



**Consensus Statement:  
Working together towards an  
effective and influential mental  
health workforce in Europe**

# Consensus Statement: Working together towards an effective and influential mental health workforce in Europe

Representatives of European Mental Health Workforce Associations welcome the opportunity to work in partnership towards an effective and influential mental health workforce in Europe, together with the WHO Regional Office for Europe. The organizations listed at the bottom of this document endorse this Consensus Statement and will take this forward within their own means and mandate.

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## Aim

The objective of this joint initiative is to establish contacts between associations representing staff groups that work closely together in mental health services in order to agree shared priorities and shared actions in areas of common interest:

1. Mapping the status of the mental health workforce in the European Region;
2. Planning shared activities to improve mental health services across Europe;
3. Advocating for better policy and practice;
4. Exploring possibilities to improve effective ways of working of mental health staff;
5. Considering joint actions in response to emergencies.

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## Introduction

In all European countries the delivery of mental health activities relies on the cooperation of multiple staff groups in order to offer interventions that address the many psycho-social, economic and biological challenges affecting mental wellbeing and mental disorders. Such challenges are particularly prominent at a time of insecurity, austerity, budget cuts and migration. Multi-disciplinary working is therefore essential, since it cannot be expected that any discipline has the competencies or resources to offer a comprehensive range of interventions. This raises challenges about roles and responsibilities, integration, training and education. These challenges are recognized in the WHO European Mental Health Action Plan ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf)), and WHO Regional Office for Europe has been mandated by its Member States to establish cooperation between stakeholders.

It is recognized that the existing diversity of provisions and resources in the European Region, and differences in traditional ways of working mean that harmonization of roles, competencies and training across Europe is essential to protect quality and safety. In addition, the degree of workforce migration across the Region means that international collaboration is crucial to guarantee standards. All Associations are active in the establishment and recognition of professional values, standards, ethics, human rights, training and working conditions for their own disciplines, but so far there has been less initiative to develop and agree

standards shared across the mental health workforce for service activities that would benefit from shared or integrated working.

Such activities focusing on quality and competencies also require a workforce sufficient in numbers to address the priorities identified. Presently all disciplines are facing shortages in many European countries. Only by close working together can this be addressed in a coordinated manner, proposing potential solutions such as demands for effective increases in specific workforce categories and changes in regulation and training to accomplish successful task-shifting.

Joint working and advocacy require a common and transparent language, enabling a shared understanding of concepts such as wellbeing, health and disorder and the evidence for the effectiveness of our interventions that form the foundation of our professions. This is essential for harmonization of education and training and working effectively together in the promotion of mental health and prevention, treatment, rehabilitation and care of mental disorders. Such joint initiative also needs to include other stakeholders who have interests in such work, such as service users and their families.

Consensus between representative workforce organizations together with the WHO Regional Office for Europe on service models, good practice standards and training requirements that are appropriate to the needs of the population, users and their families and the workforce, and that speak in a common language would carry conviction with policy makers and would strengthen the case for essential workforce development.

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## Agreements for Joint Action

Considering the need for multi-disciplinary initiatives and activities in mental health policy development and care delivery, we welcome opportunities for continuing communication and actions between our organizations and inter-governmental agencies. We are therefore committed to take forward together with WHO some of these issues, which have also been requested by countries in the European Region in the WHO European Mental Health Action Plan, on behalf of our associations and members:

1. Workforce survey: in order to support good policy and practice development, information is required about numbers and competencies of the workforce in European countries. We will work together to complete such a survey.
2. Multi-disciplinary training and education: opportunities will be explored to support the provision and harmonization of multi-disciplinary training standards required for working in modern mental health services.
3. Health policies: by reaching consensus on objectives and priorities for mental health policies and service models, and by demonstrating such consensus to policy makers by joint representation and/or submissions when feasible, we hope to make a greater impact on national and international policy making.
4. Standards of practice: multi-disciplinary working requires a combination of individual discipline and shared standards. We will work towards reaching consensus on either acceptance of common, or where appropriate respect for explicit differential values, standards of practice and codes of conduct.

5. Common language: an obstacle to consensus is the lack of an agreed set of definitions of mental health terms and clarification of concepts. Many words and ideas have different meanings across disciplines. We will aim to clarify differences and develop and publish a set of agreed terms, working together with other stakeholders including service users and their families.
6. Advocacy: an obstacle to change can be the absence of shared positions. When important policy or human rights issues emerge, we will explore opportunities for joint action.
7. Crisis response: at times when urgent action is required, such as coordinated mental health interventions at national and international levels, we would welcome WHO or other agencies to contact us and specify assistance we can offer, for example to deal with mental health problems of refugees.
8. Sustained communication: joint working can only be effective if we continue to communicate on a regular basis and will keep each other informed about plans and progress. We aim to meet regularly to update on progress on the above points, and will invite each other to appropriate events.
9. Involve other stakeholders: this agenda is not exclusive to the organizations involved at this point. We will engage other stakeholders on issues that directly affect them, particularly organizations representing service users and their carers.

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## Organizations supporting this Statement

- The Council of Occupational Therapists for the European Countries (COTEC) (Mrs Stephanie Saenger, President), which represents 30 European Occupational Therapy Associations.
- The European Federation of Psychologists' Associations (EFPA) (Mr Tor Levin Hofgaard, EFPA Executive Council Member), which has 36 member associations from as many countries.
- The European Psychiatric Association (EPA) (Professor Wolfgang Gaebel, President), which has National Society Members from 37 countries.
- Horatio: European Psychiatric Nurses (Mr Martin Ward, President), with 28 national Associations as members.
- The International Federation of Social Workers (IFSW) (Mr Nicolai Paulsen, Head of Danish Association of Social Workers), which has 40 member organizations in 35 countries.
- The European Region of the World Confederation for Physiotherapy, which represents 39 Physiotherapy National Associations (Mrs Sarah Bazin, Chairman), also on behalf of the International Organisation of Physical Therapy in Mental Health (IOPTMH).

These organizations work together with the WHO Regional Office for Europe.