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**BALANCING MENTAL HEALTH PROMOTION AND MENTAL HEALTH CARE:  
A JOINT WORLD HEALTH ORGANIZATION (WHO)/EUROPEAN COMMISSION  
(EC) MEETING  
Brussels, 22-24 April 1999**

## **1. INTRODUCTION**

On April 22-24, 64 mental health professionals, managers and policy-makers from 14 EU-countries, 2 EEA countries and 17 non-EU countries, as well as 10 representatives of non-governmental organizations and foundations and 11 representatives from the EC and the WHO, met for a two-and-a-half day meeting to reach a consensus on what balance between mental health care and mental health promotion activities in Europe would be appropriate and what policy should be developed in the years to come in order to meet the needs of both the population, and of the profession answering these needs. The meeting was of special importance in light of the fact that in six months' time a European Conference on the Promotion of Mental Health and Social Inclusion would be held in the Finnish City of Tampere, to be organized by the Finnish Presidency of the European Union. The meeting in Brussels, it was hoped, would result in a statement that could form the basis for the discussions in Tampere.

In addition, as was pointed out in the opening statement of the Director of the Department of Mental Health at the WHO-HQ, Dr Benedetto Saraceno, the meeting was intended to lay the grounds for a networking process among the delegates from the 34 States represented. The fact that thirteen countries from Central & Eastern Europe and the former Soviet Union were represented at a meeting of this nature was unprecedented, and Dr Saraceno expressed his hope that the meeting would contribute to an ongoing exchange of information on good and not so good practices. Finally, the timing of the meeting was also significant because of the fact that only a few months earlier a new Regional Advisor for Mental Health, Dr Wolfgang Rutz had been appointed at the WHO-EURO.

## **2. KEY NOTE PRESENTATIONS**

### **2.1 Mental health promotion.**

Prof. V. Lehtinen from Finland stated that a discussion about the balance between promotion and care was indeed very important. In his view, mental health care and mental health promotion are complimentary strategies. In addition, no sharp line divides strategies for the promotion of mental health and those for the prevention of ill health. He pointed out that there is evidence of the positive effect of several mental health prevention programmes and added that the best interventions focus on more than one factor. As far as promotion programmes are concerned, he mentioned several effective approaches, such as promoting social relationships; developing effective coping skills, providing social support, making social changes and mass media campaigns. As priorities for the European region, Prof. Lehtinen mentioned the following areas: value and visibility of mental health; children and adolescents; working life and unemployment; the ageing population; severely marginalized groups; the development of indicators of mental health promotion and telematics. In Prof. Lehtinen's view, promotion was

necessary because of the heavy burden of mental ill-health, because there is evidence for the efficacy of promotion programmes, because they provide an important contribution to general health, because mental health care is being reorganized and finally because of expressed interest and demand on the part of the citizens of Europe. Prof. Lehtinen concluded his presentation by reiterating that both mental health promotion and mental health care need support and further development.

## 2.2 Mental health care, service planning and service delivery.

Prof. Michelle Tansella from Italy and Prof. Graham Thornicroft from the United Kingdom described the processes of planning and delivering mental health services for a defined community. Their presentation first addressed the issue of a conceptual framework for planning and delivering mental health services, during which they presented the 'Matrix Model'. This model, which they developed and which is described in their book "The Matrix Model" (to appear in 1999), brings into focus critical issues for mental health service planning and provision. Tansella and Thornicroft subsequently outlined some of the advantages and disadvantages of planning at the local level. In their view, the advantages are that this approach allows patients to remain in their community and that generally speaking it benefits the individuals at the patient level most effectively. The main disadvantages, in their view, are the fact that specialist services at the local level can be less cost-effective for low prevalence mental problems, that the quality might vary too much from one region to the next and that it might result in less choice for users and their family members.

Prof. Tansella and Thornicroft discussed seven steps to reform community services. These are: Establishing the Service Principles; Setting the Boundary Conditions; Assessing the Population Needs; Assessing Current Provision; Formulating a Strategic Plan for a Local System of Mental Health Services; Implementing the Service Components at the Local Level and finally, a Monitoring and Review Cycle. They concluded their presentation by stating that "a properly planned system of care is only the envelope within which appropriate interventions can be efficiently offered to patients".

