MELODIC

Mental Health Support for Young Adults with Cancer

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Deliverable 5.3: Policy Recommendations Report

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Executive Summary

This report is written as a product of the project MELODIC. This project is co-funded by the European Union.

The authors would like to thank the MELODIC Executive Committee for providing us with valuable feedback on this report.

We hope that this report will serve as a useful tool in the collaboration with stakeholders in the MELODIC project.

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1. Introduction

1.1. Background

Cancer is the second leading cause of death globally, with approximately 20 million new cases reported annually, expected to rise by 60% in the next two decades, especially in low- and middle-income countries (1). Across 29 European countries, 23.7 million people had experienced a cancer diagnosis out of a total population of 477.9 million. Similarly, in the EU-27 area, 22.3 million prevalent cases were recorded among 447.3 million residents (2). In 2022, there were an estimated 2.78 million new cases of cancer in the 27 Member States of the European Union (EU27) plus Iceland and Norway (EU+2 countries), equivalent to about five new diagnoses every minute (3). Cancer survivors, both adults and children, face numerous challenges that impact their physical, psychological, and social well-being, diminishing their quality of life. Common psychological issues include anxiety, depression, emotional distress, and fear of cancer recurrence, while physical symptoms such as pain, fatigue, insomnia, and cognitive impairment also affect patients (4, 5). Caregivers and families are similarly impacted, often experiencing significant emotional and physical strain, underscoring the need for comprehensive support and resources (6). Many cancer patients report a need for psychological support (91%) and medical information (86%), yet barriers such as stigma, lack of awareness, and limited access to mental health services prevent many from seeking help (7, 8).

Digital solutions and tailored interventions can address the specific needs of cancer patients, their families and caregivers, promoting positive mental health outcomes (9). Despite the availability of guidelines and recommendations for psycho-oncological care, disparities in implementation across different countries persist, influenced by economic factors and cultural stigma (10, 11). Only 37% of European countries have a dedicated budget for the psychological assessment of cancer patients, with limited attention given to the psychological well-being of caregivers and paediatric cancer patients (12). As such, enhancing the availability of tailored mental health services and improving the use of screening tools are crucial steps toward ensuring comprehensive cancer care for patients and their families (13, 14).

1.2. The MELODIC Project

The 'Mental health support for young adults with cancer' (MELODIC) project is a 3-year project started in September 2024 and co-funded by the European Union. The MELODIC project aims to enhance the mental health and wellbeing of young adults (YAs) with cancer and their families or caregivers during the first two years following diagnosis. Its key deliverables include a thorough understanding of mental health needs through interviews and surveys, an intervention promoting physical activity in natural environments, online training for healthcare professionals, and practical

guidance for supporting patients and families. The project also produces webinars and evidence-based recommendations, ensuring both young adults and professionals are better equipped to manage mental health challenges effectively.

Finally, the MELODIC intervention is inspired by the principles of **social prescribing**, linking young adults and their families to activities and resources that support mental health beyond the clinical setting. By encouraging engagement with nature-based physical activity and tailored information support, the project applies social prescribing as a practical tool to strengthen wellbeing and resilience.

SOCIAL PRESCRIBING

Social prescribing is defined by the WHO as a means for healthcare workers to connect people to a range of non-clinical services in the community in order to improve health and wellbeing. Social prescribing can help to address the underlying causes of patients' health and wellbeing issues, as opposed to simply treating the symptoms.

At EU level, **social prescribing** has only fairly recently gained recognition. Recent initiatives such as the Horizon Europe-funded ' *Social Prescribing to promote and improve access to health and care services for people in vulnerable situations in Europe*' project and the Erasmus+-supported '*SPACE*' project highlight its growing role in European health policy funding.

Work Package 5 is dedicated to the policy, dissemination and communication dimension of the project, ensuring its effective implementation, dissemination, and communication to enhance scalability and long-term sustainability. It also focuses on engaging relevant stakeholders to facilitate knowledge exchange and information sharing. A key objective is to engage policymakers at both national and European levels, raising awareness of the intersection between mental health and cancer, as well as equipping decision-makers with robust, evidence-based insights to inform current and future policy development. Furthermore, this work package facilitates structured dialogue on challenges, expectations, and enabling factors, contributing to the creation of policy-oriented tools that support informed and effective decision-making. It also strengthens synergies with other EU-funded and relevant initiatives, fostering collaboration and knowledge exchange to enhance policy coherence. Through strategic communication and dissemination efforts, Work Package 5 ensures that the project's outcomes have a lasting impact on policy frameworks and implementation.

