Republic of Estonia
Ministry of Social Affairs

Mental Health Action Plan 2023-2026

The Mental Health Action Plan describes the expected changes in the field of mental health coordinated with stakeholders and, in particular, the actions of the Ministry of Social Affairs in achieving these changes in the coming years.

Ministry of Social Affairs, 2022

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1. Introduction

The focus on people's mental health, alongside physical health, and the development of the field of mental health has increased significantly over the years both in Estonia and abroad. The global health crisis, ie the COVID-19 pandemic, however, led to a big leap forward. Its impact on people's daily life and livelihood was so noticeable that the importance of resilience and mental health was widely recognised. The topic of mental health has gained momentum through increased coverage in public media, the funding of field-specific research, startups seeking innovative solutions, as well as in the policymaking of international organisations and national public authorities.
Russia's full-scale invasion of Ukraine and the ensuing energy crisis keep people's stress level high and put pressure on their mental health. The experience of the refugee crisis arising from the war in Ukraine has shown both local governments (LGs) and public authorities that ensuring people's security and basic needs is crucial during crises, and requires close cooperation between the state, LGs and various sectors. Knowledge of people's needs in a crisis and how to respond to a crisis situation is not only important for large-scale humanitarian crises. The same principles can be applied to personal crises.
The Mental Health Action Plan was crafted to meet the mental health development goals of Estonia. The action plan is based on international guidelines and national policy documents, including the Green Paper on Mental Health[1]. The action plan does not consolidate or describe international or local frameworks or documents, but makes references to these documents to describe the current situation. For example, the latest updates and agreements regarding international strategies, as well as action plans valid in Estonia and latest research. The action plan provides specific lines of action for the Ministry of Social Affairs to develop mental health policy in the coming years in cooperation with institutions in the administrative area of the ministry, as well as other ministries, state agencies and partners. Based on the action plan, the Ministry of Social Affairs will develop its work plans and plan the necessary resources.

1.1 International trends in mental health

In June 2022 the World Health Organization (WHO) published a new World Mental Health Report[2], which is built on today's best knowledge and experience to show, above all, the possibilities of making changes. Achieving change is supported by four foundations and prerequisites:

- frameworks (a legal framework and policy instruments, research and information)
- commitment (political will, public interest and community activism)
- finances (state budget funds, external investments)
- competence (of health care professionals and providers of community services, in self-help)

Universal (ie for everyone) activities to promote mental health (including suicide prevention, target group-based activities: children and adolescents, older adults and mental health in the workplace) and focusing on those in a more vulnerable position will help reform mental health. The restructuring of services means focusing on the provision of mental health support in the community – through community services, primary health care and outside the health care sector. In order to change the situation, it is important to help improve accessibility of treatment for the most common mental health disorders and reduce the institutionalisation of the treatment of serious illnesses. Protecting the human rights and dignity of service users is important in the provision of all services, but this must be done with particular attention for services provided in institutions, as people in institutions are less able to stand up for their rights. At the same time, it is known that the implementation of human rights-based, person-centred services aimed at recovery with the help of tools like the WHO QualityRights tool[3] helps improve the effectiveness of treatment without increasing its costs[4]. Therefore, not integrating human rights protection into services is a missed opportunity.

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1. Green Paper on Mental Health (2020).
2. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
3. Quality Rights toolkit – Estonia.
4. Guidance on community mental health services: Promoting person-centred and rights-based approaches.

In 2021 the World Health Assembly consisting of the ministers of health of 194 Member States updated the Mental Health Action Plan[5]. The four main targets of this action plan have remained the same throughout the years: 1) effective governance; 2) integrated health and social services at the community level; 3) the implementation of promotion and prevention strategies; and 4) strengthened information systems, data and research. Updated metrics for these targets for 2030[6] include: 1) states will have aligned their mental health regulations and policies with international and regional principles that protect human rights; 2) states will have doubled the number of mental health services and community-based mental health facilities and integrated mental health services into primary health care; 3) states will have at least two functioning national, multisectoral mental health promotion and prevention programmes, states will have a system in place to support psychosocial and mental health during emergencies and crises, and the rate of suicide will be reduced by a third; and 4) states will be regularly (at least every two years) collecting data on key mental health indicators and publish them for national and international reviews and research.
The development of the field is also supported by the initiative of the Pan-European Mental Health Coalition[7] launched by the WHO in 2022, bringing together professionals, policymakers, leaders and NGO representatives, including people with mental health difficulties or disorders. The coalition carries out actions based on the WHO Framework for Action On Mental Health 2021–2025[8] and is engaged in six areas: 1) promotion of mental health; 2) the mental health and well-being of children and adolescents; 3) the mental health and well-being of older adults; 4) mental health in the workplace; 5) mental health in emergencies; and 6) changes in mental health services and their integration into primary health care. Each area develops its own priority targets and metrics to track their progress. Although the WHO framework focuses on targets also reflected in longer-term strategy documents of the field – restructuring services, promoting and supporting mental health and well-being throughout the life course and helping people cope in emergencies – this initiative is very ambitious in terms of its scope, both geographically, by including countries across Europe, and in terms of the number of those involved. Joint actions will bring together promoters of the field from various sectors and levels, coordinated by the WHO, thus giving a significant voice to people who have experienced mental health problems or disorders. Estonia also participates in the activities of the coalition.

1.2 The Estonian context and the need for the Ministry of Social Affairs to develop a strategic action plan

The future vision of mental health in Estonia has been described primarily in three national strategies: the state's long-term development strategy Estonia 2035[9], the National Health Plan 2020–2030[10] and the Green Paper on Mental Health[11], approved by the Government of the Republic in 2021. The Estonia 2035 strategy, updated in April 2022, describes five key changes required: 1) skills and the labour market; 2) sustainability of the population, health and social protection; 3) economy and climate; 4) space and mobility; and 5) state administration. One of the changes under sustainability of the population, health and social protection is supporting mental health and reducing mental and physical violence. Among other things, it sets out multisectoral prevention measures and mental health development actions:

- developing common principles and measures in mental health;
- ensuring the accessibility and quality of mental health services throughout the life-course;
- improving people's awareness and developing social-emotional competences;
- promoting the protection of the rights of people with mental disorders;
- expanding interventions to address mental problems leading to illegal behaviour.

5. WHO Comprehensive Mental Health Action Plan 2013–2030.
6. WHO updated mental health targets 2030 (2021).
7. WHO Pan-European mental health coalition.
8. WHO European framework for action on mental health 2021–2025.
9. Estonia 2035 – the country's long-term development strategy.
10. National Health Plan 2020–2030.
11. Green Paper on Mental Health (2020).

The National Health Plan 2020–2030 sets three main targets: 1) the average life expectancy of Estonian people as well as the number of healthy life years will increase; 2) the number of healthy life years will increase faster than life expectancy; and 3) health inequalities (between genders, regions and education levels) will decrease, and the programme of health-supporting choices describes mental health development actions. The programme document, updated in 2022, specifically outlines the actions of the prevention council in the organisation and development of evidence-based prevention, actions to promote the health and well-being of children and adolescents, and mental health promotion. The latter 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. These priorities include around a dozen required actions, including the preparation of a mental health action plan and a suicide prevention action plan, conducting surveys and studies to monitor the population's mental health, ensuring better access to community services and low-intensity interventions, and improving the mental health first-aid skills of professionals in other fields.
The Green Paper on Mental Health is a mental health strategy document, approved by the Government of the Republic in 2021. It describes in detail the situation and vision of the organisation of activities and services supporting mental health in Estonia (and proposes the actions required to make changes at each level of the mental health services pyramid), as well as the necessary resources. In addition, it sets out proposals to ministries for the implementation of the mental-health-in-all-policies principle, which in short obliges ministries to take into account the impact on people's mental health when planning and carrying out their actions.
When the COVID-19 pandemic broke out, it was predicted that it would have a negative effect on people's mental health and, according to current knowledge, it came true. In 2020 and 2021, Estonian expert groups prepared documents that addressed the topical issues of that particular time. The first of these documents – 'Psychosocial effects and intervention options of the coronavirus crisis'[12] – focused on the possible psychosocial effects among the Estonian population (including naming target groups potentially at higher risk) and provided action implementation proposals to policymakers in the short and long-term perspective of the crisis, using the so-called 'time window'[13] framework of crisis intervention planning. The second – 'Coping with the psychosocial consequences of the coronavirus epidemic'[14] – described the longer-term effects of the coronavirus crisis on people's mental health (and introduced planning actions based on factors that support and threaten mental health, instead of focusing on risk groups) and proposed mitigating these effects by supporting well-being in society, promoting mental health and organising services.
In June 2022 the results of the first Estonian National Mental Health Study[15] were published. This was the first extensive mental health study in Estonia, providing a comprehensive overview of the population's mental health situation, as well as paths for regular monitoring of the situation.
The topic of the Estonian Human Development Report (EIA) 2023[16] was mental health. The concept of EIA 2023[17] focuses on positive mental health and well-being (mainly in the sense of subjective psychological well-being). Its chapters are divided based on environments that surround us (psychosocial, physical, digital) and the human lifestyle, focusing primarily on prevention, promotion and the 70% of influencing factors related to the environment and lifestyle. Therefore, environmental design issues are not yet a priority in the current Mental Health Action Plan, although supporting people's well-being and preventing mental health problems begin with the design of a suitable environment.
In the spring of 2021 the Minister of Social Protection, at the suggestion of the Prime Minister, set up a multisectoral mental health task force to centralise knowledge and efforts to respond to people's increased mental health needs. However, in order to respond to needs more systematically, a Department of Mental Health[18] was formed in the Ministry of Social Affairs in 2022. Its formation required both political will and institutional preparedness.

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12. Akkermann et al (2020). Psychosocial effects and intervention options of the coronavirus crisis.
13. McFarlane, A. C., & Williams, R. (2012). Mental Health Services Required after Disasters: Learning from the Lasting Effects of Disasters. Depression Research and Treatment, 2012, 1–13.
14. Vainre et al (2021) 2nd expert opinion: Coping with the psychosocial consequences of the coronavirus epidemic.
15. Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.
16. Estonian Human Development Report 2023.
17. Conceptual outline of EIA 2023 'Mental Health and Well-being' (2021).
18. Statutes of the Department of Mental Health.

The above shows that there are multiple documents and initiatives that guide the development of the mental health field, but no specific lines of action or steps had so far been established. This led to the need for a strategic mental health action plan which, on the one hand, takes into account the current situation as much as possible and, on the other hand, reflects the agreements reached among the field's stakeholders regarding their desired achievements and where to focus their resources. When resources (both people and money) are limited, it is essential that collaborative actions between various parties aim for the same result and are not repetitive. Therefore, the Mental Health Action Plan describes the expected changes in the mental health field that are coordinated with stakeholders and, in particular, the actions regarding the administrative area of the Ministry of Social Affairs to achieve these changes in the coming years.

1.3 Action plan process: timeline and stakeholder involvement

The preparation of the action plan lasted from June to December 2022 and was led by the Department of Mental Health of the Ministry of Social Affairs. The action plan includes five lines of action, each of which describes the current problems and expected changes based on both the international and Estonian context. The formulated changes were validated with stakeholders and actions were jointly developed to achieve them. To that end, a number of work meetings were held with stakeholders, much of which is described in the meetings schedule[19]. As stakeholders, the action plan process included policymakers from the Ministry of Social Affairs, the Ministry of Education and Research, the Ministry of the Interior and the Ministry of Defence, as well as partners from institutions within the Ministry's area of administration: the Labour Inspectorate, the National Institute for Health Development, the Social Insurance Board, the Estonian Health Insurance Fund, the Education and Youth Board, the Police and Border Guard Board and the Estonian Rescue Board, as well as representatives of LGs, the Association of Estonian Cities and Municipalities, researchers of the field from universities (University of Tartu, Tallinn University), representatives of advocacy organisations (Estonian Coalition for Mental Health and Well-being, Estonian Youth Mental Health Movement, Estonian Chamber of Disabled People), professional associations (psychiatrists, psychologists, psychotherapists, mental health nurses, family physicians), and innovators and entrepreneurs in the field. The youth also contributed to the action plan: psychology and medical students, resident physicians of psychology – a total of nearly a hundred specialists, promoters and thinkers in the field.
The main preparation stages of the action plan are shown in the figure below.

[19] Work meetings schedule 2022.

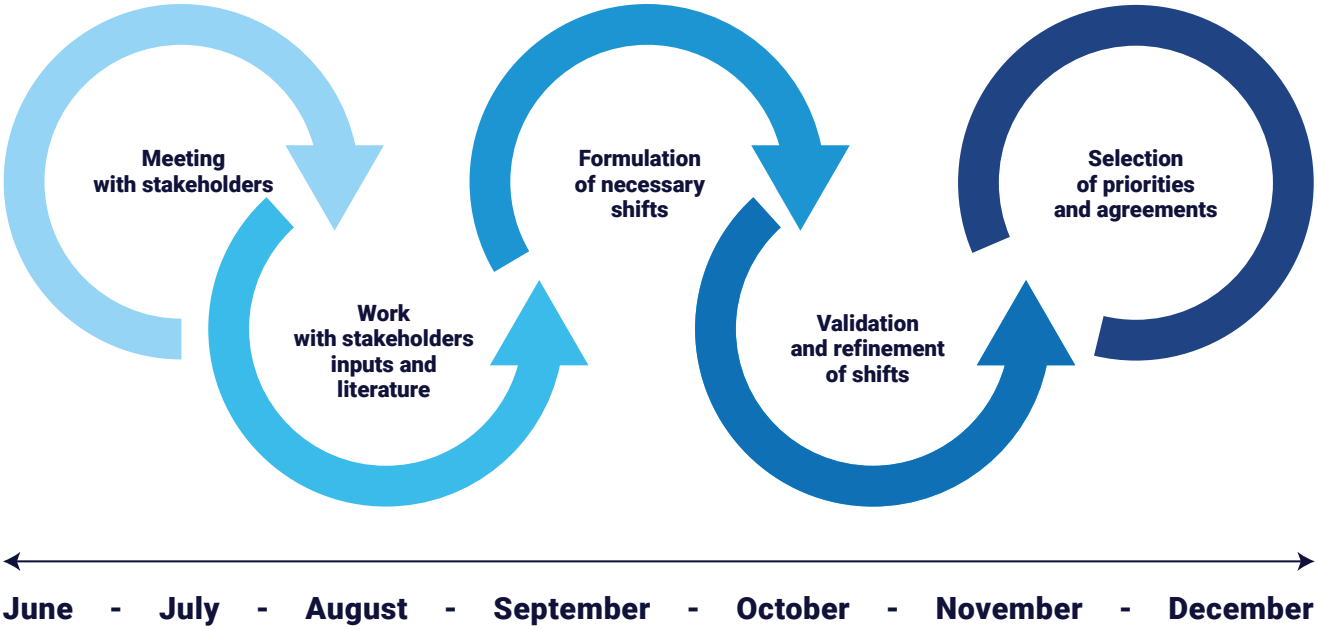

Figure 1. The stages of preparation and timeline of the Mental Health Action Plan

1.4 Fundamental principles of the field of mental health

The description of the mental health services system is usually based on the WHO's optimal mix of services pyramid[20], whose adapted version is also introduced in the Green Paper on Mental Health[21]. Compared to the vision for the organisation of mental health activities and services in Estonia, adapted in 2019 for the Green Paper on Mental Health, the preparation of the current action plan is based on a somewhat refined structure. The clarification is based primarily on the WHO's mhGAP Community Toolkit[22]. In particular, the difference concerns the content and placement of community services in the pyramid: while the Green Paper on Mental Health has community services between primary services and informal community services, such placement fails to take into account that, according to the current vision, formal community-based mental health services are provided with links to primary health care, occupational and school health care, as educational support services and by LGs. Accordingly, they are placed at the same level in the current pyramid. Another change concerns other services provided to people with mental disorders where, in addition to inpatient and outpatient psychiatric services, it is important to provide specialised mental health care and other services provided for people with mental disorders closer in the community. These services include special care services, psychosocial and medical rehabilitation, call-out teams etc. Therefore, unlike before, they are included in the pyramid separately and placed at the same level as outpatient care, as recommended by the WHO. The changes described are presented in the pyramid in Figure 2, which is the basis for the Mental Health Action Plan and is a combination of contemporary trends and the current situation in Estonia. However, it must be acknowledged that not all of the levels and components of the pyramid are currently covered in Estonia.

20. The optimal mix of services. WHO (2007).
21. Green Paper on Mental Health, Ministry of Social Affairs (2020), p 24.
22. mhGAP Community Toolkit: Mental Health Gap Action Programme (mhGAP) (2022), p 5.

