



Mental Health Action Plan

2022-2024

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NHS Mental Health Strategy



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INTRODUCTION

Mental Health Strategy of the National Health System

Within the framework of the 2003 Cohesion and Quality Act, the Ministry of Health (MH), in collaboration with the regional administrations, developed the first Mental Health Strategy of the National Health System (NHS)¹, which was published in 2006 and subsequently updated for the period 2009-2013². The Mental Health Strategy serves as a tool and reference for deploying programmes and actions developed by the NHS for the approach and care of mental health.

Following the agreement of the Interterritorial Council of the National Health System (ICNHS) of 21 June 2017³ on the reorientation of the Mental Health Strategy and the approval in 2017 of the Proposition No of Law on the Updating of the National Mental Health Strategy⁴, work began on a new strategy that was to be established for the period 2022 to 2026. This new strategy has developed thanks to the work and consensus of the autonomous communities (ACs), experts from different disciplines, scientific societies, and patient associations, and was approved by the ICNHS on 2 December 2021.

The strategy aims to provide a valuable tool for improving the emotional well-being of the population, provide comprehensive care for people with mental health problems, support their families, and promote a comprehensive and community-based care model that favours recovery and social integration.

1 Ministry of Health and Consumer Affairs. Mental Health Strategy of the National Health System 2006. Madrid: Ministry of Health and Consumer Affairs; 2007. Available at:

https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/excelencia/salud_mental/ESTRATEGIA_SALUD_MENTAL_SNS_PAG_WEB.pdf

2 Mental Health Strategy National Health System 2009-2013. Available at:

<https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/docs/saludmental/SaludMental2009-2013.pdf>

3 Interterritorial Council of the National Health System. Agreement number 1176. Plenary: 21 June 2017. Minutes number 114. 2017. Available at: <https://www.mscbs.gob.es/organizacion/consejoInterterri/docs/1176.pdf>

4 General Courts. Journal of Sessions of the Spanish Congress of Deputies. Committee on Health and Social Services. Session number 17, 14 November 2017. On the update of the National Mental Health Strategy of the National Health System. Available at: <https://www.infocoponline.es/pdf/DSCD-12-CO-367.pdf>

The different recommendations of the Mental Health Strategy 2022-2026 are formulated through ten strategic guidelines:

- Strategy 1.** Autonomy and rights. Person-centred care
- Strategy 2.** Promoting mental health in the population and preventing mental health problems
- Strategy 3.** Prevention, early detection, and attention to suicidal behaviour
- Strategy 4.** Providing mental healthcare based on recovery in the community
- Strategy 5.** Mental health in childhood and adolescence
- Strategy 6.** Family care and intervention
- Strategy 7.** Coordination
- Strategy 8.** Citizen participation
- Strategy 9.** Training
- Strategy 10.** Research, innovation, and knowledge

The new Mental Health Strategy is based on the principles described below, which have been the foundation for the design of this action plan:

- The **person with mental health problems** as a **subject of rights**.
- **Gender** approach.
- **Participation** of the person with mental health problems and family members.
- **Dialogue and active listening**.
- **Personal** recovery.
- **Personalised** and safe **care**.
- **Continuity** of care.
- People forming part of a **society with rights and obligations**.

The impact of the COVID-19 pandemic on mental health

The COVID-19 pandemic has been a public health emergency on many different levels. Its high impact is due to the combination of biopsychosocial factors, extrapolating its effect far beyond the health domain and leaving its mark on all other domains.

Health, and especially mental health, is closely linked to social determinants. Living and working conditions, socioeconomic and cultural conditions, social stereotypes, or lifestyles are linked to biological factors. Therefore, it is necessary to understand mental health as another aspect of each person's well-being.

According to an **OECD report**⁵, in all countries, the mental health of the unemployed and those experiencing financial insecurity was worse than that of the general population. This trend predates the pandemic but seems to have accelerated in some cases. In addition, the report notes that, as of March 2020, the prevalence of anxiety and depression increased, doubling in some countries. The periods with the highest reported rates of anxiety were correlated with periods of intensified COVID-19 deaths and strict containment measures.