## 2.3 Mental health and the role of the workplace

In her presentation, Ms Susan Maybud of the International Labour Organisation (ILO) addressed the issue of mental health and (un) employment. She explained that the ILO was interested in mental health issues because of the size of the problem, the cost to the economy and in order to defend the rights of the workers. In that context she referred to the ILO Convention 159 on Vocational Rehabilitation and Employment of People with Disabilities. The goals of the ILO, she said, were to improve access to work, to stimulate the provision of more work (in quantity) and work of better quality, as well as a better working environment. The ILO pursues these goals through establishing a solid information and research base, by demanding the implementation of ILO Convention 159 and through technical cooperation projects.

**3. MENTAL HEALTH CARE AND MENTAL HEALTH PROMOTION:  
What are the implications if one approach assumes much greater priority over the other? – Round table discussion**

A round table discussion chaired by Dr Pirko Lahti from Finland addressed the implications if either mental health promotion or mental health prevention would assume much greater priority over the other.

Mr Peter Lehman from Germany pointed out the importance of placing emphasis on the creation of a user-oriented psychiatry. In his view, not only is the right to care a human right, but also the right to the non-violability of the body. He stressed the importance of involving users in psychiatric issues such as “user-control” over the use of psychotropics.

Prof. Clemens Hosman from the Netherlands addressed the importance of prevention and promotion programmes and discussed the differences and overlap between the two. He highlighted the importance of collaboration on both a national and an international level, in order not to re-invent the wheel.

Prof. Graham Thornicroft stressed that the more disabled need more services – for these people mental health promotion activities is not sufficient. He emphasized the need for more research on both services and promotion programmes and reiterated suggestions that more client-oriented services need to be developed, that a national mental health plan needs to be adopted and that it would be very helpful to find good examples of services and promotion programmes both in East and West, as uniformity does not exist.

Finally, Prof. José Miguel Caldas De Almeida from Portugal added that it is difficult to find the right balance between care and promotion, as it depends on many factors: cultural, economic, social, financial and organizational. However, in his view it was impossible to think of care and promotion as separate entities and in his view a national mental health policy should include all aspects and coordination between care and promotion programmes was essential.

During the discussion following the four presentations, questions were raised about the precise definitions of the terms prevention and promotion, the role of social services and the applicability of prevention or promotion programmes in Eastern European countries. In response to these questions it was emphasized that there are no blueprints for a promotion programme that prevention is focussed on preventing diseases, while promotion is only a means to that effect and that more coordination is needed with services other than those in the mental health sphere.

Ms Lahti concluded that the balance between mental health promotion and mental health care programmes depends on the culture of the respective country or region and that there are no strict lines between promotion and care services. She suggested that it would be good to have more research-based evidence on services and promotion programmes and added that in general, it is very important to strive for more client oriented services. In this respect the development of an all-encompassing national mental health programme, touching upon all these issues is of utmost importance.

#### **4. BEST PRACTICE EXAMPLES OF MENTAL HEALTH CARE AND MENTAL HEALTH PROMOTION**

On April 23, five presentations were delivered on best practice examples in Slovakia (Dr Peter Breier), Lithuania (Prof. Dainius Puras), Spain (Dr M. Desviat), France (Dr Jean-Luc Roelandt) and Sweden (Dr Lars-Olof Ljungberg). All underscored the understanding that innovative mental health practices invariably imply the development of community care and face the issue how to convince the public to abandon its prejudices and render its support for the reintegration of patients into the community. Each of the five developments across Europe had been triggered by concerns about underprivileged populations and although the primary objective in each project was to develop services, it was necessary to utilize promotion and prevention strategies falling partly or entirely within their domain in order to provide a comprehensive services which met the needs of service users. Difficulties common to all projects were financial, attitudinal, and organizational (such as resistance by the staff) in nature.

#### **5. STATUS OF MENTAL HEALTH CARE AND MENTAL HEALTH PROMOTION IN EUROPE**

The best practice session was followed by an introduction into the discussion on the status of mental health and mental health promotion in Europe chaired by Mrs Irma Ballering from the Netherlands. Dr Pirko Lahti and Dr Josée van Remoortel from Belgium explained that the health promoting networks of Europe have a substantial tradition, which respects the general principles of the method and stresses the specificity of distinct programmes and groups. Through such networks information, knowledge and attitudes are channelled to individuals and communities.