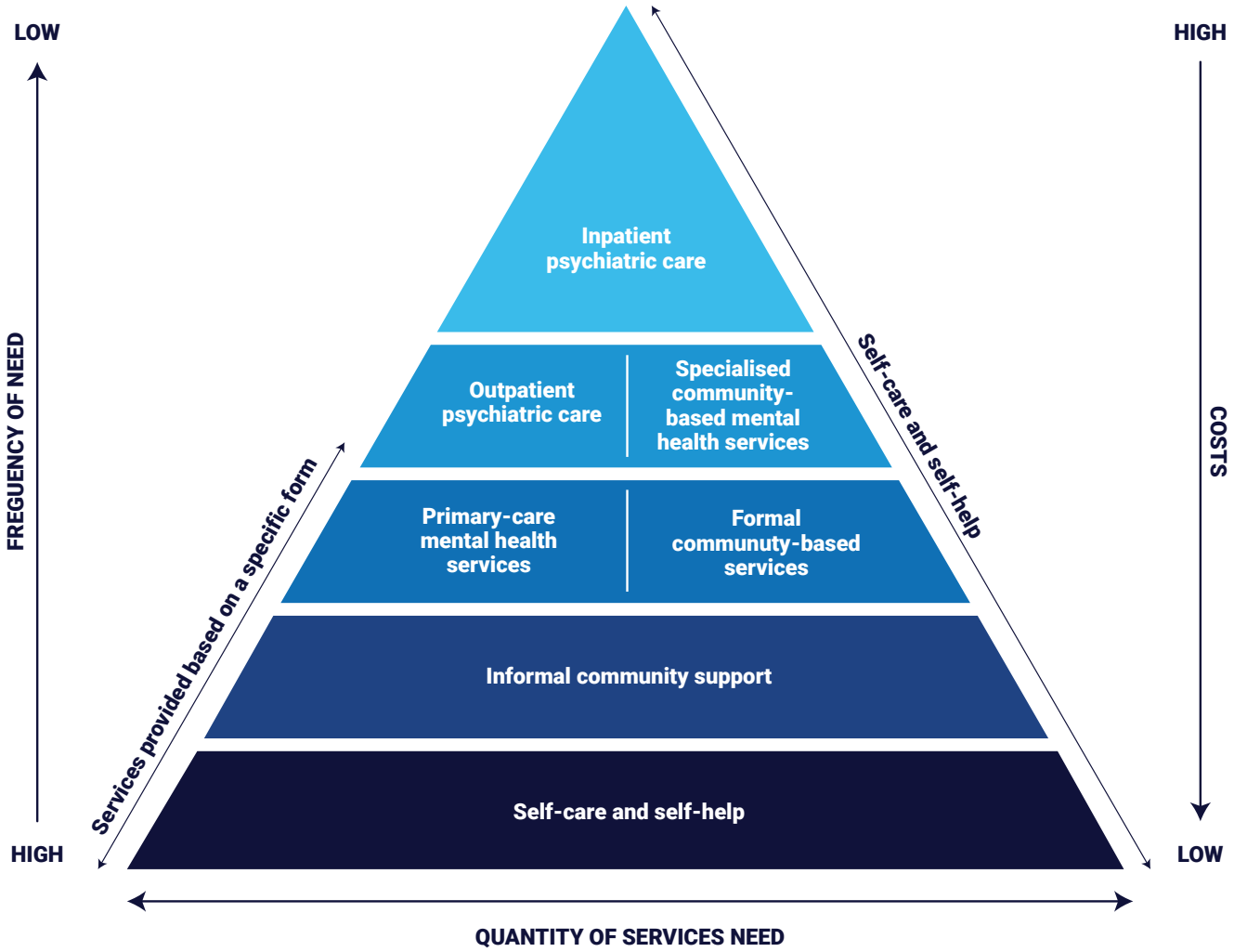

Figure 2. The optimal distribution of the organisation of mental health activities and services

The modern fundamental principles of the field that guide action planning are described in the WHO Comprehensive Mental Health Action Plan 2013–2030[23]:

1. Universal health coverage – access to health and social services regardless of sex, age, socioeconomic status, race, nationality and sexual orientation, enabling recovery and the highest attainable standard of health.
2. Human rights – mental health strategies, as well as promotion, prevention and interventions for treatment must comply with the Convention on the Rights of Persons with Disabilities and other international and national human rights regulations.
3. Evidence-based practice – mental health strategies, as well as promotion, prevention and interventions for treatment must be based on scientific evidence or best practice, taking into account cultural considerations.
4. Life course approach – policies and interventions must take into account people's health and social needs at all stages of life, including infancy, childhood, adolescence, adulthood and old age.
5. Multisectoral approach – a comprehensive response to mental health requires partnership with various public sectors (eg health, education, law, employment, social), as well as the private sector.
6. Empowerment of persons with mental disorders and psychosocial disabilities – it is important to involve them in mental health advocacy, policymaking, the legislative process, the planning and design of services and interventions, research and evaluation.

[23] WHO Comprehensive Mental Health Action Plan 2013–2030.

2. Lines of action, expected changes and actions to achieve them

The Mental Health Action Plan includes five lines of action that set out the expected changes and the actions needed to achieve them, taking into account the context of the situation. The lines of action 1) follow the structure of the mental health pyramid (see Figure 2) (including promotion, prevention and self-help, community support and mental health services); 2) describe the environment that facilitates the field's development and monitors its progress (development and innovation in the field); and 3) respond to the need to increase the state's crisis preparedness so that it also takes into account people's psychosocial well-being and mental health (crisis preparedness).

2.1 Development and innovation in the field

International context

The mental health pyramid, which is most often used to define the field, describes the optimal mix of services, and it is to be expected that most of the activities set out in the Mental Health Action Plan can be linked to some level of the pyramid. However, there are some additional prerequisites for the development of the field that are not directly related to the levels of the pyramid or the support and services system. During a discussion with stakeholders in June 2022, the primary prerequisites identified were mental health monitoring (systematic collection and interpretation of data, high-quality assessment tools, and the creation of data-based interventions and assessing their impact), considering people's well-being in decision-making, policy options and communication, and seeking opportunities for innovation when creating new services and work processes or developing the existing ones. In short, they reflect well one of the important support mechanisms described in the WHO World Mental Health Report[24], which includes data, research (eg on the effectiveness of interventions) and innovation.

As indicated in the introduction of the action plan, ministers of health of the World Health Assembly agreed in 2021 that **states would regularly collect data on key mental health indicators** and publish them for both national and international reviews and research. However, it has not been established which mandatory indicators and data it concerns. Similarly, the first meeting of the Pan-European Mental Health Coalition[25], which formulated the needs and targets of the lines of action, set out on several occasions the need to agree on indicators to help assess the situation and progress (eg the well-being of children and adolescents, but also the promotion of well-being and mental health at work), or referred to well-being and mental health data, which are difficult to interpret due to their complexity and therefore require more attention (in the case of older adults).

Closely linked to the monitoring system is the need to apply the **well-being lens or argument,** whose importance is advocated primarily by the field's experts and researchers but which is not yet widespread in practice. For example, the 2019 editorial[26] of the Global Happiness and Well-being Policy Report[27] issued by the Global Happiness Council[28] focuses specifically on the need to measure well-being and happiness in the implementation of policy options. The World Happiness Report 2021[29] takes a step further. Chapter 8 introduces a well-being approach based on the presumption that people want to live long and well and proposes a metric that includes both aspects. In addition, the authors propose a way to measure the well-being unit (WELLBY) in money and predict that over the next few decades, more and more countries will come to measure and account for it in their policy options. In 2020 the UK's publicly funded NGO What Works Centre for Wellbeing issued a report[30] that gathers

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[24] World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.

[25] First meeting of the pan-European Mental Health Coalition: from debate to action. Copenhagen: WHO Regional Office for Europe; 2022.

[26] Global Happiness and Well-being Policy Report 2019, New York: Sustainable Development Solutions Network.

[27] Global Happiness and Well-being Policy Report.

[28] Global Happiness Council.

[29] Helliwell, John F., Richard Layard, Jeffrey Sachs, and Jan-Emmanuel De Neve, eds. 2021. World Happiness Report 2021. New York: Sustainable Development Solutions Network. Ch 8.

[30] Hardoon, D. et al. (2020) Wellbeing evidence at the heart of policy.

the best current knowledge on supporting well-being and implementing relevant policies. One of the most progressive country in this respect, New Zealand, applies the Living Standard Framework[31] at the government level (including, for example, in the preparation of the state budget), with well-being as the central factor. The UK has also made a lot of effort to take into account the well-being argument[32], and the measurement of well-being has been nationally organised since 2011[33].
The application of the well-being lens has also been stressed by Estonian experts. The 2021 expert opinion 'Coping with the psychosocial consequences of the coronavirus epidemic' pays special attention to the application of the well-being lens: 'For policies to serve their purpose, it is necessary to know their impact and whom they affect. To ensure the adequacy of assessments, well-being must be part of the impact.'[34] Taking into account well-being as a policymaking argument is also addressed in the Green Paper on Mental Health (pp 68–71), which has been approved by all ministries, thus pledging to apply the mental-health-in-all-policies principle, ie to take into account the potential impact on people's mental health when designing services or carrying out actions.
Innovation in mental health is usually not specifically brought up in policy documents or reports, but the WHO World Mental Health Report[35] does highlight the mobilisation of digital technologies for supporting mental health as one of the focuses. Digital technologies include websites, online platforms, as well as applications on smart devices, and there are examples of using them to inform and educate the public on mental health, train health care professionals, assess people's condition (including by non-clinical professionals), provide remote services, as well as using them for self-help. At the same time, it is stressed that all digital interventions must comply with all the ethical and other professional principles of the field. Attention must be paid to ensuring privacy, data protection and security, as well as to fair access, as digital solutions may not be accessible to everyone, especially those with fewer resources.

Situation in Estonia

According to the Green Paper on Mental Health, the development of a **comprehensive mental health monitoring system** was one of the most important actions of the Ministry of Social Affairs to advance the field. It is also one of the actions in the work plan of the Department of Mental Health established in 2022, whose goal is as follows: a regular data-based review of the population's mental health is accessible and the availability of diagnostic assessment tools for mental health professionals has improved. The deadline for this work process is the end of 2024. The first vital pillar in moving towards a monitoring system was the Estonian National Mental Health Study[36] completed in June 2022, whose research team was also tasked with developing a proposal for regular monitoring of the population's mental health. The team proposed a mental health monitoring system consisting of four modules, which would include: 1) periodic mental health monitoring by using a short mental health module in surveys; 2) regular monitoring and summaries of registry data; 3) an in-depth mental health survey every five years linked to registry data; and 4) baseline studies required to support previous research.
Implementing the proposal means that the next Estonian National Mental Health Study has to be planned for 2025–2027, as the first one was carried out in 2020–2022. Since the beginning of COVID-19, the Government Office has commissioned regular surveys that include a monthly question on excessive stress. Questions assessing the risk of major mental disorders are included slightly less frequently (approximately quarterly), and after the completion of the Estonian National Mental Health Study, questions from the short mental health module are incorporated as well. The regular surveys of the Government Office thus provide regular survey data on the population from the age of 15. This

31. The 2021 Living Standards Framework.
32. Green Book supplemmentary guidance: wellbeing. HM Treasury, 2021.
33. Office for National Statistics. Wellbeing.
34. Vainre et al (2021) 2nd expert opinion: Coping with the psychosocial consequences of the coronavirus epidemic.
35. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
36. Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.

must certainly be continued, either as part of the existing survey or by collecting data with a special mental health survey at least every quarter.
Activities required to achieve a comprehensive monitoring system are:

- agreeing on the structure of the monitoring system;
- precise definition of the structural components of the monitoring system, with each component as a separate subtask with its own schedule;
- comparison with existing data and development of potential solutions to fill the gaps;
- potential quick changes to enrich the data;
- collocation of the aggregated dataset and publication of the description and values of the monitoring system (including outreach activities);
- agreements for the long-term implementation of the monitoring system (including data collection, a technical platform and the location of aggregated data where appropriate).

The desired end goal is to share the data for public use as a data dashboard by agreed indicators. Statistical/anonymised data intended for public use would be treated as open data. For scientific and other research, data will be provided for use in accordance with current legislation and a separately developed procedure for the use of anonymised detailed data.
With the support of the European Commission and in cooperation with the health system assessment experts of the OECD, the Ministry of Social Affairs will prepare an HSPA (health system performance assessment) framework for Estonia.
In the future, the agreed framework must be as close as possible to the targets and metrics of the National Health Plan. The framework also includes mental health indicators, but it is important to keep in mind that the mental health indicators to be agreed upon will be chosen so that they describe well the performance of the health system. Therefore, they are certainly not a substitute for a comprehensive mental health monitoring system and a set of indicators.
Several institutions, as well as initiatives born of cooperation, such as the Innovation Team of the Strategy Unit of the Government Office, play a role in **driving innovation** in Estonia. The Innovation Team was formed in June 2018 at the suggestion of the Task Force on Public Sector and Social Innovation as a joint initiative of 6 ministries. By now, all 11 Estonian ministries have joined it. The Innovation Team has summarised its experience so far[37] and led the development of a framework for public sector testing[38]. The innovation programme has helped work with issues like the mental health of children, the provision of follow-up support to adolescents with high-risk behaviour, and psychosocial crisis support.
Innovation is framed and fostered by the Estonian Research and Development, Innovation and Entrepreneurship Strategy 2021–2035[39], which, for the first time in Estonia, gathers the targets and lines of action related to the advancement of research and development (Ministry of Education and Research) and innovation and entrepreneurship (Ministry of Economic Affairs and Communications) in a single development document. The objective of the strategy is for Estonian research and development, innovation and entrepreneurship to jointly increase the well-being of Estonian society and economic productivity, offering competitive and sustainable solutions to the development needs of Estonia and the world. The first two of the seven focus areas are digital solutions that span across all areas of life, and health technologies and services, which could both potentially include mental health innovation.

The Estonian governmental innovation lab, Accelerate Estonia[40], offers the opportunity to carry out collaborative projects between the public and private sector, removing regulatory barriers so that entrepreneurs can create new markets and the public sector can solve systematic challenges. As part of the mental health mission launched in 2021, the opportunity has been given to four projects: 1) staff mental health management; 2) a platform for a clear treatment journey of depression patients; 3) mental health monitoring and prevention for students; and 4) a pipeline for mental health solutions market access.

37. Innovation Team: Test period results (2021).
38. Innovation Team: How to make testing a normal part of policymaking? (2022).
39. Estonian Research and Development, Innovation and Entrepreneurship Strategy 2021–2035 (2021).
40. Accelerate Estonia.

In the health-policy sector, an eHealth governance framework project was carried out between 2020 and 2021, which aimed to analyse the existing eHealth model and its functioning and design a future governance model. The project resulted in an overview of eHealth governance, a forward-looking framework and a roadmap for its implementation.
The Estonian Health Insurance Fund has developed innovation stages and support measures[41] for digital health care solutions, prepared a digital solutions guide[42] and offers innovation grants for impact studies[43]. For example, under these measures, funding is given to a pilot project of low-intensity mental health counselling intervention for young people, implemented by MTÜ Peaasjad.
In the field of multisectoral prevention[44], common principles have been established and evidence-based prevention measures are being monitored, evaluated and developed. A consortium consisting of scientists from the National Institute for Health Development and universities has been created to monitor and evaluate the preventive interventions and to organise consultation and training for those implementing the preventive interventions in different sectors. The evaluation of preventive interventions was launched in 2022, and up to 12 preventive interventions are evaluated every year.

Main problems

In Estonia, the **well-being** of the population is not a central concept or argument used to monitor the development of the state, make political decisions (including budget distribution) and measure the impact of policy instruments. There is also no common understanding of the concept of well-being. Well-being in the context of mental health is often brought up as so-called positive mental health, which must be supported alongside the prevention of problems and disorders. What is most likely meant in this context are subjective assessments of mental well-being. However, it is known that health, including mental health, is just one of the factors[45] that affect people's well-being. Examples of other factors include education, economic subsistence, physical environment, security and quality of relationships. A common understanding of the concept of well-being is also complicated by the fact that, historically, the Welfare Development Plan in Estonia has been the strategy of labour and social fields of the Ministry of Social Affairs, which defines well-being based on the policy areas within the competence of the Ministry of Social Affairs – child and family well-being, gender equality and equal rights, employment, a long and high-quality working life, social welfare that corresponds to needs, the reduction of social inequality and poverty, and supporting older adults. As a result, well-being is often narrowly understood as an indicator of the social field. There are also no good tools yet to measure well-being, such as a validated well-being evaluation tool or a guide on how to take well-being into account when assessing the impact of policy instruments. The Government Office has a guide for the evaluation of policy instruments[46], which defines six main areas of impact, each of which has sub-areas. Among the issues assessed under social impact is the impact on people's well-being and social protection. Again, this suggests that well-being is currently narrowly understood as a social concept. Currently, no mental health indicators have been established to monitor the situation and progress of the field. Existing data has to be gathered from various sources, which is time-consuming and does not allow this information to be used for political decisions. In addition, the available data does not cover modern needs. At the work meetings during the drafting process of the action plan, which focused on gathering input for the indicators of the monitoring system, the main messages reflected the current needs well: in addition to monitoring problems and disorders, it is essential to include indicators that describe people's subjective well-being and positive mental health, as well as those that allow for the earliest possible detection and prevention.