Several studies provide evidence of the impact that the psychosocial conditions generated by the pandemic have had on the population's mental health. The data collected in the **European Health Survey in Spain (EHS, 2020)**⁶ and that carried out by the **Sociological Research Centre (SRC)**⁷ reflect an increase in anxious-depressive disorders and symptoms compatible with post-traumatic stress disorder. Complications associated with mental pathologies have also been recorded before the pandemic, such as eating disorders, psychotic disorders and non-substance addictive behaviours, especially those related to Information and Communication Technologies (ICTs). **An increase in gender-based violence and child abuse accompanies all of this.**

The increase in mental health problems resulting from this crisis has further highlighted the need to strengthen mental health care, identifying and managing the most urgent needs, becoming a fundamental pillar of the reforms of the National Health System (NHS).

⁵ OECD Policy Responses to Coronavirus (COVID-19) Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response: <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/>

⁶ European Health Survey in Spain. Available at:
https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176784&idp=1254735573175

⁷ Survey on the mental health of Spaniards during the COVID-19 pandemic:
https://www.cis.es/cis/opencms/ES/9_Prensa/Noticias/2021/prensa0492.html

Mental health: A priority of the National Health System

Mental health is a priority reflected in the **Recovery, Transformation and Resilience Plan**, and in the **Opinion of the Commission for Social and Economic Reconstruction** (BOCG, 21 July 2020). Approved by a majority vote of the house, it envisaged, among other measures, promoting a new National Mental Health Strategy, which would significantly increase investment, set up a truly comprehensive care system, combat stigmatisation, and guarantee the rights of people with mental health problems, with a gender and human rights approach. To this end, it was proposed, among other aspects, to establish mechanisms for the prevention of suicide and the adoption of a suicide risk code, to promote mental health care for children, to promote care for people with mental health problems in the community, and to promote their active participation and that of their families in their care process. These are aspects included in the new **Mental Health Strategy 2022-2026**, previously mentioned above.

Considering the above, and in line with the needs that have arisen or been magnified due to the pandemic, it seems necessary to urgently implement a series of actions to improve the population's mental health. These actions are included in the **action plan** presented here as a tool to facilitate the implementation, in the NHS, of the recommendations that have been made in the mental health field, especially those included in the recently approved Mental Health Strategy.

This action plan represents a clear opportunity to contribute to achieving the **goals of the 2030 Agenda**, whose progress has been significantly slowed down due to the current health, economic, and social crisis we have been experiencing worldwide since March 2020. It is hoped that the implementation of the actions defined in this action plan will facilitate progress in **Sustainable Development Goal 3: Health and Well-being** and, more specifically, in **target 3.4** (which establishes, among others, the **promotion of mental health and well-being**) and **target 3.5** (which addresses the **prevention and treatment of substance abuse**). Considering the social determinants of the health model, the proposed actions are expected to promote SDG 5, Gender Equality: working to end all forms of discrimination against women and girls worldwide (Target 5.1).

METHODOLOGY

Methodology for the development and agreement of the action plan

In order to facilitate the development and agreement of the action plan, the following steps have been developed:

Stage 1	Presenting the proposed action plan to the Institutional and Technical Committees of the Mental Health Strategy.
Stage 2	Designing and sending an ad hoc online questionnaire regarding the action plan to the Institutional and Technical Committees to gather their opinions and priorities.
Stage 3	Analysis of the information generated from the questionnaire to organise group actions into thematic areas and create a list of priorities.
Stage 4	Creating a draft of the action plan, including a proposal for Fund Allocation Criteria.
Stage 5	Presentation, discussion, and draft action plan agreement with the Institutional and Technical Committees.
Stage 6	Elaboration of the final agreed action plan.

Description of the Consensus Methodology

Stage 1. Presenting the proposed action plan to the Institutional and Technical Committees of the Mental Health Strategy

The presentation to the Institutional Committee took place in a telematic meeting on 23 November 2021, with the autonomous communities, INGESA, and representation from the National Plan on Drugs (NPD), where the suggestions and proposals of the participants were collected.

At this meeting, in addition to presenting the strategy, the members of the Institutional Committee were informed on how to reach an agreement on the priorities of the action plan.

The Technical Committee was informed about the elaboration of the action plan and the forthcoming sending of a questionnaire to find out their opinion.