Within Work Package 5, **Task T5.3.1**, which spans the first 12 months, focuses on creating a Policy Outreach Strategy that aligns the project's objectives, messages, and activities, ensuring a coherent approach to influencing policy. In **Task 5.3.2** (M6-M18), a set of policy recommendations will be

developed, capturing the challenges and opportunities faced at both national and European levels in promoting the mental health of cancer patients. These recommendations will address key issues such as prioritising mental health in the political agenda, raising awareness of the mental health impact on cancer patients, and identifying actionable solutions. **Task T5.3.3** (M12-M36) will engage with ongoing and upcoming policy activities related to mental health, cancer survivorship, and quality of life, including legislative files such as the European Health Data Space and mental health communication strategies. Finally, **Task T5.4** wil aim at developing a sustainability plan to ensure the continuity of the training programme developed and integrate the training on the INTERACT2 platform.

1.2.2. Deliverable 5.3 – Policy Recommendations Report

As the lead of this deliverable, ECO has developed the present Policy Recommendations Report through task 5.3.

1.2.2.1 Executive Summary

Mental health remains insufficiently and unevenly addressed within cancer care systems across Europe, despite recent increasing recognition at both European Union and national levels of its critical importance. Significant disparities persist between and within Member States in terms of access to psycho-oncology services, routine mental health screening, professional capacity, and sustainable financing (See Annex). On top of patients, survivors, caregivers and families are also particularly affected by these gaps, which undermine long-term well-being, social reintegration, and health system resilience.

Building on the MELODIC Policy Outreach Strategy (Deliverable D6.3), these policy recommendations translate the project's analytical work, policy mapping, and stakeholder engagement into a coherent and actionable set of proposals. They are addressed to European institutions, national governments, and relevant health system actors, with the objective of supporting the systematic integration of mental health and psycho-oncology across the cancer care continuum. Emphasis is placed on governance, implementation, and sustainability, as well as on the added value of digital solutions in addressing unmet needs.

1.2.2.2 Policy Context & Rationale

Cancer constitutes a major and growing public health challenge in Europe, affecting millions of individuals and placing increasing pressure on health systems. Alongside physical morbidity, cancer is associated with a high burden of psychological distress, including anxiety, depression, cognitive impairment, and fear of recurrence. These effects frequently extend beyond the patient to families and informal caregivers, with significant social and economic consequences.

While EU-level initiatives such as Europe's Beating Cancer Plan and the European Commission's Comprehensive Approach to Mental Health acknowledge the importance of psychosocial care, translation into national policies and routine practice remains inconsistent. Only a limited proportion

of National Cancer Control Plans explicitly address psycho-oncology or survivorship, and mental health expenditure within cancer care varies widely across Member States (See Policy Outreach Strategy mapping). The absence of common standards, dedicated funding, and systematic monitoring contributes to fragmented implementation and persistent inequalities.

The following recommendations aim to support policymakers in converting existing political commitments into measurable and sustainable improvements in cancer care.

Table 1: Existing policy tools on mental health

Date	EU institution	Key initiative
2019	European Commission, Parliament, and Council	Intensified mental health policy focus in response to COVID-19 pandemic.
2021	European Commission	EU Strategic Framework on Health and Safety at Work (2021–2027)
2021	European Parliament	Adoption of a report on the Right to Disconnect
2022	European Commission	Healthier Together - the Commission's EU Non-Communicable Diseases Initiative
June 2023	European Commission,	Launched a comprehensive mental health approach with **20 flagship initiatives** and **€1.23 billion in funding**.
November 2023	Council of the European Union	Issued **conclusions** on mental health
December 2023	European Parliament	Adopted first **own-initiative report** on mental health which gave way to European parliament resolution on mental health

2. Policy Recommendations

2.1. Sustaining momentum at European Level

- **Policy Recommendation 1: Mobilising the European Union's Multiannual Financial Framework for increased funding for the integration of psycho-oncology expertise and the specialty into clinical care**

Psycho-oncology and mental health care play a critical role in sustaining workforce participation, reducing productivity loss and strengthening economic competitiveness across the European Union.

The European Commission's proposed Multiannual Financial Framework for 2028-2034 signals a strategic shift by consolidating health, biotech and resilience funding within a new European Competitiveness Fund, to enhance growth and innovation across the Single Market.