#### Open discussion: Problems Raised and Suggestions Offered

##### *5.1 Stigma and mental problems*

An open discussion ensued on the status of mental health care and mental health promotion in European countries represented at the meeting. Prof. Juan José Lopez Ibor from Spain, President-Elect of the World Psychiatric Association, discussed the activities of his organization in the field of prevention and promotion, particularly in relation to fighting stigma. He stated that a poorly developed de-stigmatisation campaign could have the adverse effect of actually increasing stigma. The newly appointed Regional Advisor on Mental Health for WHO-EURO, described the WHO's mental health priorities for Europe. These included de-stigmatization programmes and national assessments of mental health needs and practice.

##### *5.2 Specific problems facing Newly Emerging Democracies*

A representative from the St. Petersburg Psychiatric Association, made a presentation and showed a video on the current state of affairs in psychiatry in St. Petersburg and highlighted attempts by young mental health professionals to improve both the living conditions and

treatment by creating a therapeutic environment for their patients. The film underpinned the enormous problems faced by Eastern European psychiatry today and the fact that for this part of Europe the emphasis clearly should be more on mental health care than promotion in order to address urgent and unmet mental health needs.

The Minister of Health of Ukraine, stressed that in her country prevention had so far been nothing more than a slogan and that much needed to be done in that area. In the field of care, she stressed the need for de-institutionalisation and also pointed out that harmonization of mental health legislation was necessary. In concluding, she raised an issue concerning the inequity in Europe, in that much of the influence and input continues to remain in Western Europe, despite that one could also find good practices in Eastern Europe. She continued by stressing that support was very much needed from both the European Commission and the WHO.

Reports from Romania, Poland and Bulgaria also highlighted the complex problems that those working in the field of mental health reform in these countries are facing. Increasing attention is paid to the development of community psychiatric services, and issues such as legislation, patients' rights and the change of attitudes among both the mental health professionals and the population at large is considered priority areas. It was also pointed out that in reforming the mental health system, time and patience was required and that through the reform process many Eastern European countries were trying to avoid the kinds of mistakes made previously by many Western European countries.

Concerns were voiced about the fact that the terms of reference of people from the newly emerging democracies were quite different than those of Western Europe and that in many cases reform initiatives originated from the non-governmental field, with governments either being largely indifferent or even hostile. The danger was that this different perspective and this difference in daily reality would complicate or prevent a real all-European perspective from being developed. For example, the changes that had been brought about in the Czech Republic were mainly the result of work by enthusiastic persons, often working on a volunteer basis. State institutions in Central & Eastern Europe are often very medicalized and thus work at NGO-level is of utmost importance. However, such work could only continue with outside support including seed funding, and without this sort of support the whole discussion about balancing mental health care and promotion would remain "a bridge too far" for them.

There was strong agreement from participants at the meeting that funding and resources was an extremely important issue in developing services and promotion activities, and that for those countries lacking resources, concerted efforts should be directed at working out low-budget possibilities.

### *5.3 Reform and financial and human resources in Western European countries*

The mental health reform experience in Italy over the past twenty years demonstrated that the expenditure of local health units is not higher than those of big hospitals and that a change in both the culture (e.g. attitudes of health personnel) and organization of services is required to produce a general change in the culture of society with regard to mental health issues. This strategy can be as or more important than initiatives aimed directly at the culture in society

An argument for involving primary care in the provision of mental health care and promotion and prevention activities was presented. Specialist services, on their own, are not able to meet the large demand for mental health treatment and care and ultimately it should be a priority to involve primary care and to link closely primary care and specialist care. At the same time, primary care would be overwhelmed without a prevention and promotion programme, so the development of these is also pivotal.

The situations in Iceland, Germany and Cyprus were also discussed during this session. In Iceland, community psychiatric services are becoming increasingly involved in promotion and prevention programmes and there is an increasing tendency towards managed care. Hospital services are being de-institutionalized, and some of the university psychiatric departments might have to merge due to financial constraints. The specialized services, in particular those for substance abuse, were seen as a starting point for prevention programmes. The priorities in Iceland were the development of community services and specialized services (such as nursing homes) and the non-governmental sector.

In Germany, where the number of beds in mental health continues to decrease, 4.5% of the total health budget goes to health promotion programmes. In 1980, 4.2% of this health budget was spent on promotion, while the figure increased to 4.5% in 1992 and has remained stable since. In concrete terms, 100 EURO is spent currently in Germany per year per capita on prevention and promotion programmes. There are no figures yet available with regard to mental health specifically, but they are presumed to be smaller.