Stage 2. Designing and sending an ad hoc online questionnaire regarding the action plan to the Institutional and Technical Committees to gather their opinions and priorities

An ad hoc online questionnaire was designed for the Institutional Committee in order to achieve the following **objectives**:

1. To ascertain the priority mental health needs identified by the autonomous communities, INGESA, and the NPD and their degree of agreement with the six strategic guidelines that form the backbone of the action plan.
2. To agree, based on the information provided, on the priority actions to be worked on jointly by the various ACs, INGESA, and the NPD to implement the plan.
3. To be aware of the initiatives implemented in each territory to strengthen mental health.
4. To gather information from the ACs, INGESA, and the NPD on designing and implementing the 024-telephone number.

A similar questionnaire was designed but adapted for the Technical Committee of the Mental Health Strategy in order to ascertain their opinions and criteria.

The questionnaire can be consulted in the Annex of this document.

Stage 3. Analysis of the information generated from the questionnaire to organise group actions into thematic areas and create a list of priorities

Once the information generated by the 20 members of the Institutional Committee (17 from the autonomous communities, two from INGESA, and one from the NPD) and the 35 members of the Technical Committee had been compiled, it was analysed in order to achieve the above objectives.

Stage 4. Creating a draft of the action plan, including a proposal for Fund Allocation Criteria

Once the analysis had been carried out, a first draft of the action plan was drawn up with the priorities that had been identified.

As complementary information, this first draft also included the proposed criteria for distributing the funds earmarked for this action plan.

Stage 5. Presentation, discussion, and draft action plan agreement with the Institutional and Technical Committees

This draft action plan was presented to the Institutional Committee at a telematic meeting on 25 March 2022. A discussion space was created so that each representative of the ACs, INGESA, and the NPD could make comments and suggestions.

This meeting was also used to answer attendees' questions about the plan, clarify concepts, and clear up doubts.

The meeting concluded with agreement on the draft presented and the proposed criteria for the distribution of funds for the action plan.

The Technical Committee was also sent the results of the questionnaire data and the action plan proposal.

Stage 6. Elaboration of the final agreed action plan

On 31 March 2022, the action plan and the criteria for the distribution of funds were submitted to the Institutional Committee for the final consensual review and subsequent submission to the Interterritorial Council of the National Health System (ICNHS) for approval.