We recommend explicitly earmarking of resources within the Competitiveness Fund for sustainable investment in psycho-oncology service delivery, mental health workforce development- and

integrated care models. Such investment will help mitigate labour shortages, support productive and resilient populations and reinforce the Union's broader competitiveness objectives.

- **Policy Recommendation 2: Integrating routine mental health screening into cancer care**

Routine mental health screening is essential to identify psychological distress early, improve treatment adherence and reduce long term health and productivity costs associated with unmanaged mental health conditions in people affected by cancer. Yet screening remains unevenly implemented across Member States, leading to missed intervention opportunities and avoidable burden on health systems and the labour market.

We recommend that psychological assessment be established as a standard component of cancer care at diagnosis, throughout treatment and during follow up, using validated tools such as the Cancer Distress Thermometer and clearly defined referral pathways. EU level guidance should set common quality standards while supporting effective national implementation through funding, training and monitoring mechanisms.

- **Policy Recommendation 3: Integrating mental health outcomes into EU cancer monitoring**

Robust monitoring of mental health outcomes is essential to understand the full impact of cancer on individuals, health systems and economic participation across the European Union. While current EU cancer monitoring frameworks focus primarily on survival and other clinical indicators, they insufficiently capture psychological wellbeing, quality of life and long-term survivorship outcomes that shape recovery and productivity.

We recommend that mental health and psychosocial indicators be systematically integrated into EU cancer data systems, performance frameworks, and reporting mechanisms. This should include standardised measures of psychological distress, wellbeing and social functioning across the cancer care continuum, such as patient reported outcome measures (PROMs), such as the Distress Thermometer, and patient reported experience measures (PREMs). At EU level, initiatives such as the EU-funded EUonQOoL project are developing unified systems to support the systematic use of such data in policy and research.

2.2. At the national level: ensuring delivery and equity

- **Policy Recommendation 4: Integrating psycho-oncology expertise and the specialty into national cancer plans**

Effective cancer care requires structured and adequately resourced psychosocial support at national level, yet mental health provision remains fragmented and uneven across Member States. The absence of clearly defined psycho-oncology components within many National Cancer Control Plans contributes to disparities in access, outcomes and long term social and economic impact.

We recommend that all National Cancer Control Plans incorporate dedicated mental health or similar psycho-oncology frameworks, including minimum service standards, clear referral pathways, governance arrangements and measurable implementation timelines. These plans should guarantee access to psychosocial support for all people affected by cancer, with targeted investment in underserved populations and innovative delivery models such as telehealth and community-based services.

➢ Policy Recommendation 5: Training the cancer workforce in mental health care

A skilled and psychologically informed cancer workforce is essential to deliver comprehensive, high quality care and to prevent avoidable mental health deterioration among people affected by cancer. Yet many healthcare professionals across the European Union lack formal training in recognising psychological distress and providing appropriate early support, contributing to unmet needs, poorer outcomes and increased long term system costs.

We recommend that mental health and psychosocial competencies be embedded as mandatory components of education and continuous professional development of the cancer workforce across the cancer care pathway. This should include training in early identification of distress, effective communication, referral processes and basic psychosocial interventions, aligned with European workforce initiatives such as INTERACT 100.

➢ Policy Recommendation 6: Embedding social prescribing within cancer care pathways

Medical treatment alone is insufficient to address the psychological, social and economic consequences of cancer. Social isolation, unemployment, financial stress and reduced community participation significantly undermine mental wellbeing, recovery outcomes and long-term productivity among people affected by cancer. Social prescribing offers a structured mechanism to connect individuals to non-clinical community support, improving mental health, resilience and social reintegration while reducing pressure on health services.

We recommend that social prescribing be systematically explored and embedded within national cancer care and psycho-oncology pathways across Member States. At EU level, a common framework should be developed to define the role of social prescribing in cancer care, identifying effective models and support adaptation to diverse health system contexts. This framework could then guide the national implementation including the integration of link workers within oncology and community services, clear referral pathways to non-clinical support and sustaniable funding mechanisms.

2.3. Ensuring the long-term term impact of the MELODIC project

➢ Policy Recommendation: Developing targeted strategies for Adolescents and Young Adults (AYAs) with cancer on addressing psychosocial and mental health needs

Adolescents and young adults with cancer face distinct psychological, social and economic challenges related to identity formation, education, employment entry and long-term life planning. Yet AYA populations remain systematically underserved within cancer and mental health policy frameworks, resulting in higher rates of psychological distress, disrupted career trajectories and long-term productivity loss.