41. Roadmap for digital solutions (Estonian Health Insurance Fund).
42. Digital solutions guide (Estonian Health Insurance Fund).
43. Innovation grant (Estonian Health Insurance Fund).
44. Principles of multisectoral prevention.
45. Well-being factors (whatworkswellbeing.org).
46. Impact assessment (Government Office).

Mental health **innovation** initiatives to date have largely been driven by the lack of systematic leadership and a comprehensive service package in the field. At the same time, their implementation is inhibited by the same shortcomings – filling one of the gaps reveals further shortcomings or needs, which makes achieving a quick and easy breakthrough impossible. When developing mental health digital solutions, a frequent conflict is that mental health is multisectoral and solutions that work for the end user often require the integration of health, social and educational services, as well as the compatibility of the systems. In addition, sectoral innovation is affected by our current knowledge of mental health – as we know, the innovation process starts where the best sectoral knowledge has been taken on board, ie where research and development ends. Although the mental health field in science is growing and evolving, it has historically not been a priority in terms of focus and resources. The knowledge and competence of specialists in various fields who are required to take into account mental health when dealing with people (eg in educational institutions, workplaces and other environments) have also been insufficient so far. There is also a lack of high-quality impact and feasibility studies on the solutions that have been developed.

Required changes and actions to achieve them

In order to support the development of the field, the strategic Mental Health Action Plan focuses on three changes and actions to facilitate and achieve them, taking into account the international and current Estonian context described above.

2.1.1 Political decisions and impact assessment are based on the well-being argument and the necessary tools have been made available.

The well-being concept needs to be consistently introduced and promoted, keeping in mind targets of varying ambition. Starting with the most ambitious goal, Estonia could, in the long run, achieve state budgeting that accounts for the well-being of the population, which requires a government-level agreement. In the medium term, integrating the Ministry of Social Affairs' strategies (the Welfare Development Plan and the National Health Plan) into a comprehensive well-being concept, as well as improving the guide for the evaluation of policy options to take into account people's well-being in a broader sense rather than simply a social indicator, will contribute to centralising the well-being argument. However, some smaller steps towards longer and more ambitious goals can be taken in the coming years.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will ensure the availability of a validated tool for the evaluation of subjective well-being and (as the first step) regular monitoring of the subjective well-being of the adult population.
- The subjective well-being evaluation tool or regularly collected statistical data will be available to policymakers and researchers to measure how political decisions affect people's well-being.

2.1.2 A mental health monitoring system has been developed and data is made public by indicators.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs, in cooperation with stakeholders, will develop the structure of the mental health monitoring system, map the availability and quality of the necessary data or the lack thereof, describe the actions taken to ensure the availability and publication of data, and implement the described actions.

- The Ministry of Social Affairs will ensure regular monitoring of the well-being and mental health indicators of the adult population, using questionnaires (quarterly) and population-based surveys (every five years):
    - data on children and adolescents to be collected on the same principle from 2025 onwards. Also, a study on children's mental health will be completed by the end of 2024, which aims to collect data on the key mental health indicators of Estonian children aged 7–17 years and to develop a methodology for regular monitoring.
- Based on the agreed monitoring system and its indicators, the Ministry of Social Affairs, with institutions and professional associations of the field, will establish the evaluation tools of the mental health field, which are required to collect high-quality data.

2.1.3 Encouraging the implementation of innovative solutions to mental health problems.

Innovation in mental health is not a separate course of action. Innovative solutions need to be considered in the resolution of all problems alongside traditional best-known interventions and services. This will be best achieved through cooperation between the state, the private sector and researchers. It is important to ensure that innovation considers the best sectoral knowledge and that the impact of innovative solutions is assessed.

Actions (consistent) needed to achieve change

- The Ministry of Social Affairs will help bring together the best sectoral knowledge, experts and related parties to tackle specific issues.
- The Ministry of Social Affairs will involve researchers and representatives of professional associations and the private sector in the design and development of sectoral development actions.
- The Ministry of Social Affairs will share and exchange information on development projects undertaken in the mental health field with institutions of the administrative area and the relevant ministries (eg subordinate institutions of the Ministry of Education and Research).

2.2 Promotion, prevention and self-help

International context

Effective promotion and prevention help to increase people's mental well-being and resilience, prevent the onset and exacerbation of mental health disorders, and thereby reduce the need for mental health treatment. Promotion and prevention include a range of activities aimed either at individuals, certain groups (demographic or specifically people at increased risk of developing mental health disorders) or the entire population. In practice, it is often difficult to draw a line between promotion and prevention, as promotion activities intended to help improve mental well-being can also help prevent mental health disorders. Therefore, promotion and prevention activities are often treated and applied as one.[47] The promotion of factors that support mental health often requires effort from outside the health sector, which means that promotion and prevention can only be effective when different sectors work together.

[47] World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.

Based on the above, the promotion and prevention chapter is structured as follows:

- Interventions at the individual level focus on supporting good mental health and protective factors, as well as the development of social, self-management, self-regulation and self-efficacy skills;
- Activities aimed at groups use the life course approach to promote mental health, with a separate focus on children and adolescents, as well as suicide prevention by reducing risk factors and promoting protective factors;
- With the entire population in mind, the topics of mental health stigmatisation, mental health first-aid skills and helplines will be addressed.

Supporting good mental health, self-care and self-help

The global mental health crisis has brought more attention to the importance of a healthy lifestyle and social interaction in supporting mental health, as well as the need to raise awareness of self-support and self-help techniques. Thus, most of the evidence-based self-care and self-help toolkit is based on supporting physical health (sleep, exercise, nutrition) and cognitive-behavioural theory, but more and more techniques are being added from other paradigms and theories, including positive psychology and approaches based on social capital. During the COVID-19 pandemic, there was more public discussion than ever about the possibilities for individuals to support their mental health. A healthy lifestyle, spending time in nature and outdoors, and interacting with friends and family are the most common practices that people feel work well to improve their mood, including how they cope with anxiety and depression symptoms[48]. For **skilful self-help,** everyone should know how to: 1) limit stressful situations in their life that can negatively affect their mental health; 2) cope with stress; 3) talk about mental health problems and deal with them should they arise; and 4) seek help when they need it. The WHO has also developed a guide to equip people with practical skills to cope with stressful situations[49]. It is also important to strengthen people's personal resources, focusing primarily on emotional and cognitive attitudes, knowledge and skills[50]. This is done, for example, through programmes that develop life skills (communication and problem-solving skills, self-awareness, empathy etc), resilience for increasing resistance to stress, and personal empowerment for increasing self-confidence and the ability to make choices and take control of one's life.

Promoting mental health throughout the life course

One of the fundamental principles of mental health policy is the life course approach, which means that a person must be provided with mental health support at every stage of their life. In terms of promotion and prevention activities, it is important to focus on the so-called vulnerable stages of the life course where the risk and protective factors of mental health may have a greater impact and be longer-lasting. Such stages include the prenatal period, childhood, adolescence and early adulthood. This is why targeted promotion and prevention activities focus specifically on children and adolescents, which does not mean that mental health promotion and prevention of the working-age or older population is irrelevant. These life stages and age groups are addressed in the community support chapter to avoid a fragmented description of the same target groups in each chapter covering a different level of the pyramid, and to illustrate how important it is that environments (eg work) where people spend much of their time support mental health, and how informal community support works (eg for older adults).
When it comes to supporting mental health in **childhood,** research has consistently shown that a safe home, nutritious diet, physical and cognitive stimulation and supportive parenting have a strong positive effect on the child's development.[52] The WHO emphasises that in order to promote and prevent the mental health of children and adolescents, it is important to pay attention to compliance

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48. Wellcome Global Monitor 2020: Mental Health. London: Wellcome Trust; 2021.
49. Doing What Matters in Times of Stress: An Illustrated Guide. Geneva, 2020. WHO guide with practical tips.
50. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
51. Preventive strategies for mental health. Lancet Psychiatry 2018; 5:591-604 Publised online May 14, 2018.
52. NIDA. 2016, March 7. Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide.

with policy guidelines and legislation (eg the Convention on the Rights of the Child), the support of parents and parental skills, school-based programmes (eg anti-bullying programmes, the development of social-emotional skills) and environments outside school (including the increasingly common digital environment).[53] UNICEF has also turned its attention to the mental health of children and adolescents, dedicating the 2021 State of the World's Children report[54] to this topic, addressing the stigmatisation of mental health, the need to redevelop the current approach to mental health into one that supports the state of well-being, the effect of risk and supportive factors on children's mental health, and parenting and learning environments. UNICEF has also developed a website to promote parental skills.[55]

Suicide prevention

Suicide prevention is one of the more specific subfields of mental health, focusing on reducing risk factors for suicide and increasing protective factors.[56] According to various estimates, each suicide affects 60–135 people, increasing their risk of mental disorders, including being suicidal.[57] The WHO describes the risk factors for suicidal behaviour using a multilevel model that differentiates the individual, relationship, social and health system level.[58] Mental disorders are an important risk factor for suicide deaths, having been present in 90% of suicides.[59] The most important risk factor for suicide is depression, especially undiagnosed and untreated depression, but risk factors also include risk behaviour (eg excessive alcohol consumption) and social exclusion. Life events such as grief, conflicts, financial problems and traumas correlate with suicidal behaviour of children and adolescents.[60, 61] The most important family-related risk factors are the psychopathology of parents, insufficient family support and negative parent-child relationships[62].

Suicide prevention targets risk factors through universal, selective and guided interventions. Universal intervention is aimed at the population and is implemented at the social level with the aim of reducing risk factors for suicidal behaviour[63]. These most often include limiting access to means of suicide, improving access to health care services, raising public awareness, responsible media coverage and community programmes.[64] Selective prevention, such as improving mental health first-aid skills, training health care professionals, educational staff, social workers and other potential gatekeepers, and crisis hotlines are aimed at risk groups with increased risk factors[65]. Targeted strategies, such as the evaluation, treatment and rehabilitation of persons who have attempted suicide or have a mental disorder, are intended for individuals at a high risk of suicide[66].

According to the WHO's suicide prevention framework LIVELIFE, the main lines of action in suicide prevention are limiting access to means of suicide, increasing the accountability of the media, supporting the social-emotional skills of adolescents, and early detection and intervention.[67]

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53. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
54. On My mind: Promoting, protecting and caring for children's mental health. The State of the World's Children. UNICEF, October 2021.
55. https://www.unicef.org/parenting/.
56. Centers for Disease Control and Prevention, 2022 Suicide Prevention | Suicide | CDC.
57. Green Paper on Mental Health (2020).
58. World Health Organization. (2014). Preventing suicide: a global imperative.
59. Wasserman D, et al. (2021). Suicide prevention in psychiatric patients, Asia Pac Psychiatry. Sep;13(3):e12450. doi: 10.1111/appy.12450.
60. Connor RC, et al. (2021). Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. Br J Psychiatry. 218(6):326-333. doi: 10.1192/bjp.2020.212.
61. Richardson, A. S.et al. (2005). Perceived Academic Performance as an Indicator of Risk of Attempted Suicide in Young Adolescents. Archives of Suicide Research, 9(2), 163–176. https://doi.org/10.1080/13811110590904016.
62. King CA, Merchant CR (2008). Social and interpersonal factors relating to adolescent suicidality: a review of the literature. Arch Suicide Res.12(3):181-96. doi: 10.1080/13811110802101203.
63. Wasserman D (2021) Suicide Prevention Models. In Oxford Textbook of Suicidology and Suicide Prevention New York: Oxford University Press.
64. Bertolote JM (2004). Suicide prevention: at what level does it work? World Psychiatry. 3(3):147-51.
65. Wasserman D et al. (2015). School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial. Lancet. 385(9977):1536-44. doi: 10.1016/S0140-6736(14)61213-7.
66. Wasserman D, Cyranka K. (2019) Difficulties in preventing suicidal behaviours in spite of existing evidence-based preventive methods – An overview. Archives of Psychiatry and Psychotherapy. 2019;21(1):7-12. doi:10.12740/APP/104408.
67. Preventing suicide. LIVELIFE implementation. WHO 2022.

Training family physicians (general practitioners) to recognise mental health problems and depression, and active monitoring of suicide attempts, has proven to be effective[68]. The experience of both Estonia and other countries shows that preventive measures can reduce suicides. For example, Austria has practised suicide prevention at national level for more than 100 years. In 2021, 21 European countries (including Estonia) launched a joint activity called ImpleMENTAL, whose actions include enhancing suicide prevention based on the experience of Austria[69].

Reducing stigmatisation

One of the significant inhibitors to development in the mental health field is stigmatisation (ie stigma) – belittling or ignoring the topic and stigmatising people with mental health problems. Studies across the world confirm that stigmatisation occurs everywhere to a greater or lesser extent, causing significant harm to people, families, communities and society as a whole[70]. Stigmatisation reduces the possibility of people suffering from mental health problems to participate in the labour market and community and to access the services they need, including health services, and leads to social isolation, poverty and loneliness.
The elimination of stigma requires consistent targeted action and the contribution of various parties. According to a review based on 216 studies[71], the most effective measure to reduce prejudice is social contact between people who have experienced mental health problems and those who have not, and the most effective interventions are those that enable it – involving people with lived experience of mental health problems. Involving people with lived experience in the development and organisation of interventions intended for them, ie applying the nothing-about-us-without-us principle, allows for the reduction of stigma, but also for the improvement of the quality and efficiency of services. The aforementioned principle is closely related to the implementation of the human rights framework in the organisation of social and health care services. The role and accountability of the media in covering mental health issues are also essential.

Mental health first aid and helplines

Several evidence-based **mental health promotion and prevention programmes** (eg the ABC model[72, 73] Mental Health First Aid[74] and Time to Change[75,76]) work as universal promotion and prevention programmes and also help reduce stigma. **Mental health helplines** have been used for years. They have been found to help people who need someone to listen and offer emotional and social support, especially outside working hours.[77] Evidence on the effectiveness of helplines shows positive effects (eg satisfaction of the service user, alleviation of tension during and immediately after the call), which tend to be rather short-term, but evidence on suicide prevention is weak.[78 ,79, 80] Important aspects in this field are focusing on service quality (including training and support of service providers), accounting for cultural background, ethical aspects etc. Also, similar challenges can be applied to remote mental health support and care[81].

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68. Mann JJ, Michel CA & Auerbach RP (2021) Improving Suicide Prevention Through Evidence-Based Strategies: A Systematic Review. AJP 178: 611–624.
69. SUPRA. Suicide Prevention Austria. Fact Sheet.
70. Rüsch N. (2022) The stigma of mental illness: strategies against social exclusion and discrimination. Elsevier, London.
71. Thornicroft et al. The Lancet Commission on ending stigma and discrimination in mental health.
72. Donovan ja Anwar-McHenry (2016) Act-Belong-Commit: Lifestyle Medicine for Keeping Mentally Healthy.
73. https://www.actbelongcommit.org.au/.
74. https://www.mentalhealthfirstaid.org/.
75. Time to Change: Evidence for anti-stigma campaigns.
76. https://www.mind.org.uk/news-campaigns/campaigns/time-to-change/.
77. Do helplines help? Summary report. NHA; Rethink, 2003.
78. Gupta, M., Das, D. Chakraborty, N. (2022) Impact of help or crisis lines for mental health. The Physician vol7;issue3: 1-4.
79. Hofberg jt (2019) The Effectiveness of Crisis Line Services: A Systematic Review-
80. Zabelski ja Cramer (2022) Crisis Support Lines: What Are We Missing?
81. Singh ja Sagar (2022) Tele mental health helplines during the COVID-19 pandemic: Do we need guidelines? Asian Journal of Psychiatry 67.