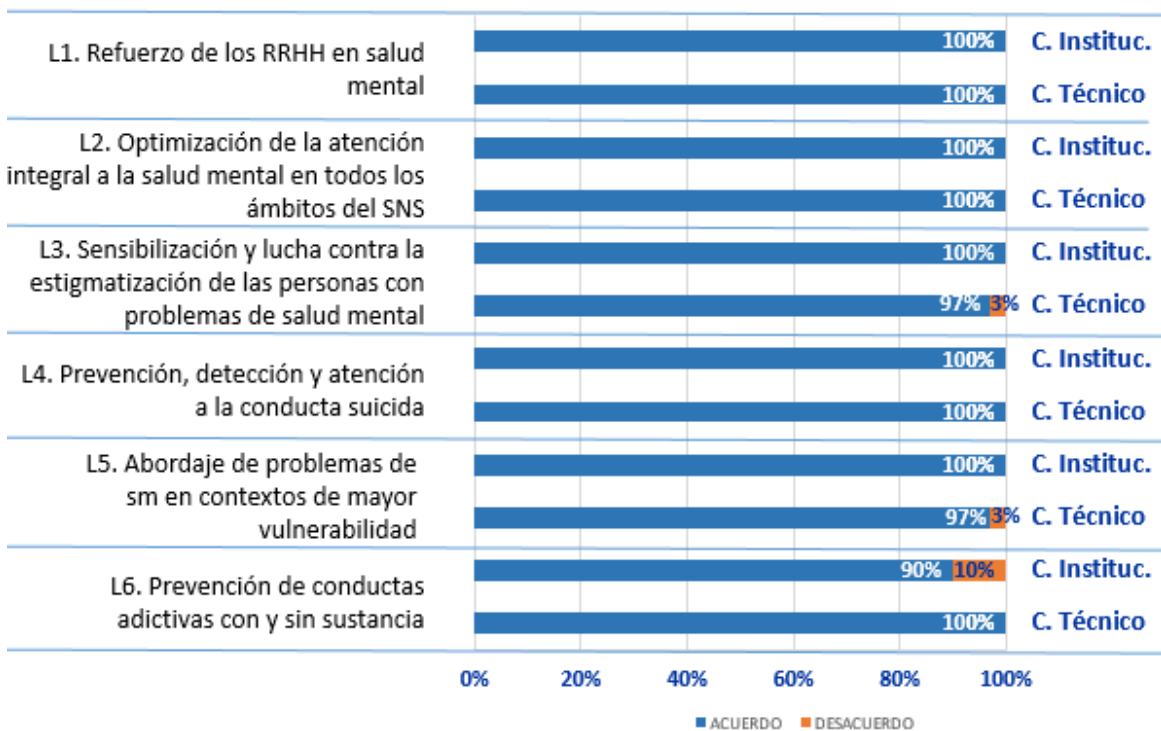
RESULTS

Results of the analysis of the Action Plan Consensus Questionnaire

1. The level of consensus reached on the strategic guidelines of the action plan

The results analysis of the Consensus Questionnaire revealed that both the **Institutional Committee** and the **Technical Committee** strongly agree with the six strategic guidelines of action that make up this action plan and feel that they are very relevant.

The following graph illustrates this result.



As seen in the graph, in strategies 1, 2, and 4, 100% of the Institutional Committee and the Technical Committee members express their agreement with these three lines.

In strategies 3 and 5, the entire Institutional Committee agrees; in the Technical Committee, one member (representing 3% of the total number of participants) has a different opinion.

Strategy 6 has the complete agreement of the Technical Committee and 90% support from the Institutional Committee, with two members disagreeing. This strategy refers to preventing addictive behaviours with and without substances. It has generated a discussion on the extent to which mental health and drug networks are or should be, integrated.

2. The level of agreement reached with the actions included in the action plan

In addition to the strategic guidelines, the agreement reached regarding the specific actions of the action plan was also very high.

The following figure shows the level of agreement with these specific actions:

Acuerdo del **Comité Institucional** con las acciones del plan de acción

Nivel de consenso en las 45 acciones del plan	
100 % de consenso	en 18 acciones (20 votos a favor, 0 en desacuerdo)
95% de consenso	en 19 acciones (19 votos a favor, 1 en desacuerdo)
90% de consenso	en 7 acciones (18 votos a favor, 2 en desacuerdo)
85% de consenso	en 1 acción (17 votos a favor, 3 en desacuerdo)
<84% de consenso	en ninguna acción



Acuerdo del **Comité Técnico** con las acciones del plan de acción

Nivel de consenso en las 45 acciones del plan	
100 % de consenso	en 13 acciones (35 votos a favor, 0 en desacuerdo)
97% de consenso	en 20 acciones (34 votos a favor, 1 en desacuerdo)
94% de consenso	en 7 acciones (33 votos a favor, 2 en desacuerdo)
91% de consenso	en 5 acciones (32 votos a favor, 3 en desacuerdo)
<91% de consenso	en ninguna acción

In the case of the **Institutional Committee**, no action received less than an 84% consensus. In no action were there more than three of the 20 members of the Institutional Committee showing their disagreement. Only in action 3.2. "Development of informative and training actions for the empowerment of people with mental health problems and their families, through the Network of Health Schools for Citizenship", three out of 20 disagreed with the action. In the rest of the plan's 44 actions, at least 18 people (90% of participants) agreed with each action.

In the case of the **Technical Committee**, the results were even more favourable. No action received less than a 91% consensus, i.e., out of the 35 members, no more than three people disagreed with any action. There were five actions in which three people disagreed. In the rest of the actions, at least 33 committee members agreed with the action, representing a minimum of 94% support for that action. In other words, only two out of 35 people disagreed.

In addition to this quantitative information on agreement or disagreement with the plan's actions, **valuable qualitative information** was collected when committee members explained why they disagreed with some actions. There were also multiple contributions from those who agreed but wanted to make nuances or suggestions.

In summary, **the level of agreement of both committees with the actions of the action plan was very high.** None of the 45 component actions was excluded.