We recommend the development of dedicated AYA psychosocial and mental health strategies within EU cancer policy and National Cancer Control Plans. These should include age-appropriate mental health screening, specialised multidisciplinary care teams, tailored psychosocial interventions, and structured support for education and workforce reintegration. EU-level funding and data frameworks should explicitly recognise AYA populations to generate evidence, reduce disparities and support scalable models of youth-centred cancer and mental health care.

➢ Policy Recommendation 8: Aligning the MELODIC project with the ALTHEA and DESIPIC digital platforms

Sustained progress in psycho oncology requires structured knowledge exchange, policy support and dissemination of effective service models across the European Union. At present, expertise and good practice in cancer related mental health care remain fragmented, limiting policy coherence, institutional learning and system wide improvement.

We recommend that the MELODIC project liases with the EU funded projects ALTHEA and DESIPIC which are developing digital platforms which aim to screen for mental health issues in cancer patients and their families and improve psychosocial oncology care in Europe by developing a digital knowledge hub, virtual observatory, and training system respectively. Future digital platforms should serve as a centeral reference point for policymakers, healthcare providers, reserachers and civil society organisations and therefore it is key that MELODIC actively coordinates with these initiatives to avoid fragmentation and duplication, and to contribute to a coherent European ecosystem of digital psychosocial oncology tools, thereby maximising long-term impact, sustainability, and policy relevance.

➢ Policy Recommendation 9: Integrating MELODIC's evidence, information recommendation and training into core EU health and cancer initiatives

Long term impact in psycho oncology requires that knowledge platforms move beyond time limited projects and become embedded within permanent European Union policy and delivery structures.

Without institutional integration, valuable evidence, tools and networks risk fragmentation and loss of strategic continuity.

We recommend that the key findings and lessons learned from the MELODIC project and also its training programme be formally integrated into key EU cancer, mental health and workforce development initiatives to secure sustainability and policy relevance. This should include its inclusion within EU knowledge infrastructures, funding frameworks and professional training programmes, ensuring systematic use by institutions and Member States.

2.4. Cross Cutting Principle: Further embedding mental health into EU Cancer Policy

Mental health and psychosocial care are central to cancer recovery, long term workforce participation and overall societal productivity, yet remain insufficiently integrated within European Union cancer policy frameworks. Failure to address psychological needs contributes to poorer treatment outcomes, prolonged absence from work and increased pressure on health and social systems.

The policy recommendations outlined in this section all support the guiding principle that mental health should be systematically embedded across all European and national cancer strategies, survivorship frameworks and funding instruments as a core pillar of comprehensive cancer care. This embedding should include clear policy objectives, measurable indicators, and robust governance mechanisms to ensure accountability and sustained political commitment.

Conclusions

These policy recommendations should be disseminated and discussed through structured dialogue with European and national policymakers, including dedicated hearings and high-level events such as the Mental Health and Cancer Policy Summit. Alignment with ongoing EU initiatives, notably Europe's Beating Cancer Plan, the Comprehensive Approach to Mental Health, and the European Health Data Space, will be essential to ensure uptake and sustainability.

Progress should be monitored through continued stakeholder engagement, comparative policy tracking, and future updates to the ALTHEA policy framework.

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Annex: Member State resource and policy allocation to mental health

Country	Existing national mental health strategy	Description of the national strategy	Other national mental health policies worth mentioning	% of total health expenditure allocated to mental health
Austria	**National Mental Health Strategy** (adopted in 2018)	Defines five main targets for prevention of mental health problems in the general population	Austrian Suicide Prevention Plan	
Belgium	**No national plan but:** -Flemish Action Plan for Mental Health 2017-19 -National Plan 2015 – 2020 for a new mental health policy for children and adolescents in Wallonie		Creation of regional mental health networks,	6%
Bulgaria	**National Strategy for Mental Health of the Citizens of the Republic of Bulgaria 2021- 2030** (adopted in 2021)	Paradigm shift towards community based care Establishment of a National Council in 2022	National Youth Strategy 2021-2030 (directly refers to mental health)	2.60%
Croatia	**Strategic Framework for Mental Health until 2030** (adopted in 2022)	Focuses on 5 main areas: Preservation and improvement of mental health, Prevention and early recognition of mental health problems, Increasing the availability of effective psycho-bio-social interventions with respect for human rights, Community mental health care and Ensuring efficiency.		2.30%