The situation and main problems in Estonia

Supporting good mental health, self-care and self-help

The Green Paper on Mental Health outlines actions to make people value their own mental health and achieve more effective self-support and self-help, including making reliable information available to target groups, self-evaluation tools, cooperation with the media to shape attitudes to mental health etc. NGOs whose activities are supported by the Ministry of Social Affairs through strategic partnership funding have made a significant contribution to the implementation of several actions. For example, on its website peaasi.ee, MTÜ Peaasjad has made information on mental health and getting help as well as self-help tools available to residents, and also offers mental health first-aid training. In 2015 the Ministry of Social Affairs helped to establish the Estonian Coalition for Mental Health and Well-being (VATEK), which brings together active organisations in the field, raises mental health awareness in society and engages in advocacy. In 2022 at the initiative of the Mental Health Task Force of the Ministry of Social Affairs, VATEK significantly updated the website of evidence-based self-help resources enesetunne.ee. The field of mental health is becoming increasingly important in the activities of institutions operating in the administrative area of the Ministry of Social Affairs – the National Institute for Health Development, the Estonian Health Insurance Fund, the Social Insurance Board, the Labour Inspectorate and the Health Board – but also in the administrative area of the Ministry of Education and Research.
In the inclusive discussions of the Mental Health Action Plan[82], participants stressed that although mental health is receiving increasingly more attention in Estonian society, previous undervaluation has led to low awareness of the nature of mental health and the factors affecting it. The possibilities of self-help, promoting positive mental health and preventing mental health problems are not recognised or valued enough, the provision of evidence-based information and services is insufficient and, as identified in the Green Paper on Mental Health, one of the threats is the abundance of information and services of questionable value. It is difficult for both people who are seeking help, as well as those organising activities that support mental health either at the state, municipal or institutional level to assess the quality of the information and services provided. Various information and support materials are available on the websites of the aforementioned organisations and in other online sources, but there is room for improvement in the provision of resources aimed at specific groups or problems. Getting information to older adults and those who do not use a computer, as well as expanding the provision of self-help information and training to the community level are problems that require a separate solution. Moving from information and support materials to practical skills training and programmes is certainly an important step forward. However, it should be noted that since the development of the field has so far been fragmented and the funding of activities project-based, the result has been a lack of both the programmes themselves and experts to carry them out. It is also difficult to ensure the continuity and expansion of activities.

Promoting mental health throughout the life course: children and adolescents

The most concerning thing for Estonian society at the moment is the worsening of mental health problems of children and adolescents. According to the Health Behaviour in School-aged Children study[83], one in three 11–15-year-olds experienced a depressive episode in the 2017/2018 school year and one in five 13–15-year-olds have thought about suicide in the last year. The Estonian National Mental Health Study[84] showed that young people (15–24) are nearly twice as likely as adults to be at risk of depression and anxiety. The COVID crisis exacerbated young people's mental health problems even further. The regular surveys of the Government Office reveal that, throughout the crisis, the

[82] Work meetings schedule 2022.
[83] Oja L, Piksööt J, Aasvee K, et al. Health Behaviour in School-aged Children. Report of the 2017/2018 school year study. Tallinn: National Institute for Health Development; 2019.
[84] Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.

youth age group (15–24) had the highest indicators of depression, anxiety and mental exhaustion compared to other age groups – around 50% or more 15–24-year-olds have experienced high or very high stress. According to the 2021 epidemiological overview of suicides and attempted suicides in Estonia[85], suicide attempt rate is highest among 15–19-year-olds. In age groups 15–19 and 20–24, the rate of suicide attempts by women is higher. In other age groups, it is higher for men.

Responsibility for children's mental health lies with society as a whole. Sectors engaged in the mental health of children and adolescents are the education, social and health field, with the interior, justice and culture field contributing by preventing risk behaviour and abuse. Estonia has had an Ombudsman for Children[86] for more than ten years (since 2011). The Office of the Chancellor of Justice has a Children's Rights Department, which fulfils the tasks of **promoting and protecting children's rights.** Over a decade, the Ombudsman for Children has been dealing with the rights of children, including compiling statistics and studies, creating guides etc[87, 88]. In 2021 the Office of the Chancellor of Justice published the collection 'Children in Estonian Society'[89], which, among other things, provides a good overview of the well-being and (mental) health of Estonian children and adolescents, supporting parenthood, and interventions offered in the school environment, all of which are important topics addressed in the Mental Health Action Plan. In April 2021 the Minister of Education and Research, the Minister of Justice, the Minister of Culture, the Minister of Finance, the Minister of Social Protection, the Minister of the Interior and the Minister of Health and Labour signed an agreement on the principles of universal multisectoral prevention[90] to coordinate the prevention activities of various parties and improve their quality. An action plan was developed to implement the agreement, and actions are planned and monitored by a government committee – the prevention council, which is supported by a working group of officials and specialists. The foundation for multisectoral cooperation was laid in 2015 with the concept paper 'Integrated services for supporting children's mental health: prevention, early detection and timely indicated services'[91]. In the administrative area of the Ministry of Social Affairs, activities and services for children are planned and managed within the framework of the Welfare Development Plan[92] and the National Health Plan[93]. LGs play an important role in the prevention and early detection of children's mental health problems and organising timely help, and they are increasingly active in this area, but there is still room for improvement in community-level prevention and the organisation of help.

To support **parenthood**, the National Institute for Health Development maintains and develops the website tarkvanem.ee. A good example of mental health prevention activities for children and adolescents offered at the local level is the Incredible Years parenting programme brought to Estonia by the Ministry of Social Affairs and implemented since 2014 by the National Institute for Health Development and reaches parents largely through LGs. Evaluation of the effectiveness of the programme[94] has shown very good results in Estonia. Among other things, the programme is implemented in children's mental health centres to support children with mental health problems, albeit to a limited extent. Further efforts are needed to include vulnerable families in parenting programmes[95]. The National Institute for Health Development is also looking for opportunities to implement the programme through workplaces, and the adjustment of additional elements of the programme to Estonia (eg a follow-up programme and a programme for parents of children aged 0–3

85. Värnik P, Sisask M & Värnik A. (2021). Epidemiological overview of suicides and attempted suicides in Estonia: study report. World Health Organization. Regional Office for Europe.
86. Chancellor of Justice: Protection of the rights of children and youth.
87. Chancellor of Justice: Info materials.
88. Chancellor of Justice: statistics and studies: child and family.
89. Children in Estonian Society. Collection (2021) Office of the Chancellor of Justice.
90. Principles of multisectoral prevention.
91. Integrated services for supporting children's mental health: prevention, early detection and timely indicated services (2015) Ministry of Social Affairs.
92. Welfare Development Plan 2023–2030. Ministry ofSocial Affairs.
93. National Health Plan 2020–2030. Ministry ofSocial Affairs.
94. National Institute for Health Development. Trummal, A. (2017). Results of the pilot project of the Incredible Years parental programme.
95. Proposal from the inclusive discussions of the action plan.

years) is waiting its time in the queue of tasks. The Ministry of Social Affairs and the National Institute for Health Development are planning to carry out mapping (including financial needs and other potential barriers to the implementation of programmes) to make parental education generally available, and will prepare proposals for state-level activities based on the mapping.

To support children's mental health in a **school environment,** schools can implement evidence-based interventions. A good overview of the well-being of Estonian children at school and supporting their mental health is available in the collection 'Children in Estonian Society'[96] of the Ombudsman for Children, chapters 3.4. Supporting children's mental health and preventing drug use and 4.4. Child well-being at school. Even now, several activities focusing on bullying prevention and social-emotional skills are in the works. For example, in addition to the concept of bullying-free education, the Ministry of Education and Research and the Education and Youth Board are working together to develop a broader vision of a safe school environment and the implementation and development of activities to support social-emotional skills so that they are effective, inclusive across all school stages and risk groups, and financially sustainable. In addition, a bullying prevention study[97] was completed and the Ministry of Education and Research has planned actions pursuant to the policy recommendations presented. The National Institute for Health Development and the Ministry of Social Affairs are collaborating to analyse the teaching of social-emotional skills under the current curriculum and to develop proposals to improve teacher education and the professional standard of teachers. With the aim of supporting the mental health of children and adolescents, the Ministry of Social Affairs will provide additional funding in 2023 to the development of teachers' social-emotional competence. To this end, the National Institute for Health Development will carry out a development project, which consists of selecting an intervention, testing it in an agreed setting and evaluating its impact.

Mental health issues are covered in school as part of human studies, and teacher training includes the necessary material to support children's mental health. At the same time, these opportunities are not equal in all schools – the awareness of teachers varies and schools value children's well-being and mental health differently. Learning materials also need to be reviewed and updated. Mental health promotion in schools is primarily supported by the Ministry of Education and Research, the Education and Youth Board, the Ministry of Social Affairs and the National Institute for Health Development. At the same time, school owners and heads of school are also responsible for actually carrying out activities. Therefore, it is important to make more efforts to empower them to systematically adopt various learning materials and interventions.

Educational support specialists and support services also play an important role in supporting children's mental health. In 2020 the National Audit Office completed a report on the availability of educational support services[98], and in 2021, a summary of group interviews conducted with support specialists and heads of school in Harju County[99], commissioned by the Union of Harju County Municipalities, was completed. Both reports voice the same message – there are important areas that need development both at the state (in particular the Ministry of Education and Research, the Education and Youth Board and the Ministry of Social Affairs) and the LG level.

The mental health of children and adolescents is also influenced by the **environments in which they spend time outside school** (eg extracurricular education, digital environments). The quality of the relationships that children and adolescents have in these environments is important. The Ministry of Social Affairs, the Ministry of Education and Research and the Ministry of Culture jointly analyse ways to better deal with mental health issues in youth work, including the preparation of people working with children in extracurricular education and youth sports. Although children and adolescents spend a lot of their time in digital environments and there is a lot of talk about both the potential risk this entails (eg fears that it will lead to addiction or difficulties concentrating) and the necessary digital competence (which is required to be safe in the digital environment and for it to function as a supportive community), this issue has been addressed in policymaking primarily in the context of cybersecurity and preventing the distribution of materials containing sexual abuse of children[100], not mental health. This is why it is significant that the Estonian Human Development Report 2023[101] addresses the digital environment, mental health and well-being from multiple angles, creating conditions for further consideration of this important issue.

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96. Children in Estonian Society. Collection (2021) Office of the Chancellor of Justice.
97. Kendrali, E. et al (2022). 97. The effectiveness of interventions to prevent and reduce bullying and the experiences of educational institutions in their implementation Tallinn: Praxis Think Tank.
98. Availability of education support services (2020) National Audit Office.
99. Streimann, K. and Vilms, T. (2021) Prevention of mental health problems in school: Summary of group interviews conducted with support specialists and heads of school in Harju County.
100. https://www.targaltinternetis.ee/.
101. https://kogu.ee/eesti-inimarengu-aruanne-2023/.

As stated at the beginning of this chapter, the mental health situation of children and adolescents is concerning. In order to find solutions to the situation, it is essential to achieve coordinated cooperation between various parties and institutions. In order to develop comprehensive solutions, we need to put together a full picture of existing activities and develop proposals for solutions not only in the field of promotion and prevention (which can be successfully covered by the multisectoral prevention agreement), but also for mental health support services. The mental health concerns of children and adolescents need to be addressed at the highest national level and in cooperation between various authorities, which requires finding a way to form a uniform working group.

It is also important to ensure evidence-based prevention programmes, especially for parenthood, bullying prevention and social-emotional skills. One of the main concerns of current evidence-based programmes is their insufficient nationwide availability. Programmes with good results should be expanded to children, parents and specialists across the country[102]. However, there is also a lack of complementary interventions. Not all target groups are evenly covered.

We also need to focus on people who work with children and adolescents and on the environments to which children and adolescents are often exposed. Mental health is undervalued in schools, childcare institutions, extracurricular education and youth sports. Alongside academic, athletic and professional achievements, too little attention is paid to the comprehensive development and coping of adolescents, and when problems arise, there are not enough well-functioning solutions. Professionals who work with children and adolescents or come into contact with people with mental health problems in their work (eg in the educational, social or legal system) lack information, support materials and a support system, and multisectoral cooperation needs improvement. When there are not enough professionals, their own working capacity also needs special attention, although addressing it cannot in any way replace the lack of colleagues or the organisation of work that supports well-being and mental health.

Suicide prevention

Estonia has consistently had one of the highest suicide mortality rates in the world and in Europe, but the number of suicides has decreased threefold compared to the 1990s. However, progress has stopped over the past decade and the annual suicide rate has fluctuated around 200. In 2021 186 people died by suicide in Estonia. The responsibility for state coordination of suicide prevention lies with the Ministry of Social Affairs and the responsibility for its implementation lies with the Social Insurance Board, which organises the work of helplines and victim support services and responds to suicides of children and adolescents. As part of strategic partnership, the Ministry of Social Affairs funds the suicide prevention activities of ERSI and MTÜ Peaasjad. The Ministry of Social Affairs has commissioned a study, 'Treatment of suicidal patients in primary care, ambulance and emergency departments', which will be completed by Tallinn University and ERSI by the end of 2022.

In order to plan new measures to reduce suicide, Estonia is participating in the EU's joint action ImpleMENTAL, which will result in an action plan for suicide prevention by the end of 2024 and smaller shifts (quick wins) between 2023 and 2024 to change current practices. The following measures are under consideration: the development of a suicide risk assessment tool for emergency medical treatment and family physicians, the development of a 24/7 national crisis hotline, the training of journalists for responsible reporting on suicide, the recognition of responsible journalists, and the improvement of active monitoring of people who have attempted suicide. A national suicide prevention plan will be completed by the end of 2024.

Reducing stigmatisation

Reducing **stigmatisation** has seen positive development in Estonian society in recent years, as evidenced by the significant increase of media coverage of mental health issues, the support and sharing of personal experiences of public figures, as well as the increased need for services. Non-profit organisations dedicated to mental health, including the Estonian Youth Mental Health Movement, MTÜ Peaasjad and VATEK, have actively contributed to reducing stigma. On 10 October 2022 the Estonian Advocacy Association of People with Mental Disorders and Their Loved Ones was established.

[102] See: the mental health appeal of Peaasi.ee and VATEK, issued in the context of the 2023 Riigikogu elections.

Unfortunately, we cannot assume that these changes affect the entire population in the same way and that Estonian society is stigma-free. Lack of awareness of the field, misunderstanding, minimising problems and stigmatisation occur both among the general population and specialists. Stigma can affect a person, their loved ones or people working with them.
At the moment, we also do not have a good understanding of the extent to which attitudes towards mental health have decreased over time. The survey of mental health attitudes and beliefs commissioned in 2016 by the Ministry of Social Affairs has not been followed up with a repeat study. However, the Ministry of Social Affairs commissioned a study on attitudes towards people with special psychological needs, which was completed in 2021. Among other things, the study revealed that although at a more general level only 2% express direct negative attitudes towards people with special psychological needs, 42% would not or would rather not want such people living in their neighbourhood, and 10% consider it necessary to limit their participation in social life[103].
The discussions of stakeholders of this action plan on stigmatisation showed that although participants shared thoughts and provided examples of all four types of stigma, structural stigma was the most touched upon, such as stigma and lack of awareness still being present among professionals (including health care professionals), which can cause both mental health problems and physical health issues of people with mental health problems to be overlooked. Age-related stigmas were also mentioned – the problems of both older adults and young people are often justified by their age, and serious health issues may be overlooked and untreated.

Mental health first aid and helplines

Mental health first-aid training (based on the training course Mental Health First Aid[104]) has been offered in Estonia by MTÜ Peaasjad since 2018 and psychological first-aid training (based on the WHO's Psychological first aid: Guide for field workers[105] training) by the Social Insurance Board since 2020. More than 4,000 people completed such training courses between 2020 and 2021[106]. The provision of both training courses has continued in the following years, including the provision of psychological first-aid training to frontline workers by the Ministry of Social Affairs. Psychological first-aid training courses in the context of crisis support are covered in the chapter on crisis preparedness.
The Green Paper on Mental Health has highlighted the need for a more in-depth analysis of the functioning of mental health helplines and counselling lines and the need for them. It also mentions the observation stemming from expert discussions that there is a need for a uniform national mental health helpline, which would refer callers to more specific counselling lines, if necessary[107]. Since the beginning of 2022 we have a uniform emotional support pastoral care helpline 116 123, organised by the Social Insurance Board. In addition, there is a child helpline, victim support helpline, the school psychologists helpline and Eluliin. Online counselling is provided by MTÜ Lahendus.net. There is still need for a comprehensive overview and analysis of the usability, quality and effectiveness of existing helplines, their needs and their potential for providing mental health support.

[103] Awareness, stances and attitudes on mental health. Faktum&Ariko, 2016.
[104] https://www.mentalhealthfirstaid.org/.
[105] WHO (2011) Psychological first aid: Guide for field workers.
[106] Vainre, M., Akkermann, K. Laido, Z., Veldre, V. ja Randväli., A. 2021. Coping with the psychosocial consequences of the coronavirus epidemic. 2nd expert opinion. p 10.
[107] Green Paper on Mental Health (2020), p 36.

Required changes and actions to achieve them

2.2.1 Supporting good mental health, self-care and self-help: people are more aware of the nature and mechanisms of mental health, they have good self-help skills that are supported and developed throughout the life course.

