates (e.g., public health acts, planning laws, environmental regulations) that can motivate cross-sector engagement and provide a foundation for collaboration.
- ✓ Use legal frameworks to build political will. Emphasising legal obligations—such as impact assessments or equity requirements—can strengthen the case for including mental health in decision-making across sectors.
- ✓ Encourage capacity building. Support intersectoral working group members to attend training on public health law (as an example), with a focus on how legislation can support or require mental health impact assessments and intersectoral collaboration.
- ✓ Advocate for mental health integration in sectoral laws. For example, ensure environmental, transport, energy, and agricultural policies explicitly include mental health and well-being considerations, drawing lessons from Health in All Policies (HiAP) legislation.
- ✓ Learn from international experience. Study how other countries or regions have used legislative tools to support MHiAP. Adapt these insights to local legal and political contexts.

Tip: Even without legal enforceability, international frameworks like the Sustainable Development Goals (SDGs) offer strong normative support for MHiAP. Use the SDGs to align your efforts with global priorities and demonstrate relevance to broader development goals.

10.4. Budget is being tracked

Where joint budgeting has been implemented, it is important to track spending. The process of monitoring how money is planned, allocated, and spent—often in relation to specific goals or priorities, provides insights into where money has been potentially saved due to the MHiAP process.

What to do:

- ✓ Establish mechanisms to monitor how funds are planned, allocated, and spent within joint budgeting initiatives.
- ✓ Track expenditures in relation to specific MHiAP goals or priorities to ensure resources are being used effectively.
- ✓ Analyse spending data to identify areas where the MHiAP process has led to potential cost savings.

Tip: Use a unified template for all sectors to report expenditures, allocations, and projections—this makes comparisons easier and avoids confusion.



11. Red Zone: Evaluation and monitoring

Red Zone: Evaluation and monitoring	
✓	<i>MHiAP implementation process monitored</i>
✓	<i>Theory of Change created</i>
✓	<i>Framework for evaluating impact of taking a MHiAP approach in government implemented</i>

11.1. MHiAP implementation process monitored

Tracking the process and progress of the implementation of the MHiAP approach is an important task. Process indicators ensure that the implementation is occurring in the anticipated manner. Outcome indicators, when aiming to review the progress of the MHiAP implementation, focus on how MHiAP is embedded into the policy process.

Examples of MHiAP implementation process tracking indicators:

- Number of meetings held with X sectors
- Number of partners taking part in budgeting decisions
- Number of reports developed mapping social determinants
- Number of policies with mental health impact assessments.

Examples of MHiAP implementation progress tracking indicators:

- Increased number of community members who engage in MHiAP advocacy.
- Increased knowledge of mental health among stakeholders across domains.
- Increased number of budget allocations toward mental health promotion in non-health sectors.

Alongside a quantitative evaluation framework containing indicators such as the above, a qualitative approach can be taken to get a richer understanding of how the implementation is going based on experiences of those involved.

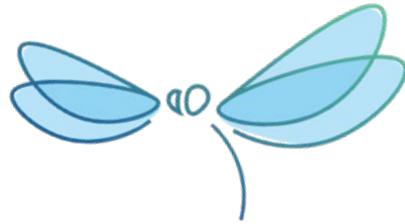
What to do:

- ✓ Draft a set of questions that aim to gain insight into participants' experiences within the working group. Focus on understanding their perceptions of the group's progress in developing and implementing MHiAP policy, their satisfaction with the process so far, and any suggestions they may have for improvement.
- ✓ Conduct informal interviews with working group members, either individually or in small groups, to gather their feedback and perspectives.

Tip: Use a mixture of quantitative and qualitative methods to get a rounded picture of how the implementation of MHiAP is going. Adapt accordingly to what you find – if something isn't working, don't be afraid to change it.

11.2. Theory of Change created

The Theory of Change (ToC) is an outcome-focused framework used to map the pathways that lead to the specific outputs and outcomes of a project, programme, or policy. Widely applied in mental health interventions globally, ToC is a valuable evaluation tool for the implementation of MHiAP, as well as being able to be used by stakeholders to assess policies that share a common mental health-related outcome.



What to do:

- ✓ **Define an impact:** The long-term, overarching change or benefit that a project, program, or policy achieves.
- ✓ **Develop outcomes:** The medium- to long-term changes that result from the outputs. Outcomes reflect shifts in behaviour, policy, systems, or conditions that contribute to the overall impact and are typically within the sphere of influence of the program.
- ✓ **Develop outputs:** The immediate, tangible results produced by activities. Outputs are typically deliverables such as services provided, policies developed, or reports completed, and are fully within the control of the project or program.
- ✓ **Include activities:** The specific tasks, interventions, or actions carried out to produce the outputs. These are the operational components of the project.
- ✓ **List out inputs:** The resources invested in the project or program, including funding, staff time, expertise, materials, and partnerships required to carry out the activities.
- ✓ **Map risks/ assumptions:** External factors that may affect the success of the intervention. Assumptions are the conditions believed to be true for the theory to work, while risks are potential challenges or barriers that could hinder progress.

Tip: The ToC framework can be developed in co-creation with a variety of stakeholders such as policy makers and the target group. This increases accountability and ownership.

11.3. Framework for evaluating impact of taking a MHiAP approach in government implemented

Attributing mental health outcomes directly to MHiAP is challenging due to the many contributing factors; therefore, it's important to consider proxy indicators and alternative evaluation approaches.

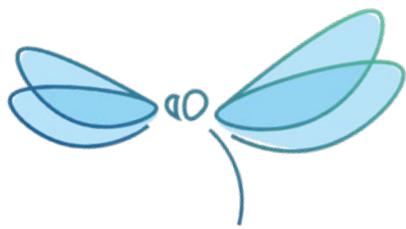
What to do:

- ✓ Look for and select a framework that offers ways to evaluate cross-domain effects of MHiAP and can inform long-term strategic development.
- ✓ Ensure that monitoring and evaluation support—rather than constrain—the adaptive, collaborative, and evolving nature of MHiAP.

Tip: Use broader well-being indicators—like those in the [How's Life?](#) report—to capture cross-domain impacts. With over 80 measures (e.g., household debt, education levels, gender gaps, emissions), OECD data offers a valuable reference for building a more comprehensive evaluation framework.

Examples of evaluation frameworks

- [OECD Well-being Framework](#): Measures progress across income, education, housing, environment, and more. The below dashboard collects data across a selection of themes includes income, work and job quality, housing conditions, health, safety, social connectedness and civic engagement.
- [What Works Centre for Wellbeing \(UK\)](#): Economic evaluation resources
- [Wellbeing Economy Alliance](#): Assessment tools for policy evaluation aligned with wellbeing goals



12. Conclusion

By following the steps above, you've created a visual snapshot of your country's progress in implementing a MHiAP approach. This method offers more than just a progress check as it provides a practical tool for identifying strengths, gaps, and priorities at a glance. Mapping implementation in this way helps teams align efforts, focus on resources where they're most needed, and communicate progress effectively with stakeholders. Ultimately, this visual approach supports more strategic, coordinated, and transparent decision-making as you move toward a fully integrated MHiAP framework.

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