Cyprus	**National mental Health Strategy 2025-2028** (adopted in 2025 - developed with WHO)	Includes an Action Plan and the creation of a National Mental Health Committee for oversight Focuses on 6 pillars: prevention, hospital and community-based services, social inclusion, stigma reduction, policy integration, and research promotion	Psychiatric Care Law (1997, amended in 2003 and 2007)	0.14%
Czech Republic	**Health 2030 strategy** (adopted in 2020)	Contains 3 dedicated plans related to mental health: the National Mental Health Action Plan 2020-30, the National Action Plan for Alzheimer's and Other Dementias 2020-30, and the National Suicide Prevention Action Plan 2020-30	Strategy to Reform Psychiatric Care (2011)	3% (data from 2005)
Denmark	**10-year plan for the psychiatric system and mental health** (adopted in 2022)	Identifies 5 focus areas: Development of a municipal measure within easy reach targeting children and young people with symptoms of mental health issues; Enhanced measures targeting people with severe mental illness; Information and an anti-stigmatising campaign; Strengthened cross-disciplinary and evidence-based environments; Improved conditions for research in the prevention and treatment of mental illness.		
Estonia	**Mental Health Action Plan 2023-26** (adopted in 2022)	Focus on easing the pressure on specialised mental healthcare services by strengthening the role of primary care, applying a stepped care model and low-intensity interventions, and ensuring sufficient prevention and promotion in mental healthcare.	3 other national strategies mentioning mental health: ; (1) the long-term national development strategy "Estonia 2035", the Population Health Development Plan 2020-2030 and the Green Paper on Mental Health	3.70%
Finland	**National Mental Health Strategy and Programme for Suicide Prevention 2020-2030** (adopted in 2020)	Based on 5 broad goals: a) recognising mental health as human capital; b) promoting the mental health of children and young people; c) recognising mental health as a human right; d) promoting appropriate and broad-based mental health services; and e) ensuring proper		

		mental health management, including through cross-sectoral activities and regular monitoring of progress		
France	**Mental Health and Psychiatry roadmap** (delivered in 2018)	Creation of the Ministerial Delegation for Mental Health and Psychiatry (2019) Overarching goals of the plan: integration of mental health into global, health, promotion of mental well-being, prevention and early detection of psychic suffering, reduction of social stigma attached to mental health problems, and development of ambulatory mental health and psychiatric care		14.50%
Germany	**No national MH plan** >> But varying strategies, plans, and/or laws related to MH exist at the level of the federal states, leading to a high diversity of MH care offers across the country	Promotion of key principles of community-based care		13.1% (in 2015)
Greece	**National Action Plan for Mental Health 2021-2030** (adopted in 2021)	Aims to ensure universal access to mental health services and eradicate stigma and social exclusion. The overall objective is to achieve deinstitutionalisation, by basing provision on an integrated, recovery-oriented, community-based mental health services system.		3.3% (data from 2020)
Hungary	**National Programme for Mental Health as part of the "Healthy Hungary 2021-2027" strategy**	Development areas of the program are mental health development, with a family-centered approach; development of the psychiatric care system, including community, inpatient and outpatient supply; development of addictology; development of child and youth psychiatry; and the development of psychotherapy and ensuring its better availability		3.20%

Iceland	**Mental Health Policy and Action Plan 2016-2020** (adopted in 2016)	Focuses on integrated and continuous service to people with mental disorders and their families, young people–mental health and prevention and prejudice and discrimination	Cross-sectoral programmes (ex: Health-promoting Schools Programme)	
Ireland	**Sharing the Vision – A Mental Health Policy for Everyone**	To ensure the strategy's effective execution, a series of three-year Implementation Plans were formulated, overseen by an implementation and monitoring committee.	Connecting for Life: national strategy to prevent suicide 2015-2020	
Italy	**Mental Health included in the National Prevention Plan (PNP) 2020-2025**	Emphasises that mental health is an integral part of health and well-being and, like other aspects of health, can be influenced by a range of socio-economic determining factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery		3.60%
Latvia	**Plan for the Improvement of the Organisation of Mental Health Care 2023-25** (adopted in 2022)	Focuses on the development of outpatient and community-based mental health services		
Lithuania	**Lithuanian Health Protection and Promotion Development Strategy 2022-30**	Includes improving mental health as one of its priorities	The National Suicide Prevention Action Plan for 2020–2024; the Action Plan for 2021- 2024 on Improving the Availability and Quality of Addiction Treatment and Harm Reduction; and the Action Plan for 2021-2024 to help people diagnosed with multiple developmental disorders and mental health reform strategy, and National agenda on control,	4.20%