3. Priority actions identified

The questionnaire analysis identified 20 actions out of the entire 45 considered a priority for implementation. These are:

Priority actions

Strategy 1: Strengthening human resources in mental health
<ul style="list-style-type: none"> 1.3. To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings. 1.4. To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs 1.5. To develop and strengthen mental health care services at a community level. 1.6. To plan the provision of specialised healthcare training in the specialities of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs
Strategy 2: Optimisation of comprehensive mental health care in all areas of the NHS
<ul style="list-style-type: none"> 2.2. To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA. 2.3. To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan. 2.4. To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF). 2.7. To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy. 2.8. To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services. 2.10. To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.
Strategy 3. Raising awareness and combating the stigmatisation of people with mental health problems.
<ul style="list-style-type: none"> 3.1. To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour. 3.3. To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs 3.5. To establish mechanisms to prevent involuntary restraints in patients with mental health problems.
Strategy 4. Prevention, early detection, and care of suicidal behaviour
<ul style="list-style-type: none"> 4.1. To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis. 4.2. To develop the suicide risk code in the ACs 4.3. To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour. 4.7. To develop initiatives to prevent suicidal behaviour in people in vulnerable situations, such as older people, children, and young people.
Strategy 5: Addressing mental health problems in contexts of greater vulnerability
<ul style="list-style-type: none"> 5.1. To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence. 5.8. To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.
Strategy 6. Prevention of substance and non-substance addictive behaviours.
<ul style="list-style-type: none"> 6.1. To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.

4. Priority fundable and co-financeable actions identified

Of the actions identified as priorities, those financed exclusively by the Ministry of Health, those financed by the ACs, and those co-financed by the Ministry of Health and the ACs through funds from the General State Budget for 2022 are indicated. Those for 2023 and 2024 will be established in the following years.

4.1. Actions to be financed by the Ministry of Health

The actions prioritised in the Consensus Questionnaire that the Ministry of Health will finance through funds from the General State Budget for 2022 are as follows:

Strategy 1: Strengthening human resources in mental health
1.6. To plan the provision of specialised healthcare training in the specialties of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs
Strategy 2: Optimisation of comprehensive mental health care in all areas of the NHS
2.3. To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan. 2.8. To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services.
Strategy 3: Raising awareness and combating the stigmatisation of people with mental health problems.
3.1. To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour.
Strategy 4: Prevention, early detection, and care of suicidal behaviour
4.1. To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis.
Strategy 5: Addressing mental health problems in contexts of greater vulnerability
5.1. To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence.

4.2. Actions to be financed by the ACs

The actions prioritised in the Consensus Questionnaire that the ACs will finance through funds from the General State Budget for 2022 are as follows:

Strategy 1: Strengthening human resources in mental health
1.3 To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings. 1.4. To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs 1.5. To develop and strengthen mental health care services at a community level.
Strategy 2: Optimisation of comprehensive mental health care in all areas of the NHS
2.2. To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA. 2.4. To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF).

4.3 Actions co-financed by the Ministry of Health and the ACs

The actions prioritised in the Consensus Questionnaire that the Ministry of Health and the ACs will finance through funds from the 2022 General State Budget are as follows:

Strategy 2: Optimisation of comprehensive mental health care in all areas of the NHS

- 2.7. To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy.
- 2.10. To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.

Strategy 3. Raising awareness and combating the stigmatisation of people with mental health problems.

- 3.3. To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs
- 3.5. To establish mechanisms to prevent involuntary restraints in patients with mental health problems.

Strategy 4. Prevention, early detection, and care of suicidal behaviour

- 4.2. To develop the suicide risk code in the ACs
- 4.3. To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour.
- 4.7. To develop initiatives to prevent suicidal behaviour in people in vulnerable situations, such as older people, children, and young people.

Strategy 5: Addressing mental health problems in contexts of greater vulnerability

- 5.8. To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.

Strategy 6. Prevention of substance and non-substance addictive behaviours.