Change can be brought about by systematic development of people's individual self-help skills, evidence-based information that supports promotion, prevention and self-help, and easily available support materials and guides. In addition to raising awareness, attention is paid to training the necessary self-help skills. Mental health promotion and the selection of interventions are based on evidence-based principles and the necessary resources are ensured for the existence and accessibility of interventions.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs and the institutions within its administrative area will consistently contribute to the development of reliable information on self-care and self-help and make it available (one such example is connecting enesetunne.ee to the Patient Portal).
- As part of strategic partnership, the Ministry of Social Affairs will fund courses and training on self-help skills.
- The Ministry of Social Affairs will contribute to the implementation of the actions of the multisectoral action plan on universal prevention (the plan has been prepared until 2026), including agreeing on measuring tools to assess performance in the field of prevention, identifying the development needs of data monitoring and agreeing on the principles of evidence-based assessment etc.

2.2.2 All public institutions engage in efficient and coordinated cooperation to support the mental health of children and adolescents. There are policy solutions and actions with the necessary funding to implement them.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will raise the topic of mental health of children and adolescents as a nationally important issue and propose to form a multisectoral working group to develop solutions to the mental health situation of children and adolescents as close as possible to the political decision-making level.
- The Ministry of Social Affairs will analyse the field of mental health of children and adolescents to form a complete picture of the activities of various parties and institutions and identify development needs and shortcomings, as well as make proposals for additional actions. Among other things, ways to reinforce the system of support specialists will be analysed.
- The Ministry of Social Affairs, with the multisectoral prevention council, will make a proposal to the Government of the Republic to fund the expansion of evidence-based prevention programmes across Estonia, so that in the long term they would be accessible in every LG in Estonia and the opportunity would be widely known and appreciated among children, adolescents and parents.

- The Ministry of Social Affairs will work closely with the Ministry of Education and Research, the Education and Youth Board, the National Institute for Health Development, the Estonian Health Insurance Fund and others to support and promote the mental health of both children and employees in the education system and youth work by ensuring wider access to bullying prevention programmes and the development of social-emotional skills.
  - The Ministry of Social Affairs, with the National Institute for Health Development, will organise a pilot project to improve the social-emotional skills of teachers, for which they will choose a suitable programme and assess its impact. If the pilot project shows favourable results, the programme can be expanded across the country.

2.2.3 There is an action plan for the prevention and reduction of suicidal behaviour and it is implemented in cooperation between various sectors.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will lead the efforts to prepare a detailed action plan on suicide prevention within the framework of the EU's joint action ImpleMENTAL by the end of 2024. The action plan on suicide prevention will cover, among other things, a treatment model for suicide risk assessment tools and suicidal patients, and will have a stronger emphasis on early detection and networking. It will also include postvention activities after a suicide attempt, data monitoring etc.
- During the drafting process of the action plan on suicide prevention, the Ministry of Social Affairs will manage and implement quick wins and interventions that change current practices.

2.2.4 In order to promote and prevent the mental health of the entire population, actions to reduce stigma are planned and carried out based on proven practice adapted to Estonian conditions, mental health and psychological first-aid skills are developed and optimal helpline support is ensured.

Muutuse saavutamiseks vajalikud tegevused 2023–2026

- Actions needed to achieve change 2023–2026.
- The Ministry of Social Affairs will carry out a (repeat) survey on mental health attitudes and knowledge, which includes types of stigma (self-stigma, stigma related to loved ones, public and structural stigma) so that actions to reduce stigma can be targeted more accurately.
- The Ministry of Social Affairs will create a cooperation network to reduce stigma, involving experienced people and relevant representative organisations in the field of mental health. With the network, a framework and actions to reduce stigma will be developed, covering both universal and targeted activities.
- The Ministry of Social Affairs, in cooperation with strategic partners and involving other parties, will analyse opportunities for the continued promotion of mental health first-aid skills in the population.
- The Ministry of Social Affairs will maintain a comprehensive view of the usability of helplines, the need for them, the shortcomings of the current situation and the activities required to ensure quality and effectiveness.

2.3 Community support

The community level is increasingly considered an important aspect of mental health promotion, the prevention of disorders, the provision of services and the implementation of interventions. Community in this context refers to interactions between people and between institutions, as well as the physical environment surrounding the community. The most important value of community is helping each other in everyday life. In a community, there is natural daily interaction. Community is indispensable for coping in crises and in the event of disruptions in certain resources[108]. The WHO uses the term community-based mental health care to refer to any form of mental health care provided outside a psychiatric hospital[109]. The term includes mental health services in primary health care, specific health programmes, regional hospitals or health centres, as well as mental health services provided by community mental health centres or teams, as part of psychosocial rehabilitation or in care homes. Formal services are supported by social and informal community support. The Green Paper on Mental Health also divides community services into two broad categories: formal services and mental health support activities, ie informal support[110]. However, it is difficult to draw a clear line between the two, as mental health **support activities** usually smoothly transition into formal support and vice versa. Simply put, mental health support activities are ones that do not necessarily aim to support mental health, but participation in such activities (eg hobby groups or networks) does exactly that.
The chapter on community support focuses particularly on mental health support activities. Formal services are covered in the chapter on mental health services. In addition, the community support chapter addresses mental health support at work and describes ways to design a working environment that supports mental health and ways for the workplace and colleagues to provide community support to employees. It also focuses on the mental health support of **older adults** which, in addition to services provided in institutions, is largely carried out as informal community support.

International context

Mental health support activities

Effective community interventions are based on: 1) awareness of the factors contributing to and preventing good mental health; 2) empowering community participation by providing resources and appropriate interventions and recognising knowledge outside the health care system; and 3) prioritising the mental health and social outcomes of the community[111]. We need consistent policymaking and resources to support the partnership of health care and the community, as well as the role of community support between self-care and mental health services at large. After raising people's awareness and empowering them, the WHO recommends working with **community networks** to support mental health[112]. We need to map the main sources of support and rely on them. Community support provided by networks includes psychosocial support, which is offered by people in the community with a wide range of backgrounds, including family members and friends[113]. Community networks may consist of local community enthusiasts[114] and community leaders, participants and instructors in extracurricular or adult education, volunteer associates and members of the congregation. In addition to the social, child protection, education and youth workers and health promoters of the LG, librarians, rescue workers, police officers and pharmacists are also

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108. Gilchrist, A. (2019). The Well-Connected Community: A Networking Approach to Community Development (3rd ed.). Bristol University Press. doi:10.46692/9781447347880.
109. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
110. Green Paper on Mental Health (2020).
111. Castillo, E.G., Ijadi-Maghsoodi, R., Shadravan, S. et al. Community Interventions to Promote Mental Health and Social Equity Curr Psychiatry Rep 21, 35 (2019). https://doi.org/10.1007/s11920-019-1017-0.
112. mhGAP Community Toolkit: Mental Health Gap Action Programme (mhGAP) (2022).
113. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
114. An honorary title given to a person who has distinguished themselves through their activities promoting rural and village life and contributed to the positive development of the area.

important resources in the community. They are usually the first to notice and intervene and they also carry out prevention in the community. Community networks also include patient associations to enhance inclusion and encourage the exchange of knowledge and experience[115]. All of the aforementioned network members can engage in the detection of mental health problems and the provision of community support. It is important to provide these network members with the necessary skills and knowledge, including on how and when to refer people to receive mental health services.

LGs, which can contribute to supporting the mental health of residents of all ages by initiating, supporting and involving community networks, play a major role in the promotion of mental health in communities.

Living environments, which affect the health and well-being of the population, are also largely designed by LGs. Communities that focus on health, safety and sustainability support mental health. Living environments must be designed consciously and, if necessary, LGs must be supported in the creation of a health-promoting environment. It is important to integrate green spaces into the design of buildings, health care institutions, social welfare institutions, homes and communities in order to create common spaces that facilitate communication and connections, promote well-being and increase mobility. Green areas in local spaces are also particularly important because they are accessible to socio-economically disadvantaged people, which encourages mobility and supports well-being, thus reducing inequalities in health[116].

Mental health at work

The majority of adults spend much of their time at work. Therefore, the **working environment** has great influence on working people and it is also one of the most important contributors to personal well-being[117]. The best international recommendations recognise that both the employer and the employee are responsible for well-being and mental health. It is essential to address organisational aspects (eg organisation of work that supports mental health, clarity in the division of roles, meaningful tasks, management practices, good relations and fair treatment) and reduce risk factors (work stress, overload, workplace bullying etc). In addition, it is recommended to provide individual support programmes for both managers and employees (further professional training, management training etc) and support employees with mental health problems (access to services, changes in the organisation of work, if necessary). However, individual services should never replace organisational services[118]. The field of workplace interventions that directly deal with mental health are developing rapidly, but due to its novelty, there are few firmly and consistently proven specific interventions, which is why guidelines, such as the WHO's guidelines on mental health at work[119] give very few strong recommendations. At the same time, many countries have developed comprehensive approaches, recommendations and standards for mental health management at work.[120, 121, 122] The acuteness of the problem forces both employers and countries to seek functioning solutions, which is why the field is currently developing very fast. This in turn has led to a highly active wellness industry, which is not supervised and therefore not all risks may be mitigated. In this context, it is important to understand that the lack of evidence concerns only specific workplace interventions, and organisational variables that affect our mental health are well known. The UK's independent NGO What Works Centre for Wellbeing[123] screens scientific literature on well-being and makes it freely available, including in the field of work.[124] Based on its reviews, the NGO has formulated five practical principles[125] for the promotion of well-being in the workplace and five key factors[126] that affect well-being at work (in order of importance, these are: 1) health and relationships; 2) security and environment; and 3) purpose). These key factors are also a good indicator of the potential of employment, the working environment and the social networks arising from work in the promotion of well-being and mental health, as well as in the provision of community support.

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115. National Health Plan 2020–2030.
116. Barton J, Rogerson M. The importance of greenspace for mental health. BJPsych Int. 2017 Nov 1;14(4):79-81.
117. Wellbeing evidence at the heart of policy. (2020). What Works Centre for Wellbeing.
118. Mental wellbeing at work NICE guideline Published: 2 March 2022.
119. WHO guidelines on mental health at work. Geneva: World Health Organization; 2022.
120. The National Standard of Canada for Psychological Health and Safety in the Workplace.
121. Mental wellbeing at work NICE guideline Published: 2 March 2022.
122. Mentally healthy workplaces. Australian Government. National mental Health Commission.
123. https://whatworkswellbeing.org/.
124. https://whatworkswellbeing.org/category/work/.
125. What works for health and wellbeing in the workplace. Briefing. (2020). What Works Centre for Wellbeing.
126. Developing an evidence-informed workplace wellbeing questionnaire (2018) What Works Centre for Wellbeing.

Mental health of older adults

The world's population is aging rapidly and the population of Estonia even more so – it is predicted that older adults (65 and older) will make up 25% of the population by 2035, and the respective share will increase to 30% by 2060.[127] The health and coping of **older adults** is thus becoming an increasingly important part of overall well-being, but the mental health of this age group garners insufficient attention – mental health problems of older adults are underrated[128], underdiagnosed and undertreated[129]. The most common mental health disorders among older adults are dementia and depression and the most important risk factors for mental health decline are physical health concerns, social exclusion, loneliness and abuse. To better support older adults, the WHO recommends the health care sector to train health care professionals, improve the treatment of chronic illnesses, develop a functioning system for long-term and palliative care, and take into account the needs of older adults in the design of services.[130] Equally important are social services and community activities that help prevent and reduce social exclusion, loneliness and abuse. Community support is vital for older adults – while young people and those of working age have the support of either their educational institution or workplace, older adults generally do not have this kind of supportive environment. This makes the local community the place to promote the well-being of older adults and provide mental health support. There are also examples of national frameworks for comprehensive support systems for older adults, with local or close-to-home support at their core.[131]

The situation and main problems in Estonia

Mental health support activities

Based on international literature, when it comes to community support in mental health, it is important to focus on raising awareness and empowering community networks. In Estonia, **community work and volunteering** are not regulated by a separate act (the necessary aspects are covered by various acts and regulations, eg in the case of assistant police officers and voluntary rescuers). The development of volunteering at the LG level should be strongly encouraged and promoted. However, it is important to remember that the increasingly important role of the public sector in involving volunteers and the professionalisation of more influential NGOs may lead to large-scale bureaucracy, which could ultimately inhibit the capacity of involving volunteers.[132]

Informal services are usually provided as citizens' initiatives and their scope and duration is difficult to determine. In general, non-profit organisations and foundations are unable to ensure stable services because they have been implemented as projects, they are not guaranteed funding once the project is completed, and volunteer work alone cannot sustain the needed volume of services or regional coverage. This includes services which are not part of the official health and welfare system, but which help promote mental health, get people with mental health problems to specialists and support people with chronic mental disorders. Informal services are provided by members of community networks who are generally not mental health professionals: teachers, the police, self-help groups, NGOs, congregations, and friends and family, who contribute to people's daily coping and are also easily accessible.

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127. Projection of Statistics Estonia, Estonia 2035.

128. Rybarczyk, B. et al. (2013) Primary Care Psychology: An Opportunity for Closing the Gap in Mental Health Services for Older Adults, Clinical Gerontologist, 36:3, 195-215, DOI: 10.1080/07317115.2013.767870.

129. Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2017.

130. Ibid.

131. The Community Mental Health Framework for Adults and Older Adults. (2019) NHS England and NHS Improvement and the National Collaborating Central for Mental Health.

132. NGO Kodukant, the Estonian Village Movement, final report 'Testing the cooperation model for the implementation of volunteers in the welfare system and the development of a cooperation model to be implemented across Estonia'.

More common informal mental health support services in Estonia are self-help and mutual support groups, support groups for loved ones, pastoral care service, peer support, helplines and online counselling, while volunteer-initiated friendship projects, advice and cooperation groups for patients and service users, health promotion, guardianship services etc are used less often.[133] Good examples are Jututaja (talker)[134], Abitaja (helper)[135] and Vabatahtlik Seltsiline (volunteer companion)[136], which aim to provide companionship and support to older adults and people with special needs. A good example of cooperation and integration at the local level is the pilot project of prevention and family centres (Perepesa)[137], which supported LGs in organising prevention in communities, helping to develop a new quality at the local level in the prevention and early detection of problems in families with children, the provision of support to families and the promotion of children's mental health.

At the meetings that took place during the drafting period of the action plan, participants pointed out the need for an overview of the parties providing mental health support at the **local level**. Local health promotion is a development activity based on health and well-being profiles both at the county and, in recent years, the LG level. Since 2018 the profile is mandatory for all counties and recommended for LGs to promote the health and well-being of their residents purposefully and effectively. For analysis, LGs can use the relevant guide[138], which provides an overview of well-being and the factors affecting it. The indicators outlined in the profile need to be supplemented with mental health indicators, which allow for a more effective planning of actions to improve mental health and prevent risks. After the administrative reform, profiles have not been prepared or updated much. Nevertheless, specialists of nearly half of the LGs state that the LG either plans to prepare a profile or is doing so at the time of responding to the survey. The profile is used as a basis primarily to prepare the LG's development plan. It is also valuable information for other planning documents, as it is well in line with one of the broader goals of the health and well-being profile – to ensure the integration of public health and safety (including health promotion) into the development plan of the LG and the county.

The public health roles are set out in the Public Health Act[139], as jointly performed duties of LGs[140] and duties performed by the LG. When performing these duties and influencing the population's health indicators, cooperation with the National Institute for Health Development, which maintains the network of county public health specialists in Estonia, has been important for counties (through county health councils and well-being councils) and LGs. In recent years, the network of public health specialists has received additional tasks (including from subordinate institutions of the Ministry of Social Affairs) that require comprehensive thinking, including from a mental health perspective. The network of local health promoters is an important target group in the empowerment and involvement of LGs.

According to the study on public health and safety in **local governments**[141], nearly 40% of LGs are assisted in the development of public health by working groups. At the same time, a quarter of specialists do not feel that there is sufficient support from leaders in the development of the field. The support for the importance of the field, expressed in attitudes, is not realised due to a lack of resources (money, specialists with knowledge and skills in the field etc). In choices, preference is given to areas that are easier to understand, bring faster results and solutions, are more time-sensitive and organise daily coping. The provision of psychosocial support services is unevenly regulated and the role of LGs needs to be thought out. At the same time, LGs consider domestic abuse and mental health issues to be part of their area of responsibility, but there is a lack of resources, skills and competence.

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133. Mapping of mental health services and analysis of needs (2012). National Institute for Health Development.
134. https://www.jututaja.ee/soovid-jututajat/.
135. https://www.abitaja.ee/.
136. https://www.seltsilised.ee/.
137. Results of the pilot project of prevention and family centres.
138. Health and well-being profile information material. National Institute for Health Development (2022).
139. Public Health Act.
140. Local Authority Associations Act.
141. Public health and safety in local governments. National Institute for Health Development, 2020.