			prevention and harm reduction of drugs, tobacco and alcohol until 2035	
Luxembourg	**National Mental Health Plan 2024-2028** (adopted in 2023)	6 areas of action: Governance of the National Mental; Health Plan and the mental health care system; Information system and research; Human resources and staff qualifications; Health promotion and primary and secondary prevention; Supply of and access to mental health care; Particularly vulnerable populations		
Malta	**10-year Mental Health Strategy for Malta 2020-30** (published in 2019 - MH is a key priority for the Maltese government)	Four clusters: addressing the social determinants of health to promote mental health and well-being; transforming mental health service delivery; supporting people suffering from mental ill health and their networks; and improving and enhancing mental health services by strengthening capacity	2012 Mental Health Act (MHA) guiding MH practices	6.83%
Netherlands	**No national plan** - A national agenda on suicide prevention (2021-25) - A multi-annual Depression Prevention Programme (2027-now)		In 2021, the Dutch government issued a plan to address long waiting times for mental healthcare In 2022, the Dutch government took further steps to formulate an additional plan to promote mental well-being among young people, the working population and vulnerable groups (new initiative)	
Norway	**No national MH plan** - National plan for children and young people's mental health for the period 2019-24	ABC (Act, Belong, Commit) is public health campaign whose goal is to enhance public understanding of mental health and raise awareness among the population about the importance of physical	2023: National guideline on mental health work for children and young people	

	- ABC for Mental Health (2022)	activity and nurturing relationships for mental well-being		
Poland	**National Mental Health Protection Programme 2023-30** (adopted in 2023 - this is the 3rd programme on MH adopted)	Following up on the efforts made by Poland to shift mental healthcare to the community and reduce mental health stigma + Specific focus on addressing the specific mental health needs of children and young people	National Health Programme for 2021-2025, with one objective which consists of "promoting mental health"	
Portugal	**National Mental Health Plan 2007-2016** Couldn't find anything more recent	Aim: ensure access to the entire Portuguese population to qualified services to promote the population's mental health, provide quality care and facilitate the reintegration and recovery of people with mental illness Overseen by the National Coordination for Mental Health	National Suicide Prevention Plan 2013-2017	
Romania	**No national MH plan** Mental Health objectives included in the 2022-30 National Health Strategy Aim to develop a national MH plan	Main high-level national mental health priorities: developing community mental healthcare; creating liaison psychiatric units in general hospitals; developing specialised mental healthcare services for older people, young people, people with addictions and others; ensuring adequate funding; strengthening data collection; and using standardised methods for assessing continuous education and practice		7.2% (data from 2014)
Serbia	**Program on mental health protection in the Republic of Serbia for the period 2019-2026** + Action Plan for its implementation	Goal: "Improved system of mental health care for implementation of prevention, treatment and provision of comprehensive, integrated services, in accordance with international practice"		6.60%

Slovakia	**No national MH plan** Strengthening mental health services is one of the 3 health sector priorities of Slovakia's Recovery and Resilience Plan (adopted in 2021)	Aim: to strengthen community and outpatient mental health services, which will support the process of deinstitutionalisation of mental healthcare		5% (data from 2005)
Slovenia	**National Mental Health Programme 2018–2028** (NMHP18-28, adopted in 2018)	6 priority areas: (i) community-based approach to improving mental health, (ii) mental health promotion and the prevention and destigmatisation of mental illness, (iii) mental health network, (iv) alcohol and mental health, (v) suicide prevention and (vi) education, research, monitoring and evaluation National Institute of Public Health was assigned with the role of the coordinator of the implementation of the NMHP18-28		
Spain	**NHS Mental Health Strategy (2022-2026)** + Mental Health Action Plans	Strong focus on citizenship rights, social integration, recovery and the fight against stigma	Youth Strategy 2030 (3 action plans)	
Sweden	**National Strategy for Mental health and Suicide prevention 2025-2034** (adopted in 2024)	Developed in broad collaboration with various stakeholders, including health care regions, municipalities, together with patient and carer organizations Most regions will probably translate the national strategies into regional strategies and plans, as it has been the case with previous MH strategies (ex: the national government supported about 3 300 initiatives in 2021)		