- 6.1. To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.
- 6.2. To provide new resources to the Drug and Addictions Commissions of the ACs so that they can adapt existing and recognised evaluated programmes (in best practice portals or scientific publications) to local circumstances and their pilot implementation by local corporations or NGOs.
- 6.3. To develop actions with non-profit organisations promoting the adaptation of existing and recognised addiction prevention programmes (in best practice portals or scientific publications) to their field of action and their pilot application, as well as to evaluate the effectiveness of existing programmes.

MENTAL HEALTH ACTION PLAN 2022-2024

This action plan is intended to facilitate the implementation of the objectives and recommendations set out in the Mental Health Strategy 2022-2026.

As stated in the Recovery, Transformation, and Resilience Plan and in the Opinion of the Commission for Social and Economic Reconstruction (BOCG, 21 July 2020), the health crisis generated by COVID-19 has highlighted the urgent need to address mental health problems, both those already present in the population and those generated as a result of the pandemic and the measures put in place to control it.

The objective of the Mental Health Action Plan 2022-2024

To contribute to the improvement of the mental health of the population through the development of prioritised actions of the Mental Health Strategy 2022-2026 in all areas of the NHS. These actions will allow us to address the effects on the mental health of the health and social crisis generated by the COVID-19 pandemic and other factors.

The **Mental Health Action Plan** presented here is developed through two essential elements:

1. Actions to be developed through its six strategic action guidelines

These strategic guidelines are based on the guidelines and objectives of the new Mental Health Strategy. Due to the distribution of competencies in health matters, the actions proposed within the framework of these guidelines must be agreed upon with the ACs and be submitted to the ICNHS for funding approval.

2. Budgetary allocation

This plan will be co-financed by the ACs and the Ministry of Health. The initial budget will be €100,000,000 through the General State Budget (GSB), of which approximately 80% will be distributed to the ACs during the years 2022, 2023, and 2024. The budget items for 2023 and 2024 will have to be previously approved in the GSB of the corresponding budget year.

The ACs will be allocated €24,000,000 for the year 2022.

Strategic guidelines and actions

The action plan consists of six strategic guidelines to respond to the mental health problems of the population. It especially considers the pandemic's impact on the mental health of the population in general and for some specific groups in particular. These groups included those in situations of greater vulnerability (such as children, adolescents, and older people), those with a direct role in health care during the pandemic (health professionals), and those requiring specific actions to manage mental health problems.

<i>Strategy 1</i>	Strengthening human resources in mental health.
<i>Strategy 2</i>	Optimisation of comprehensive mental health care in all areas of the NHS.
<i>Strategy 3</i>	Raising awareness and combating the stigmatisation of people with mental health problems.
<i>Strategy 4</i>	Prevention, early detection, and care of suicidal behaviour.
<i>Strategy 5</i>	Addressing mental health problems in contexts of greater vulnerability.
<i>Strategy 6</i>	Prevention of substance and non-substance addictive behaviours.

The strategies mentioned above can be developed through [the actions included in this action plan](#), which are presented below:

Actions of the Mental Health Action Plan 2022–2024

Actions funded by the Ministry of Health, by the ACs, and co-funded actions are indicated. In blue are the priority actions:

Strategy 1: Strengthening human resources in mental health.		Funding
1.1 To adapt Law 55/2003 of 16 December 2003 to the provisions of RD-Law 14/2021, of 6 July, on urgent measures to reduce the temporary nature of public employment.		Ministry of Health
1.2 To publish public employment offers for the professional categories working in mental health articulating the employment stabilisation processes before 31/12/2022 and resolving them (including incorporation into the job) before 31/12/2024 (art. 2 of RD-Law 14/2021).		ACs
1.3 To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings.		ACs
1.4 To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs		ACs
1.5 To develop and strengthen mental health care services at a community level.		ACs
1.6 To plan the provision of specialised healthcare training in the specialities of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs		Ministry of Health
Strategy 2: Optimisation of comprehensive mental health care in all areas of the NHS.		Funding
2.1 To provide a Regional Action Plan (with objectives, actions, indicators, and a responsible party) adapted to the actions recommended in this plan to be implemented by each ACs and the INGESA.		ACs
2.2 To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA.		ACs
2.3 To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan.		Ministry of Health
2.4 To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF).		ACs
2.5 To develop actions to promote the continuous training of mental health professionals, considering the principle of equality.		ACs
2.6 To train health professionals in the prevention and early detection of gender-based violence, as well as in tools for psychological accompaniment and support for women (and their children) who are victims of gender-based violence.		ACs
2.7 To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy.		Co-funded
2.8 To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services.		Ministry of Health
2.9 To incorporate in the portfolio of services the new non-face-to-face care modalities, establishing quality criteria for using each care modality.		Ministry of Health