In Cyprus, reforms started only a few years ago. A five-year plan is directed at de-institutionalisation, greater accessibility of services, prevention and promotion programmes, legal measures, increase of personnel and the replacement of larger facilities with smaller units.

Attention was drawn to the risk that if one advocates the need to develop prevention and promotion programmes then one is almost automatically responsible for dealing with many social problems, despite the fact that the solution can not always be found within the health sector - often it is the Departments of Housing, Social Services and Education which hold the solution. Therefore, in raising issues of the need to undertake mental health promotion or prevention programmes, it is important to set boundaries in the field of work pursued by the health department directly.

## **6. FINDING A CONSENSUS**

The morning of the third day started with a summary of the meeting. It was concluded that the promotion of mental health, prevention of mental ill-health and mental health care are complimentary, but that different approaches were necessary to reach the best possible mental health outcomes. From participant's comments during presentations and discussions, all the above factors were seen as necessary to achieve a comprehensive strategy on mental health. The balance between mental health promotion and treatment should be based on historical, cultural, structural and ethical factors and conditions at the appropriate level within each country.

Following the summary, a draft consensus document was presented and feedback and suggestions for improvement were obtained from participants. Participants' remarks indicated the importance of paying special attention to: the needs of countries from Central & Eastern Europe; legislation issues and the right to care; the need to involve users and family members; interaction and partnership with other health services; equal accessibility of services; rehabilitation issues and community based care programmes. Also, it was suggested to incorporate a statement on user involvement, self-help and alternative services, legislation and freedom of choice. The final version of the document, which is attached to this report, was met with much approval.

Representatives of both the WHO and the EC stated that a collection of country reports by participants should be available in a provisional format prior to the Tampere Conference in October 1999. Also, it was pointed out that there ought to be substantial follow-up by the WHO with regard to Eastern Europe and that step-by-step it will be seen in what way the EC could be involved. EC-representatives also stressed the need for feedback to the media and the development of a media concerted campaign. At this stage it is in their view essential to make the (common) case to the outside world.



## **7. Conclusions of ‘Balancing Mental Health Promotion and Mental Health Care**

### **Joint World Health Organization/European Commission Meeting’ Brussels, 22-24 April 1999**

#### **‘There is No Health Without Mental Health’**

Mental health promotion and mental health care are complementary parts of the spectrum of necessary interventions to achieve good mental health outcomes for the population. Both approaches are essential elements of a comprehensive mental health strategy and a balance should be realized between them, stressing an inter-sectoral and a multi-disciplinary approach. This balance will be based on historical, cultural, structural [including availability of health and social services] and ethical factors and conditions, and made at the appropriate level in each context. Actions should be based on the best available knowledge or evidence, and continuously evaluated.

The following nine key principles are central to mental health promotion and to mental health care: personal autonomy, sustainability, effectiveness, accessibility, comprehensiveness, equity, accountability, coordination, and efficiency.

Common goals and strategies to advance mental health promotion and care include:

- Enhancing the visibility and improving recognition of the value of mental health, including at the political level
- Increasing the interchange of knowledge and experience on mental health and the transmission of mental health information
- Developing innovative and comprehensive, explicit mental health policies in consultation with all stakeholders, including users and carers, and respecting NGO and citizen contributions
- Defining priorities regarding settings, target groups, and target conditions for activities and interventions in mental health promotion, primary, secondary and tertiary prevention and prevention of mortality (e.g. families, schools, workplaces, prisons, neighbourhoods, social services, primary and specialist care)
- Development of primary care and specialized mental health services focusing on quality of care and the development of new non-stigmatizing and self-help approaches
- Tackling inequity in health by giving special attention to the mental health promotion and care needs of marginalized, deprived and socially excluded groups, taking account of the serious social changes and upheavals currently occurring in many countries of the European region of the WHO, in particular in the newly emerging democracies.
- Developing evidence-based guidelines for mental health promotion, primary and secondary care, including rehabilitation and community-based interventions
- Developing a human resource strategy and emphasizing continuing professional development (life long learning and training)

- Highlighting research and development, establishing mental health information and monitoring systems, including systems to assess the prevalence, cost and needs of mental health and outcomes of intervention
- Development of mental health legislation based on human rights, emphasising freedom of choice, and the importance of appropriate confidentiality

The participants expressed the wish that European Commission and World Health Organization focus upon these priority issues in the framework of their respective programmes, and as a basis to explore avenues for joint actions. It is also expected that all European countries will pay adequate attention to the priority issues identified by the meeting. The priorities will be discussed further in the European Conference on Promotion of Mental Health and Social Inclusion, which will be organised by the Finnish Presidency of the European Union, to take place in Tampere, Finland in October 1999, and taken into account in context of the WHO initiative "Nations for Mental Health".