Support and services that promote mental health are not clearly dictated to LGs. At the network meetings[142] organised by the Department of Mental Health in 2022, LGs said that they would like to share experiences with each other and hope that the state will provide a comprehensive (multisectoral) picture of the mental health field. The survey conducted among LGs in 2021 on the mental health support and services they offer to their population and what the needs are revealed that variability in the provision of support and services is too high. The most common approach is reactive and case-by-case, in which they assess the person's need for help and then refer them to, for example, a psychologist or family therapist. Peer support, support groups and day centre services for people with mental disorders are also used, but there are LGs where such services are not present.[143]

Awareness of the impact of the **living environment** on people's health is low in Estonia and its potential rather unutilised. For example, one of the chapters of the Estonian Human Development Report 2019[144] focused on the link between close-to-home nature and people's mental and physical health in Estonia, how it is taken into account in the design of natural areas and how to develop people's ability to cope with nature's unexpected events. It was concluded that despite the evident benefits to well-being and health, awareness of the positive health impact of natural areas is low. For example, according to the 2018 study on environmental awareness of Estonian residents, only 7% of the Estonian population was aware of the positive health impact of forests, and in the same study of 2022 only 2% of respondents mentioned health among the consequences of biodiversity loss.[145] In a society with such attitudes and knowledge, there is probably not yet enough demand or expectation for the living environment close to home to be designed in a way that promotes (mental) health. The soon-to-be-published Estonian Human Development Report 2023[146], which dedicates an entire chapter to the link between the physical environment and mental health, as well as several articles that dissect the topic, gives hope that this unutilised potential will be more recognised and used in the future.

In conclusion, the roles of community and local parties in the creation of a supportive living environment for mental health and the provision of mental health support and services are not clear enough. There is no cohesion between activities at different levels and they do not form a complete whole. Leadership and competence needed to coordinate mental health issues are insufficient.

Mental health at work

The psychosocial environment and promotion of mental health **at work** are primarily the employer's responsibility. The obligation stems from the Occupational Health and Safety Act[147], which states that the employer must outline the risks in the risk assessment and plan actions to reduce and prevent these risks. How they prevent the risks is up to the employer. The inclusive discussions of the action plan highlighted the problem that employers do not pay enough attention to the psychosocial environment. There is a lack of general awareness, as well as a lack of understanding as to how the measures already implemented affect mental health (further training, holiday, personal and sick day practices, social protection, the internal climate of the organisation, relations within the team etc). The 2019 analysis of mental health at work reveals that employer awareness of the identification and mitigation of psychosocial risk factors is low.[148]

The state supports employees and employers primarily through research-based legislation, awareness-raising, individual counselling and training, but also through supervision and labour dispute resolution. The field as a whole is promoted by the Ministry of Social Affairs, the Labour Inspectorate and the National Institute for Health Development. The Labour Inspectorate maintains the Working Life Portal, which has a range of guides on taking care of mental health in the workplace[149], including a so-called mental health first aid, containing examples of good practice and advice for both organisations and employees. Furthermore, the psychosocial risk assessment part of the working environment risk assessment is being updated.

142. Summary of network meetings. Ministry of Social Affairs, 2022.
143. Supporting mental health at the LG level. Overview of survey results. Ministry of Social Affairs, 2021.
144. Spatial choices for an urbanised society. EIA 2019/2020.
145. Studies on the environmental awareness of Estonian residents. Ministry of the Environment.
146. Estonian Human Development Report 2023.
147. Occupational Health and Safety Act. Riigi Teataja.
148. Analysis of mental health at work. Ministry of Social Affairs, 2019.
149. Working Life Portal: mental health guides and materials.

The National Institute for Health Development updates the content of training on mental health support intended for members of the Health Promoting Workplaces Network and trains employer representatives engaged in health promotion and occupational health at work. In addition, a self-assessment questionnaire will be developed for employers, and they will be supported by co-vision groups, where they can share experiences and encourage employers to implement the methodology. The National Institute for Health Development also screens interventions that are proven to help promote mental health at work. All the aforementioned institutions will cooperate to develop comprehensive instructions for mental health management at work, including the assessment, maintenance and promotion of employees' mental health. As an important milestone, Estonia is in the process of ratifying ILO Convention No 190, which concerns the elimination of violence and harassment in the world of work. Ratification will entail the obligation to pay more attention to combating violence and harassment through raising of awareness and prevention.
The current problems in Estonia are that, even though employers recognise the importance of mental health increasingly more, there is generally a lack of understanding of how to create a comprehensive working environment that supports mental health, which factors affect employee well-being, and which interventions to implement to support the well-being and working capacity of employees. In addition to awareness, employers are lacking resources (time, money and competence) to engage in mental health promotion at work. Activities in organisations aimed at supporting well-being and mental health and taking care of psychosocial risks often do not form a complete whole. The first half of it is often strongly influenced by the wellness industry and the second half is often limited to defining risks and describing their mitigation on paper. There is also a tendency to pay more attention to individual services instead of organisational activities, the downside being that this puts the focus on the individual rather than the working environment.

Mental health of older adults

In the European context, the employment level of **older adults** is fairly high in Estonia, but in terms of social activity, older adults in Estonia are less involved than their European peers.[150] The participation of older adults in society decreases significantly after they leave the labour market. The main obstacles to maintaining social activity after an active working life are the lack of an active lifestyle habit, lack of adequate support structures, lack of information and poor health. There is a steady increase in the number of people who need assistance occasionally or constantly due to their age and/or health issues. At the regional level, the provision and availability of social services in Estonia continues to be inconsistent, depending on the capabilities and priorities of LGs, and the organisation of assistance is largely focused on dealing with the consequences. This is why the community and volunteers who are able to provide support in activities that are usually not covered by social services play an important role. This helps avoid or delay social isolation and support people without an adequate support network.[151] The support of volunteers has helped improve the services of LGs (eg domestic, transport and personal assistant service) or temporarily support loved ones in a situation where a person's need for assistance has increased unexpectedly (post-hospitalisation recovery or death of a family member). The results of the Estonian National Mental Health Study revealed that certain mental health problems (eg depression, suicidality, mental exhaustion, sleep disorders, somatic complaints, memory issues) are more common in older adults than middle-aged people. However, it was also revealed that the older the person, the less likely they are to use mental health services. This means that older age groups have a noticeable gap between the need for mental health services and their use.[152] Therefore, an old person not complaining about their mental health does not mean they do not need support and help.

[150] Older adults in Estonia. How to age actively and with dignity? Praxis, 2017.
[151] Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.
[152] Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.

Mental health assistance of older adults can be supported at various levels and in different ways. The Ministry of Social Affairs funds advocacy for older adults through strategic partnership projects: between 2020 and 2021, the project 'Development of advocacy capacity of older adults'[153] of MTÜ Kuldne Liiga and between 2022 and 2024, the project 'Cooperation network of youth and elderly (NOVA)'[154] of the same NGO. Since June 2020 the Ministry of Social Affairs also funds the pastoral care service in larger general care homes. The service was launched because general care homes lack services that support mental health, as well as psychosocial and psychological support. There is a plan to continue and expand the provision of psychosocial support in general care homes.

The Ministry of Social Affairs is also developing a model for the provision of mental health support in palliative care[155]. In mid-2023 the study 'Organisation of palliative care in Europe with a focus on mental health services, and proposals for Estonia' will be completed.

LGs also contribute to older adults' activity by supporting recreational and joint activities. However, the low inclusion level of older adults shows that there is room for improvement in this area. A large proportion of older adults expect the LG to take initiative in making contact[156], so one area of improvement is better outreach and engagement. Volunteers are an underutilised potential for the mental health maintenance of older adults, which needs further development. Between 2021 and 2023 Kodukant, the Estonian Village Movement, will carry out the volunteering project 'Implementation of the cooperation model for the involvement of volunteers in the welfare system'[157], commissioned by the Ministry of Social Affairs. The project includes all counties and at least 60 LGs and supports at least 1,800 older adults or special-needs people.

During the discussions that took place while drafting the action plan, it was noted that little attention is paid to the mental health needs of older adults living either at home or in welfare institutions. In addition, loved ones, LGs, welfare institutions and health care professionals lack resources for and awareness of activities that promote mental health. Proposals for necessary courses of development included: focusing on services (including technological solutions) that facilitate living at home[158], implementing the principles of resource-based community work[159], active aging in the community (instead of aging at home) and intergenerational cooperation, with the professionalism of service providers as the overarching principle.

Required changes and actions to achieve them

2.3.1 Supporting the population's mental health at the community and local level: roles have been clarified and local cohesion has improved.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will lead the mapping of parties and roles to provide mental health support and informal services at the local level.
- The Ministry of Social Affairs, with the National Institute for Health Development, will improve the role of county public health specialists from a mental health support perspective.
- The Ministry of Social Affairs, with institutions in its administrative area and the Association of Estonian Cities and Municipalities, will define local-level roles and duties:
  - leader of the mental health field (prevention specialist)
  - case manager.

153. MTÜ Kuldne Liiga 'Development of advocacy capacity of older adults 2020–2021.
154. MTÜ Kuldne Liiga 'Cooperation network of youth and elderly. NOVA' 2022–2024.
155. https://www.sm.ee/uudised/palliatiivravist-saamas-eesti-ravisusteemi-loomulik-osa.
156. Older adults in Estonia. How to age actively and with dignity? Praxis, 2017.
157. https://www.sm.ee/uudised/vabatahtlike-seltsiliste-tegevus-hoolekandes-laieneb-ule-eestiliseks.
158. Green Paper 'Increasing the use of technology to support people's daily coping and well-being at home' Ministry of Social Affairs, 2020.
159. Asset based community development (ABCD).

- The Ministry of Social Affairs will lead the further development of the support measure for LGs to increase residents' access to mental health support and services, including testing the prevention specialist position.
- The Ministry of Social Affairs, with the Estonian Cooperation Assembly, will organise meetings to introduce the messages of the Estonian Human Development Report and to implement the mhGAP Community Toolkit. It is a framework that helps address mental health at the local level, where a lot can be done to change environments.
- The Ministry of Social Affairs, with the National Institute for Health Development, will develop a training on mental health (integrating the mhGAP Community Toolkit) at the local level.
- The Ministry of Social Affairs and its subordinate institutions will design a counselling system for LG specialists to support mental health issues.

2.3.2 Mental health at work: the well-being and mental health of employees are systematically supported.

Employers consciously and systematically manage well-being and mental health of employees, including implementing organisation-wide activities and those aimed at groups (eg managers) and individuals to manage people's work-related stress and reduce the likelihood of burnout. The occupational health system supports employers in making adjustments at work that effectively mitigate psychosocial risks and helps to detect potential mental health problems in employees as early as possible.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will analyse the mental health support and services offered to employees at work (including through occupational health) and, based on scientific literature and international experience, develop proposals to improve activities.

2.3.3 Older adults actively engage socially and have a functioning support and social network.

Support systems and networks supporting older adults are coordinated and the quality of support and services is guaranteed. The support network includes volunteers and the local community, and volunteers have received the necessary training. There are mental health guides for older adults and those who support them that correspond to the needs of the target group.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will map shortcomings in mental health information and guides intended for older adults and specialists working with them, and will plan their preparation.
- The Ministry of Social Affairs will analyse possibilities for increased inclusion of volunteers in supporting older adults' mental health and identify what inclusion requires (including development of knowledge and skills, the need to support networks etc).
- The Ministry of Social Affairs will continue to support the mental health of older adults in welfare institutions, ensuring the expansion of psychosocial support services.
- The Ministry of Social Affairs will develop a model for the provision of mental health support in palliative care and an action plan to implement it.

2.4 Mental health services

International context

Mental health problems and disorders are very prevalent around the world, with mental and neurological disorders constituting the leading cause of disability-adjusted life years. On average, one in eight people have some kind of mental disorder.[160] The premature mortality rate among people with mental health disorders is disproportionately high compared to the general population, mainly due to preventable physical comorbidities.[161, 162]

Most common are anxiety disorders and depression, which occur most often in adults and older adults and are closely and bilaterally linked to physical illnesses.[163, 164] Despite the prevalence of mental health disorders, people's poorer quality of life and the resulting economic burden to countries, the health and social systems of the majority of countries have not been able to provide the treatments and support that people need and deserve.[165]

International analyses[166, 167] point out that one of the primary problems in treating and supporting people with mental disorders is the **lack of timely access** to relevant services. Services are skewed towards long-term institutional services, although long-term hospitalisation and living in institutions are ineffective in all age groups, less accessible and less accepted than services integrated into non-specialised hospitals, community services and primary care services. Long-term institutional care carries a higher risk of human rights violations, and its approaches are less person-centred and not recovery oriented. Services that could be alternative to long-term hospital services either do not exist or are only partially present in the system.

As an alternative to institution-based organisation of treatment, the WHO[168] has pointed out the need to develop community services, including:

- community mental health centres and teams (including multidisciplinary treatment teams and mobile teams responding to acute crises)
- psychosocial rehabilitation
- peer support
- supported living services

To improve access to treatment, it is necessary to ensure the integration of mental health services into the general health system, including: üldhaiglatesse (nt lühiajalise kestusega statsionaarne ravi akuutse seisundi korral),

- general hospitals (eg short-term inpatient treatment in the case of acute conditions)spetsiifiliste füüsiliste haiguste ravikomplekti (sh palliatiivravi ning HIV, diabeedi ja kardiovaskulaarsete haiguste ravi).
- primary health care
- treatment of specific physical illnesses (including palliative care and treatment of HIV, diabetes and cardiovascular diseases)

It is also necessary to develop clinical mental health services outside of standard health care (in prisons and other detention facilities, schools etc) and to ensure access to social services.

A significant obstacle to making services available is the lack of mental health professionals and mental health knowledge and skills, as well as their uneven geographical distribution in major regional centres. Studies focused on expanding access to services have tested various solutions, several of which have begun to be implemented in health systems.

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160. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
161. Smith DJ, et al. Schizophrenia is associated with excess multiple physical-health comorbidities but low levels of recorded cardiovascular disease in primary care: cross-sectional study. BMJ open. 2013 Jan 1;3(4):e002808.
162. Firth J, et al. The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. The Lancet Psychiatry. 2019 Aug 1;6(8):675-712.
163. Fujiwara T. Impact of adverse childhood experience on physical and mental health: A life-course epidemiology perspective. Psychiatry and Clinical Neurosciences. 2022 Nov 1.
164. WHO Comprehensive Mental Health Action Plan 2013–2030.
165. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
166. Ibid.
167. WHO Comprehensive Mental Health Action Plan 2013–2030.
168. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.

In primary health care, attention is increasingly paid to making evidence-based interventions available for the most common mental disorders, using two strategies.[169, 170] Firstly, training primary health care professionals already in the field to better detect and treat mental disorders in all age groups. Secondly, attempting to bring or integrate specialised employees into primary health care. Such employees may include counsellors, community health workers, mental health nurses and clinical psychologists who are working in primary care or divide their time between services at different levels. Both cases require a firmly established supervision practice and clearly defined collaboration with specialised mental health service providers.Broader community services with tight links to primary care services must also be available. Using trained non-specialists or professionals from other fields in the implementation of low-intensity therapies and interventions is also a global trend.[171] Such interventions have been adapted to various age groups and disorders, and use has been made of digital interventions (eg computerised cognitive behavioural therapy), guided self-help and short-term psychosocial interventions.

Another broader trend is **improving the quality** of mental health treatments. Quality includes establishing minimum standards for expected treatment outcomes and monitoring their achievement, ensuring human rights, patient autonomy and dignity, and taking into account the patient's wishes and preferences when planning services, preparing a treatment plan and improving services. To ensure service quality, the WHO's Comprehensive Mental Health Action Plan[172] recommends using evidence-based protocols and practices that include early intervention, adherence to human rights principles and respecting patient autonomy. Health care professionals should also pay attention to physical health needs in different age groups, as mental and physical health problems often go hand in hand.
When improving the quality of services, it is important to **reduce involuntary interventions** (including involuntary hospitalisation). Research shows that coercive practices reduce people's trust in mental health services and professionals, and can therefore lead to avoidance of seeking help for mental health problems.[173] In addition to bringing legislation and policy guidelines in line with human rights principles, effective methods include comprehensive training of service providers and integrated treatment, all of which reduce cases of coercive treatment.[174]
Community-level services and developing their standards of quality also play a role in ensuring high-quality treatment. An appropriate set of services could include recovery-oriented services aimed at supporting people with mental health disorders and psychosocial disabilities to live according to their own goals and wishes. When organising services, it is important to ensure multisectoral cooperation and sufficient variability to support people in different stages of life (eg young people returning to school or adults to work).