Actions of the Mental Health Action Plan 2022–2024

Actions funded by the Ministry of Health, by the ACs, and co-funded actions are indicated. In blue are the priority actions:

2.10 To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.	Co-funded
2.11 To hold annual conferences to exchange experiences and good practices in implementing the Mental Health Strategy.	Ministry of Health
Strategy 3. Raising awareness and combating the stigmatisation of people with mental health problems.	
	Funding
3.1 To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour.	Ministry of Health
3.2 To develop informative and training actions for empowering people with mental health problems and their families through the Health Schools for Citizenship network.	ACs
3.3 To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs	Co-funded
3.4 To establish participatory structures at the level of mental health centres in the ACs, including people with mental health problems in the working groups and commissions.	ACs
3.5 To establish mechanisms to prevent involuntary restraints in patients with mental health problems.	Co-funded
Strategy 4. Prevention, early detection, and care of suicidal behaviour.	
	Funding
4.1 To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis.	Ministry of Health
4.2 To develop the suicide risk code in the ACs	Co-funded
4.3 To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour.	Co-funded
4.4 To develop tools that enable the identification of possible suicidal thoughts and the assessment of the risk factors associated with them.	ACs
4.5 To implement continuous training actions to detect risk, appropriate diagnosis, and approach suicidal behaviour.	ACs
4.6 To develop registers of suicide attempts and completed cases to help identify the population at most significant risk.	Ministry of Health
4.7 To develop initiatives to prevent suicidal behaviour in people in vulnerable situations, such as older people, children, and young people.	Co-funded
4.8 To develop actions with media managers to improve information on suicide and suicidal behaviour.	Ministry of Health

Actions of the Mental Health Action Plan 2022–2024

Actions funded by the Ministry of Health, by the ACs, and co-funded actions are indicated. In blue are the priority actions:

Strategy 5. Addressing mental health problems in contexts of greater vulnerability.		Funding
5.1 To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence.		Ministry of Health
5.2 To draft a guide to Health Promoting Schools in Spain by the MH's working group on health promotion, which considers pupils' emotional well-being.		Ministry of Health
5.3 To develop training actions for professionals in the educational community in the ACs and to monitor mental health problems by the Educational Guidance Teams, in collaboration with the mental health services, to avoid discriminatory behaviour and stigmatisation.		ACs
5.4 To establish mechanisms for identifying older people, especially those living alone, with mental health problems for a comprehensive and multidisciplinary approach.		ACs
5.5 To collaborate with local bodies and entities working in the community environment to develop initiatives to promote the active ageing of people in their neighbourhoods and municipalities.		ACs
5.6 To develop training actions for health professionals in gender perspective and mental health.		ACs
5.7 To develop specific prevention actions to identify abuse, violence, mistreatment, or vulnerability in child and gender-based violence.		ACs
5.8 To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.		Co-funded
5.9 To develop actions on mental health and work within the framework of the Spanish Strategy for Safety and Health at Work 2022-2027 and Occupational Health, aimed at finding out the impact of employment and working conditions on mental health and preventing psychosocial risks in the workplace.		Ministry of Health
Strategy 6. Prevention of substance and non-substance addictive behaviours.		Funding
6.1 To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.		Co-funded
6.2 To provide new resources to the Drug and Addictions Commissions of the ACs so that they can adapt existing and recognised evaluated programmes (in best practice portals or scientific publications) to local circumstances and their pilot implementation by local corporations or NGOs.		Co-funded

Actions of the Mental Health Action Plan 2022–2024

Actions funded by the Ministry of Health, by the ACs, and co-funded actions are indicated. In blue are the priority actions:

6.3 To develop actions with non-profit organisations promoting the adaptation of existing and recognised addiction prevention programmes (in best practice portals or scientific publications) to their field of action and their pilot application, as well as to evaluate the effectiveness of existing programmes.	Co-funded
6.4 To develop actions with local corporations to stimulate the implementation of existing and recognised addiction prevention programmes (on the front cover of good practices or scientific publications).	Ministry of Health
6.5 To reinforce the provision of the agreement or other instruments of collaboration with the Spanish Federation of Municipalities and Provinces (SFMP) in addictions favouring the transformation of prevention activities carried out by local corporations.	Ministry of Health

Content of the action plan

Strategy 1- Strengthening human resources in mental health.