**BALANCING MENTAL HEALTH PROMOTION AND MENTAL HEALTH CARE:  
A JOINT WORLD HEALTH ORGANIZATION (WHO)/EUROPEAN COMMISSION (EC)  
MEETING  
Brussels, 22-24 April 1999**

Time-table

Location: Room O/D ground floor, European Commission, Centre A. Borschette, Rue Froissart, 36, B-1040 BRUXELLES.

**Thursday, 22 April**

09.00 - 10.00	Registration and coffee
10.00 - 10.45	Opening of the meeting Dr W. Kreisel, Executive Director, WHO Office at the European Union, Belgium Mr A. Berlin, Advisor DG/V/F, European Commission His Excellency, Mr Marcel Colla, Minister of the Public Health and Pensions, Belgium Madam Eva Biaudet, Minister of Social Affairs and Health, Finland
10.45 - 11.00	Introductory remarks (Dr B. Saraceno, Director Mental Health, WHO HQ, Geneva)
11.00 - 11:30	Key note presentation Mental health promotion: Principles and strategies (Professor V. Lehtinen)
11:30 - 11:40	Questions
11.40 - 12.10	Key note presentation Mental health care, service planning and service delivery (Professor M.Tansella and Professor G. Thornicroft)
12.10 - 12.20	Questions
12.20 - 12.35	Mental health and the role of the workplace (Ms S. Maybud)
12.35 - 12.45	Questions
12.45 - 14.30	Lunch

- 14.30- 14.45 Introduction to the round table discussion (Dr P. Lahti)
- 14.45- 16.15 Round table discussion  
Mental health care and mental health promotion: What are the implications if one approach assumes much greater priority over the other? (Mr P. Lehman; Professor C. Hosman; Professor G. Thornicroft; Professor J.M. Caldas De Almeida)
- 16.15 - 16.45 Coffee
- 16.45 - 17.15 Summing up - round table discussion (Dr P. Lahti)
- 19.00 - 20.30 Cocktail party

### **Friday, 23 April**

- 09.00 - 09.05 Introduction to best practice examples (Chairperson: Professor Toma Tomov)
- 09.05 - 10.30 Best practice examples of mental health care and mental health promotion  
(i) Best practice example or the transformation of mental health care in the transforming society (Dr Peter Breier, Slovakia)  
(ii) Experience of the Vilnius Child Development Center: components of success (Dr Dainius Puras, Lithuania)  
(iii) From the psychiatric hospital to community care (Dr M. Desviat, Spain)
- 10.35 - 11.00 Coffee break
- 11.00 - 12.00 Best practice examples of mental health care and mental health promotion (continued)  
(iv) The public health sector and non professionals - the French approach: State of art -concrete example from the eastern suburbs of Lille (Dr Jean-Luc Roelandt, France)  
(v) Best practice examples of mental health care and health promotion in Malmö (Dr Lars-Olaf Ljungberg, Sweden)
- 12.00 - 12.10 Introduction to discussion on status of mental health care and mental health promotion around Europe (Chairperson: Mrs Irma Ballering)
- 12.10 - 12.30 Mental Health Europe's role in preventing mental health problems and in promoting and protecting mental health (Dr Josée Van Remoortel and Dr Pirko Lahti)

- 12.30 - 13.00 Open discussion on status of mental health care and mental health promotion around Europe
- 13.00 - 14.30 Lunch
- 14.30 - 16.00 Open discussion: Status of mental health care and mental health promotion around Europe (continued)
- 16.00 - 16.30 Coffee break
- 16.30 - 17.30 Open discussion: Status of mental health care and mental health promotion around Europe (continued)
- 19.30 Dinner