In quality improvement, it is necessary to **include service users and carers** in the redesign, monitoring and evaluation of services so they are more in line with their needs.[175, 176] It is known that the safety and quality of services improves and their efficiency increases when they meet people's needs and priorities. It also contributes to the reduction of the stigma in society.[177] Including service users in the improvement of services must also take place in the case of services aimed at people with mental health disorders and psychosocial disabilities.[178]

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169. Ibid.
170. Kakuma R, et al. Human resources for mental health care: current situation and strategies for action. The Lancet. 2011 Nov 5;378(9803):1654-63.
171. Javadi D, et al. Applying systems thinking to task shifting for mental health using lay providers: a review of the evidence. Global Mental Health. 2017;4.
172. WHO Comprehensive Mental Health Action Plan 2013–2030.
173. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
174. Barbui C, et al. Efficacy of interventions to reduce coercive treatment in mental health services: umbrella review of randomised evidence. The British Journal of Psychiatry. 2021 Apr;218(4):185-95.
175. Thornicroft G, Tansella M. Growing recognition of the importance of service user involvement in mental health service planning and evaluation. Epidemiology and Psychiatric Sciences. 2005 Mar;14(1):1-3.
176. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022.
177. Ibid.
178. Sheldon K, Harding E. Good practice guidelines to support the involvement of service users and carers in clinical psychology services. British Psychological Society.

Estonian context

Over the last decade, Estonia has taken several important steps in the development of mental health services.[179] Modernising primary health care centres laid the foundation for improving access to treatment. The possibility of hiring a second family nurse since 2013 has provided increased opportunities for working with mental health issues in family health centres. Since 2020 midwife appointments include separate mental health counselling in the perinatal period. There are mental health offices for children and adolescents that provide integrated social and health care services. Cooperation between family physicians and mental health professionals is facilitated by opportunities such as the therapy fund created in 2015, the possibility of online consultations with a psychiatrist since 2017 and with child and adolescent psychiatrists since 2020. A new service is consultation with a mental health nurse, and since 2020 the list of health care services includes remote consultation with a psychiatrist or mental health nurse. Several treatment guides have been developed in primary care to improve the quality of treatment. A palliative care guide was completed in 2021, which includes the provision of mental health services and support to patients and loved ones throughout treatment.

In 2021 support measures aimed at LGs were launched to support the provision of regional non-clinical help. In practice, LGs have most often offered psychological counselling. In addition, they also offer family therapy, family counselling, primary mental health crisis counselling and psychosocial crisis support, pastoral counselling, group therapy for parents (including parents of suicidal children), peer counselling, grief counselling, creative therapy and play therapy. To support the mental health of older adults living at home or in a welfare institution, the Ministry of Social Affairs has funded pastoral care services in general care homes with more than 60 beds since 2020.

Nevertheless, insufficient and variable access to mental health services, inadequate cooperation of service providers and varying levels of quality continue to be an issue in the field. This is illustrated by the 2022 Estonian National Mental Health Study[180], which shows the large prevalence of disorders and the low use of services among people who would potentially benefit from the services.

Main problems

Shortcomings in mental health services have been described in several documents on mental health care: 'Estonian reference document of mental health policy'[181], 'Mapping of mental health services and analysis of needs'[182], 'Psychiatry development plan 2020–2030'[183], expert opinion on the psychosocial effects of the COVID-19 crisis[184], the Green Paper on Mental Health approved by the Government of the Republic[185] and 'Treatment of working-age people with depression – results of mapping and analysis'[186].

The following have been outlined as the main problem areas:

- poor access to early care, including care that prevents the worsening of disorders;
- economically and geographically unequal access to services;
- mental health services are treated as a non-priority in the health care system[187];
- there are no uniform standards or policy guidance on the utilisation of mental health professionals at the community and primary care level, and expectations for roles vary;
- the practice of family physicians in the utilisation of the therapy fund for the provision of psychotherapy services varies significantly;
- the primary level is poorly integrated with mental health support services;
- mobility between service providers is difficult;

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179. Green Paper on Mental Health (2020).
180. Consortium of the Estonian National Mental Health Study (2022). Final report of the Estonian National Mental Health Study. Tallinn, Tartu: National Institute for Health Development, University of Tartu.
181. Estonian reference document of mental health policy. Praxis (2002).
182. Mapping of mental health services and analysis of needs. National Institute for Health Development (2012).
183. Psychiatry development plan 2020–2030. Estonian Psychiatric Association (2020).
184. Akkerman et al (2020) psychosocial effects and intervention options of the coronavirus crisis.
185. Green Paper on Mental Health (2020).
186. Treatment of working-age people with depression – results of mapping and analysis. Estonian Health Insurance Fund (2021).
187. See, for example, Modernisation of health centres, section 5 of § 2.

- there are no quality standards for assessing the effectiveness of treatment or sharing of information between professionals;
- the mental health competence of primary care employees varies;
- outpatient psychiatric and consultative care in hospitals is incomplete and varies from region to region;
- there is a lack of access to specialised community mental health services;
- outside of rehabilitation and special care aimed at a narrow target group, the role of LGs in the provision of mental health support services is rather modest;
- the inclusion of patients in treatment decisions is low and crisis plans are used marginally;
- at the hospital level, there is a lack of mental health services related to the treatment and support of mental health conditions associated with physical illnesses, including palliative care. The mental health training and in-service training of professionals is deficient;
- people's mobility between special care services (eg rehabilitation service and assisted living service) is difficult and there are no uniform quality standards.

Estonia has started to move towards increasing the proportion of community-based mental health services. Nevertheless, specialised hospital care must be ensured for people who need more intensive treatment that requires monitoring. It is also necessary to ensure the quality of patient care in the provision of institution-based services in accordance with human rights principles and international standards while reducing the proportion of involuntary admission and treatment. The field of forensic psychiatry also needs quality requirements for involuntary treatment and forensic examination, modern premises that ensure the safety of patients and employees, and modernisation of regulations.

There is a lack of state supervision mechanisms and there are shortcomings in service providers' practices which ensure the rights and freedoms of service users and accept their choices. This is an issue that concerns the entire health field and needs to be resolved in the system as a whole.

Required changes and actions to achieve them

2.4.1 Access to mental health care is improved at all levels.

Providing care to Estonian people primarily at the upper levels of the mental health pyramid, as has been done so far, is not sustainable. In order to improve access to help, it is necessary to cover the lower levels of the pyramid: to develop and ensure access to self-help materials and tools (eg digital self-help aids), create low-intensity interventions (including digital interventions, short-term psychotherapeutic interventions, group counselling and therapies) and adapt them to suit people of different ages and health needs. It is still necessary ensure and improve access to higher-level services (including psychotherapy both in primary care and psychiatric care), enhance the treatment of severe mental disorders (new complex interventions, providing institution-based therapy centre service etc). In order to timely refer a person in need to the most appropriate level, it is necessary to apply screening and assessment tools and quality standards. Restructuring the provision of mental health care so it follows the principles of stepped care requires thinking through the possibilities of providing specialised psychiatric care services in the community, which is why rehabilitation and special care services need to be modernised. It is necessary to provide rehabilitation to people recovering from a mental disorder, which is not covered by regular rehabilitation.

Improving access to primary-level mental health services must start with agreeing on a set of services. It is necessary to discuss and agree with stakeholders on the minimum package of mental health services that is available to all Estonian residents close to their home, as well as allowed regional variations. The agreements must be implemented based on local variability.

It is necessary to think through the potential of school and occupational health in mental health prevention and support, such as the extent to which organisational changes could increase the role of school and occupational health in mental health promotion, early detection, the provision of help, and supporting people recovering from health issues in their return to school or work. In order to diversify assistance, we need to have enough professionals in the care system.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will lead efforts to agree with stakeholders on a minimum package of close-to-home (including primary health care centres and LGs) mental health services, and their subsequent implementation.
- To introduce a system of stepped care:
  - the Ministry of Social Affairs and implementing institutions will test low-intensity interventions and expand the implementation of effective interventions;
  - the Estonian Health Insurance Fund will contribute to the adaptation and validation of appropriate assessment tools specified in treatment guides;
  - the Ministry of Social Affairs will lead the efforts to introduce assessment tools to which both clinical and non-clinical professionals would have access;
  - the Ministry of Social Affairs will lead the efforts to identity possibilities for the provision of low-intensity interventions by people who are not medical or mental health professionals; and
  - the Ministry of Social Affairs will begin to modernise legislation regulating the provision of mental health services to create a suitable regulatory environment for the integration of low-intensity interventions into the system of services.
- The Ministry of Social Affairs will commission a policy analysis/analyses to identify ways to restructure school and occupational health to better support the mental health of children and people of working age.

2.4.2 The roles of professionals and care journeys are clarified.

It is necessary to organise the uneven system of mental health services and clarify the roles and responsibilities of mental health professionals. When designing and redesigning service user and patient journeys, it is necessary to establish minimum indications for receiving services and agree on standards for referral and service provision. Consistent measurement of the effectiveness of interventions is also necessary.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will commission a policy analysis/analyses to determine the existence, timeliness and adequacy of qualification requirements in the provision of mental health services and the relevance of current career trajectories to the system's needs.
- The Ministry of Social Affairs will lead the efforts to establish guidelines for role limits with stakeholders in the utilisation of the competence of mental health specialists, and recommended guidelines will be provided for the referral of those in need from one service to another.
- The Ministry of Social Affairs will adjust the legal system in a way that allows the application of similar requirements to services of the same type in the health, labour, social and educational field.

2.4.3 A sufficient number of providers is ensured to meet the population's need for assistance.

Mental health care that is timely and accessible to residents requires having a sufficient number of professionals in the system. Professionals already working in the system must be retained and applied within the limits of their skills, which must be constantly maintained and improved with the help of further training. Training is required for the widespread introduction of evaluation tools, the implementation of new interventions and the continuous improvement of service quality.
In addition to replacing people leaving the system, the system needs a larger workforce to handle the need for care. Alongside the continuation of formal education and post-formal education programmes (eg residency, induction year), it is necessary to look for ways to quickly add more specialists with relevant basic skills to the system.

For example, in order to widely implement low-intensity interventions, it may be justified to provide further training alongside nurses, psychotherapists and psychologists already in the system to people who have completed basic training in psychology, social work or health sciences, but who do not yet work in the system.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will lead the continued funding of the training of mental health professionals, while seeking ways to increase training volumes, if necessary.
- The Ministry of Social Affairs will lead the analysis of further training needs of professionals already in the system, as well as ways to quickly add more professionals to the system, using further training.
- The Estonian Health Insurance Fund and the Ministry of Social Affairs will collaborate to develop a price list for psychological treatment, during which they will review the price list for psychiatric specialist care and ensure the fair pricing of mental health care as a labour-intensive service.
- The Ministry of Social Affairs will lead the development of guides that ensure a support mechanism to maintain the coping and working capacity of mental health professionals.

2.4.4 The provision of mental health services is organised in a more person-centred way.

The development of mental health services must continue towards the provision of more person-centred services. Firstly, the treatment of physical illnesses (eg diabetes, heart disease, HIV, cancer) needs to be enriched with psychosocial support services (including through the provision of in-service training for the existing workforce). The provision of person-centred mental health services requires the implementation of a multidisciplinary treatment team model. Secondly, a modern approach requires fully involving people in treatment decisions (eg the drafting of treatment plans, taking into account crisis cards / crisis plans in treatment) and otherwise taking into account people's preferences and expectations when helping them. Including people requires empowering them, informing them about their condition, the options for treatment and further assistance, and the side effects and risks of treatment.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will start organising the WHO QualityRights training for people in the health care and social welfare system.
- The Ministry of Social Affairs will collaborate with institutions in its administrative area and service providers to continue the integration of health care and social services based on disorder groups and care journeys.

2.5 Organisation of mental health and psychosocial support in humanitarian and emergency contexts

International context

Mental health and psychosocial support (MHPSS)[188] is an inevitable part of coping with crises (epidemic, war, mass immigration, natural disaster etc). Each sector has a role in crisis response, with the aim of protecting and promoting people's well-being, preventing the onset of mental health conditions and supporting people with previous conditions or with conditions that have emerged in a crisis situation.
The most important reference document for effective MHPSS interventions during humanitarian crises is the guidelines of Inter-Agency Standing Committee (IASC)[189], a joint organisation of relevant international organisations. According to the guidelines, different parties (government agencies, LGs, NGOs) must contribute to four priority lines of action in MHPSS response during emergencies (Figure 3): ensuring the basic needs and security of people, community and family support, focused psychological and emotional support and specialised mental health services. The IASC guidelines emphasise the importance of setting up a multisectoral technical working group for MHPSS to coordinate the activities of different parties, exchange information, regularly map problems and resources, and plan resources.
The IASC guidelines are the central framework for crisis preparedness in the Mental Health Action Plan and serve as a basis for planning actions.

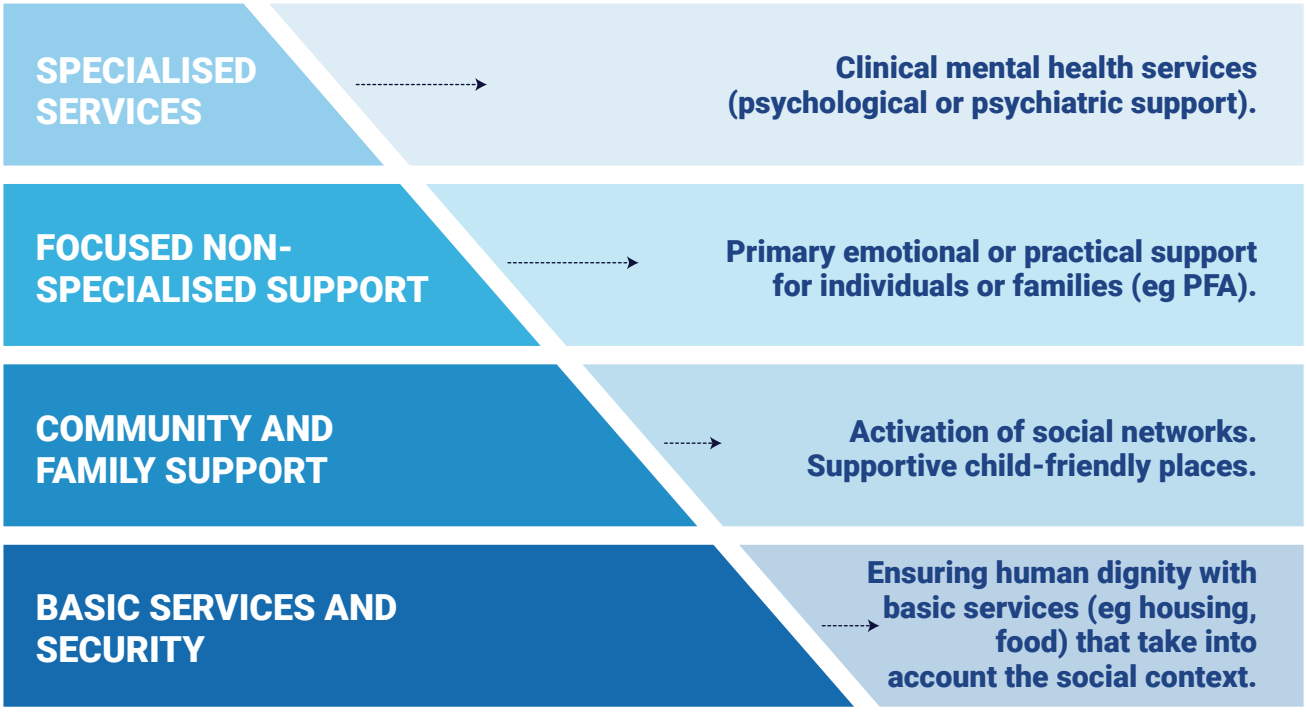

Figure 3. The intervention pyramid for mental health and psychosocial support in humanitarian crises

188. MHPSS used in the text is an internationally used acronym for mental health and psychosocial support.
189. Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

The four MHPSS layers shown in Figure 3 are not in order of priority and must be contributed to simultaneously. Examples of actions required within each layer:

1. When **ensuring the basic needs and security of people,** all actions must be in line with human rights and social considerations. The privacy of people must be guaranteed (eg curtains in temporary living spaces, a safe place for personal belongings, a private place for washing and changing clothes). It is important to pay attention that vulnerable target groups (eg older adults) receive appropriate assistance in meeting their basic needs and people with disabilities are provided the necessary support.
2. When **providing community and family support,** it is necessary to help create or maintain community support groups and joint activities. This includes creating child-friendly spaces that offer children structured routines and activities (eg learning activities or hobby groups). It is also important to pay attention to parental skills and the enabling of family reunification.
3. **Focused psychological, practical and emotional support** means that people who need more special support must receive it. This requires using existing opportunities and redirecting resources (eg the provision of psychological first aid or psychosocial support in a crisis by trained volunteers/frontline workers, psychoeducation or group counselling for young people organised by school psychologists).
4. **Specialised services** are needed by a smaller group of people who are in a severely disturbed acute state and are non-functioning in a crisis or who have been previously diagnosed with a mental health condition and need a lot of help. Even in times of crisis, it is necessary to ensure clinical services and treatment – both for those who have a crisis-induced condition and those who have been diagnosed earlier. The availability of medicines must also be ensured. It is important to make sure that inpatient treatment continues in accordance with human rights principles.

The situation and main problems in Estonia

Two expert opinions have been prepared on the impact of the coronavirus epidemic on people's mental health, one in spring 2020 and the other in autumn 2021. Authors of the expert opinion noted that the Estonian mental health system was not prepared to handle the epidemic-induced psychosocial effects, and responses to crises so far have been reactive rather than preventive and systematic.[190] The mental health field in Estonia was also not prepared for the war launched by Russia against Ukraine, which led to many Ukrainian war refugees in Estonia needing mental health care. Studies show that people who have experienced war are approximately twice as likely to have mental health conditions compared to the general population: on average, 13% of them experience mild, 4% moderate and 5.1% severe mental health conditions[191], which is why major humanitarian crises require a significant focus on the mental health of people directly affected by them. Even in crises, mental health care and services must be based on the best available knowledge, and the impact of interventions should be assessed and constantly improved.[192] Estonia has not been particularly successful in assessing the impact of interventions in past major crises, so more attention must be paid to this when developing a more comprehensive system. The evidence-based approach also needs to be improved in crisis communication.[193] Experiences related to the COVID-19 pandemic in particular showed the inability to take into account mental health impacts, and information was not always clear enough.[194]

Recent crises have taught us plenty of lessons and highlighted problems in the MHPSS response. Parties in the field[195] have noted the lack of a cohesive system and coordination, the unclear division of roles among crisis managers and parties organising aid, as well as the lack of a proper overview of MHPSS resources, parties, training and skills, which would allow us to better allocate resources, including finances.

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190. Vainre et al (2021) 2nd expert opinion: Coping with the psychosocial consequences of the coronavirus epidemic.
191. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis.
192. Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.
193. Vainre et al (2021) 2nd expert opinion: Coping with the psychosocial consequences of the coronavirus epidemic.
194. Based on the discussion of the crisis preparedness working group at the opening seminar of the Mental Health Action Plan on 20 June 2022.
195. Ibid.

At the time of preparing the action plan, Estonia does not yet have an MHPSS response system based on the international framework[196]. So far, MHPSS response has not been thought through, nor has it been systematically developed, which is why assistance provided in the MHPSS field has been sporadic and fragmented. The organisation of psychosocial support in crises provided as part of victim support is the responsibility of the Social Insurance Board. The draft Victim Support Act[197] specifies the provision of psychosocial support in crises, but the duties and scope of activities of the Social Insurance Board in large-scale crises, including outside the victim support system, still require further development and definition. The Social Insurance Board provided psychosocial support rather in the event of minor crises or accidents, which, on the one hand, was due to limited resources and, on the other hand, due to a lack of previous preparation to cope with large-scale crises. As the war in Ukraine broke out, the Social Insurance Board organised psychosocial crisis support services for refugees arriving in Estonia, the Ministry of Social Affairs organised pastoral counselling, the Association of Estonian Psychologists started gathering and supporting psychologists arriving from Ukraine, and some LGs started offering mental health services to refugees. Support was thus provided, but primarily on a reactive basis.

The role of LGs in ensuring the well-being of their residents, including those displaced due to humanitarian crises, and in MHPSS response is important and LGs are performing this duty even without specifications arising from law.[198] In order to organise evidence-based MHPSS response that meets people's needs, LGs expect assistance, tools (eg a questionnaire to assess the need for support and map MHPSS parties, guidelines and training) and financial assistance from the state.[199] Moving towards a comprehensive MHPSS response system should include the provision of guidelines to LGs to help ensure psychological and emotional support to those in need, crisis support and community support, and to include the provision of psychosocial support in the LG's crisis plans.

The contribution of various institutions, levels and organisations is important in ensuring MHPSS response in crises, as those in need come into contact with very different parties. The experience of COVID-19 and the refugee crisis stemming from the aggression of terrorist Russia in Ukraine has shown both LGs and crisis resolution authorities (police, rescue, welfare etc) that ensuring people's basic security and basic needs is crucial in crises and it requires close cooperation between the state, LGs and various sectors.[200] Therefore, it is necessary to clarify the roles of different parties responsible for crisis and emergency preparedness (including central management and coordination), increase the parties' awareness of MHPSS and develop an MHPSS response system based on international standards.

Increasing the sense of security and unity to prevent interpersonal conflicts and ensure stability is also a point of concern. Crises may lead to disagreements and radical attitudes in the population, which may lead to interpersonal conflicts and undermine security in communities and the state at large.[201] Therefore, crisis preparedness must also take into account risks associated with **extremism and radicalisation.** Although signs of radicalisation may be difficult to identify, it is important to be able to spot risk behaviour in the family, at school, while working with young people, in social welfare, in the health care sector etc.[202] One of the greatest concerns is antisocial early teenagers (aged 13–14 years or even younger) who spend a lot of time online and are susceptible to all kinds of behavioural influence.[203]

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196. Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

197. As of 30 November 2022 the Victim Support Act is awaiting the 2nd reading in the Riigikogu, which should take place on 7 December 2022.

198. Amendments to the new Victim Support Act were initially supposed to clarify the roles of LGs in the Social Welfare Act, but the idea was abandoned.

199. Meeting 'The role of LGs in the implementation of MHPSS in emergencies and humanitarian crises', held as part of the drafting process of the Mental Health Action Plan, 19 October 2022.

200. Seminar 'South-eastern storm +3' of the Võru County Development Centre, 18 November 2022.

201. Based on the discussion of the crisis preparedness working group at the opening seminar of the Mental Health Action Plan on 20 June 2022.

202. Guide 'Early detection of radicalisation and networking', 2019.

203. From the training 'Radicalisation as dangerous risk behaviour', organised by the Ministry of the Interior.

Required changes and actions to achieve them

2.5.1 Protecting and supporting mental health and psychosocial well-being is one of the fundamental principles of crisis management in all areas of activity.

Providing MHPSS in crises and emergencies is not strictly a matter of organising health care services or mental health treatment – it must be done in all crisis resolution areas, such as health, education, the social system, internal security and defence.[204] Assistance to people affected by an emergency is organised by various authorities and levels (including in meeting people's basic needs), and therefore all decisions must be based on people's well-being and the impact of decisions on their mental health. This requires the respective authorities and institutions to be aware of the MHPSS approach and framework.
An important part of responding to a large-scale crisis or emergency in society is the extensive utilisation of supportive resources and the mobilisation of individuals and community networks. Self-help skills are essential in the case of individuals, so that people know how to regulate their emotions and have the skills necessary to adapt and cope in difficult conditions. Mobilising a community both inside and outside a community means involving its members (individuals, families, friends, peers, neighbours, colleagues and other groups) in all discussions, decisions and actions that affect them and their future. When people are more involved, they are likely to become more hopeful, able to cope and active. Aid measures should support participation, build on what local people are already doing to help themselves, and avoid providing first aid for what people can do on their own.[205]
Sending clear messages to the population is vital in crises. When sharing information, it is important to be clear, sensitive and constructive, and unexpected and panic-inducing information should be avoided wherever possible. Crisis 101 materials, self-help and psychological first aid guides must be universally accessible. The website kriis.ee must have all the information relevant to the crisis, information must be updated regularly and there must be a person responsible for updating it. The media must also be careful as to not create or show images that amplify suffering or cause unnecessary fear and anxiety in people.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will translate into Estonian the most important internationally used resources on MHPSS and will ensure access to them.
- The Ministry of Social Affairs will lead the integration of MHPSS as a fundamental principle into all areas related to crisis resolution. This requires:
  - involving representatives of MHPSS in crisis preparedness exercises of different sectors (eg health, internal security);
  - increasing the awareness of parties related to crisis management and organisation by providing MHPSS training at crisis preparedness events or separately;
  - organising a conference in cooperation with UN organisations (WHO, UNHCR etc) for widespread introduction of the MHPSS approach; and
  - finding a way to organise an MHPSS course for high-ranking state officials and heads of LGs.
- The Ministry of Social Affairs will organise training on the consideration of MHPSS in crisis communication.

[204] Comments of speakers and participants of the seminar. Seminar 'Addressing the mental health and psychosocial needs of refugees arriving from Ukraine in Poland and other receiving countries', organised by the WHO. Warsaw, Poland, 20–21 October 2022.
[205] Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

2.5.2 The MHPSS activities of various parties are centrally coordinated, constant monitoring is provided and the necessary support is accessible to people.

In order to ensure access to the support needed, it is first necessary to map the MHPSS services and activities provided in the health care, social and education sector, at the local level (eg by community workers, mental health professionals, social workers, ministers of congregations, pastoral counsellors and other counsellors) and by volunteer organisations, as well as the skills, resources and opportunities of service providers. The mapping is based on the IASC guidelines and will provide comprehensive information on the who, what, where and when.[206] This will provide a basis to identify areas not yet covered, improve the cohesion of activities and build an MHPSS response system. It is important to regularly monitor the situation once the mapping is completed. The information gained will allow for the better provision of needs-based support while making the best use of the resources available.

A state-run coordination group including all primary MHPSS parties will be formed in order to efficiently organise MHPSS. The coordination group will be prepared to work in large-scale crisis situations and will have set roles, working principles and responsibilities. The goal of the group's activities is to ensure a systematic response to crises and, where necessary, promptly respond to defence threats. Efforts will be made to develop prompt information exchange between institutions, as well as the assessment of risks and needs. The ability to detect early the psychosocial and mental health problems of those affected will be improved and the necessary support will be provided in a timely manner. Human rights and humanitarian law violations will be identified, while seeking to prevent them, as well as respond to violations. Mechanisms will be developed to provide feedback, monitor and report on the activities of aid providers. Regular evaluations will be carried out and implemented. Prompt information exchange between providers of humanitarian aid will be improved. Evaluation results will be shared and lessons will be analysed. This includes the entire process of how individuals, communities, organisations and institutions respond to emergencies. In cooperation with the WHO, a model will be developed for MHPSS organisation and coordination.

MHPSS services and activities will be made available by the state, LGs and organisations in the field and through the inclusion of social resources. Certain services must also function and be available in the event of a security threat or war in Estonia, so it is necessary to prepare for this as well.

Actions needed to achieve change 2023–2024

- The Ministry of Social Affairs will convene and lead the activities of the MHPSS coordination group:
  - the group brings together institutions and organisations engaged in MHPSS from both the health sector and social protection sector and meets regularly;
  - the activities and parties of the group will adapt to the specifics of the ongoing crisis;
  - the group is active in both the planning phase and the acute phase of the crisis.
- The Ministry of Social Affairs will map the parties in the MHPSS field[207] to get an overview. The overview will be updated regularly and actions will be monitored as part of the coordination group's activities.
- The Ministry of Social Affairs will fund the additional provision of MHPSS services in crises as much as possible, based on the mapping and constant monitoring of the situation.
- The Ministry of Social Affairs, in cooperation with LGs, will clarify their role in the provision of psychosocial support in crises and, with the Social Insurance Board, will offer them the necessary guides and trainings.
- The Ministry of Social Affairs will lead the efforts to specify the roles and tasks of institutions in the administrative area of MHPSS response in the event of large-scale crises.

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206. IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2012). Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes (field test-version). Geneva.

207. As of 30 November 2022, the first IASC guidelines-based mapping among the parties has been completed, followed by interviews with a WHO expert in December and a review by the end of 2022.

- The Ministry of Social Affairs will coordinate the development of a minimum package of MHPSS services, whose readiness and availability must be ensured in the event of a nationwide disaster or war in Estonia.

2.5.3 Targeted psychosocial support and psychological first-aid training are widely available and integrated into the training of first responders.

In order to provide comprehensive psychological first aid, appropriate training must be organised for all first responders and frontline workers (educators, medics, social workers, police officers etc) to ensure primary psychosocial support through authorities and professions that come into contact with people in need. In addition, psychological first-aid training must be available to the entire population and to community volunteers. For example, it is possible to inform the public of first-aid techniques through the media. To provide targeted psychosocial support, it is necessary to make stress-relief training available to employees providing specific support (victim support workers, child protection workers, family nurses, educational support staff etc).
Professionals in the social and health care field must have the skills and tools to define signs of psychosocial stress, including behavioural and emotional problems (eg aggressiveness, social withdrawal, sleep disorders and anxiety), as well as other indicators of stress and mental health conditions. Evaluation allows for the identification of people who need specific mental health services or other support. Among other things, it is necessary to get information about people with severe mental health conditions to provide them with the necessary treatment or ensure the continuation of previous treatment.
In order to prevent the people who are helping in a crisis from burning out or developing mental health problems themselves, it is necessary to have descriptions of their skills and tasks, and to prepare guidelines. To adequately prepare employees and volunteers, it is necessary to organise evidence-based training (including self-help), supervision and co-vision, and employers need to follow legislation on working and rest time.

Actions needed to achieve change 2023–2026

- The Ministry of Social Affairs will ensure that its subordinate institutions and partners organise psychological first-aid training and outreach for first responders and the general population.
- As a prerequisite for providing psychological first-aid training, the Social Insurance Board will organise training to ensure a sufficient number of instructors and in-service training on humanitarian crises to instructors who have participated in previous training. Psychological first-aid guides and training materials will be updated and modernised together with the WHO and the Ministry of Social Affairs.
- The Social Insurance Board will prepare an overview of target groups important for the planning of psychological first-aid training and a plan for the organisation of training with a schedule.
- The Ministry of Social Affairs will lead the efforts to find solutions for the integration of a psychological first-aid training module into the in-service training of first responders:
  - for example, the Ministry of Social Affairs is exploring the possibility of integrating psychological first-aid training into the in-service training in disaster medicine, organised by the Estonian Military Academy, and offering it to employers as in-service training courses.
- The Ministry of Social Affairs will coordinate the development of the necessary tools and support options to provide help to those who are helping.
- Employees providing specific support to those in need (victim support workers, child protection workers, family nurses, educational support staff etc) will get access to materials and training, as well as group and individual counselling that helps provide optimal targeted psychosocial and emotional support (including stress management).

3. Implementation of the action plan

This action plan was prepared to agree with stakeholders on the primary directions to which the Ministry of Social Affairs, as the leader of the mental health policy, will contribute between 2023 and 2026. It was necessary to draft the action plan because new developments required previous strategies[208] to be improved and actions to be agreed on.
Previous development documents have not been significantly implemented, as the state lacked the political will and institutional capacity required to manage mental health policy consistently. In early 2022 the Department of Mental Health was established in the Ministry of Social Affairs as a separate structural unit in order to shape mental health policy and implement the desired changes. The main task of the department is to plan mental health policy and organise its implementation, promote society's awareness of mental health, create the conditions for the prevention, early detection and effective treatment of mental disorders, consistently improve the availability and quality of services, and contribute to the creation of a living environment that supports people's mental health and well-being. The department is also tasked with planning multisectoral developments and responsibilities, involving different ministries and levels of governance.
The Mental Health Action Plan is the starting point for the Ministry of Social Affairs in planning activities between 2023 and 2026, and it is the basis for the annual work plan of the Department of Mental Health in particular, but also the work plans of other related departments. Successful implementation of the action plan requires sustainable funding for the development of mental health policy, ensuring the necessary management structure (Department of Mental Health) and sufficient human resources, and the planning of developments and responsibilities that cover the entire mental health field, involving various ministries and levels of governance.
Resolving problems in the mental health field requires significantly more actions than are outlined in the action plan or are achievable within a few years with the resources available. Therefore, it was necessary to prioritise actions and, as a result, the upcoming activities described here (for the period 2023–2024 or 2023–2026) can be realistically included in the work plan and initiated, given the available resources. In doing so, it is required to take into account political priorities and choices for the allocation of funds, which may give some actions a greater boost than expected but also inhibit some actions.
The action plan is a living document, reviewed annually and updated as necessary.

Actions needed between 2023 and 2026 to implement the action plan

- In order to implement the Mental Health Action Plan, actions will be linked to the annual work plan of the Ministry of Social Affairs, and proposals to finance the actions will be presented in the state budget process;
- The progress of the action plan will be reviewed with stakeholders annually to assess the implementation, progress and areas of improvement of the action plan;
- For a multisectoral approach to mental health activities and their strategic management, the connection with the national development plan will be strengthened.

[208] Mental Health Strategy 2016–2025 (VATEK). Green Paper on Mental Health, Ministry of Social Affairs (2020).