**Saturday, 24 April**

- 09.00 - 09.30 Summary of meeting issues (Dr Eero Lahtinen)
- 09.30 - 10.00 Presentation of draft report on issues to be considered when trying to achieve an appropriate balance for mental health services and mental health promotion in Europe (Professor G. Thornicroft)
- 10.00 - 10.30 Coffee break
- 10.30 - 11.30 Discussion of draft report on issues for achieving an appropriate balance between mental health promotion and health service delivery and care (Dr Eero Lahtinen and Professor G. Thornicroft).
- Rapporteur (Dr Robert van Voren)
- Closure of meeting (Mr H. Kloppenburg and Dr B. Saraceno)

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**List of Participants**

- 1. European Union Member States**
- 2. EEA States**
- 3. Non EU Member States**
- 4. Mental Health Organizations and Foundations**
- 5. The Secretariat**

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BALANCING MENTAL HEALTH PROMOTION AND MENTAL HEALTH CARE: A JOINT  
WORLD HEALTH ORGANIZATION/EUROPEAN COMMISSION MEETING  
BRUSSELS, BELGIUM, 22-24 APRIL 1999

LIST OF WRITTEN PRESENTATIONS AND CONTACT DETAILS AVAILABLE \*\*

OPENING SESSION:

- 1) Opening Address by Dr Wilfried Kreisel  
Executive Director, WHO Office at the European Union, Brussels
- 2) Opening Remarks by Mr Alexandre Berlin  
Advisor, Public Health (European Commission), Brussels
- 3) Opening remarks by Minister of Public Health and the Pensions, Belgium  
Represented by Mr Gie Goyvaerts, Advisor, Cabinet in mental health matters, Brussels
- 4) Opening remarks by Minister of Social Affairs and Health, Finland  
Represented by Dr Tapani Piha, Adviser, Permanent Representative of Finland to the  
European Union, Brussels
- 5) Introductory remarks by Dr Benedetto Saraceno  
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KEYNOTE SPEAKERS :

- 1) Mental Health Promotion: Principles and strategies by Professor Ville Lehtinen, Finland
- 2) Mental Health Care, Service Planning and Service Delivery by  
Professor M.Tansella, Italy  
Professor G. Thornicroft, UK
- 3) Mental health and the role of the workplace by Ms S. Maybud, Switzerland

ROUND TABLE DISCUSSION:

Mental health care and mental health promotion: What are the implications if one approach assumes much greater priority over the other?

- 1) Mr Peter Lehman; Germany
- 2) Prof. Dr. Clemens M.H. Hosman; The Netherlands
- 3) Professor G. Thornicroft; UK
- 4) Professor J.M. Caldas De Almeida, Portugal

**\*\* FOR COPIES, PLEASE CONTACT SPEAKERS DIRECTLY**

BEST PRACTICE TALKS :

- 1) Best practice examples of the transformation of mental health care in the transforming society (Slovakia) by Peter Breier, Slovakia
- 2) Experience of the Vilnius Child Development Center: components of success by Dr Dainius Puras, Lithuania
- 3) From the Psychiatric Hospital to Community Care by Dr M. Desviat, Spain
- 4) The public health sector and non professionals - the French approach: State of art -concrete example from the eastern suburbs of Lille by Dr Jean-Luc Roelandt, France
- 5) Best practice examples of mental health care and health promotion in Malmö by Dr Lars-Olaf Ljungberg, Sweden

OPEN DISCUSSION:

Mental Health Europe's role in preventing mental health problems and in promoting and protecting mental health by Dr José Van Remoortel, Belgium and Dr Pirkko Lahti, Finland

- 1) Mental Health Care in Romania by Dr Radu Teodorescu
- 2) Mental Health Programme in Poland by Stanizlaw Puzynski, Jan Czeslaw Czabala
- 3) Mental Health Care in Latvia by Mrs Solita Udrasa
- 4) Mental Health Care in France by Ms Marie Tack
- 5) Relevant Aspects of Mental Health Reform Process in Catalonia by Dr Antoni Arteman
- 6) The Current Status of Mental Health in Italy by Dr Tommaso Losavio
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- 10) Mental Health Care and Mental Health Promotion in Switzerland by Dr Tedy Hubschmid
- 11) Mental Health Promotion, Prevention and Psychiatric Care in Sweden by Prof. Lars Jacobsson

CONCLUSION: By Eero Lahtinen, Finland

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