To increase the number of professionals, guaranteeing their availability and improving working conditions to enable accessibility, longitudinality, and stability, attract talent, and reduce seasonality.

Action 1.1	<p>1.1. To adapt Law 55/2003 of 16 December 2003 to the provisions of RD-Law 14/2021, of 6 July, on urgent measures to reduce the temporary nature of public employment.</p> <p>This measure aims to adopt regulatory measures to reduce temporary employment and make managing human resources in the NHS more flexible. Bringing the structural temporary employment rate below 8% and keeping it there.</p> <p>Indicator: Modification of Law 55/2003.</p> <p>Expected result: Publication in the Official State Gazette (Boletín Oficial del Estado [BOE]) of the Modification of Law 55/2003.</p>	<p>^{*1} Ministry of Health</p>
Action 1.2	<p>1.2. To publish public employment offers for the professional categories working in mental health articulating the employment stabilisation processes before 31/12/2022 and resolving them (including incorporation into the job) before 31/12/2024 (art. 2 of RD-Law 14/2021).</p> <p>This measure aims to establish a timetable for publishing and resolving calls for stabilising employment in mental health.</p> <p>Indicator: % of the ACs which have published a call for stabilising employment for all mental health categories before 31/12/2022.</p> <p>Expected result: 100% of the ACs with a published call for job stabilisation for all mental health categories before 31/12/2022.</p>	<p>ACs</p>
Action 1.3	<p>1.3 To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings.</p>	<p>ACs</p>

¹ This column indicates who finances the action. When "ACS" is indicated, it is financed and implemented by the Autonomous Communities. When "Co-funded" is indicated, the Ministry of Health funds are transferred to the Autonomous Communities. When "Ministry of Health" is indicated, this action is the responsibility of the Ministry of Health.

Action 1.4

This measure aims to monitor job stability in mental health through the number of temporary staff in each autonomous community who obtain a position as permanent statutory staff in mental health.

Indicator: % of vacant posts covered by interim contracts, which have been filled by permanent contracts.

Expected result: 80% of vacant positions are covered by permanent contracts.

1.4. To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs

ACs

This measure aims to have the correct number of staff in mental health teams by identifying the number of health and non-health staff posts required to meet the care needs of the population in each autonomous community.

Indicator: % of the ACs that have drafted a document assessing mental health HR needs.

Expected Result: 100% of the ACs have drafted a document assessing mental health HR needs.

Action 1.5

1.5. To develop and strengthen mental health care services at a community level.

ACs

This measure aims to monitor the resources established at the community mental health level.

Indicator: % of the ACs that have dedicated resources to community mental health care.

Expected result: 100% of the ACs have dedicated resources to community mental health care.

Action 1.6

1.6. To plan the provision of specialised healthcare training in the specialties of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs

Ministry of
Health

This measure aims to promote the supply of places accredited in mental health specialties (psychiatry, clinical psychology, and mental health nursing). It also aims to add to those corresponding to the speciality of child and adolescent psychiatry from the 2022-23 call for applications to meet the care needs of the population in each autonomous community.

Indicator: % of places offered in mental health out of those accredited by the ACs

Expected result: 80% of the number of accredited places offered.

Strategy 2- Optimisation of comprehensive mental health care in all areas of the NHS.

To encourage all the ACs to develop the set of actions defined in this action plan in such a way as to favour interdisciplinary, interinstitutional, and intersectoral coordination as a way of meeting the various needs and guaranteeing continuity of care.

Action 2.1

2.1. To provide a Regional Action Plan (with objectives, actions, indicators, and a responsible party) adapted to the actions recommended in this plan to be implemented by each ACs and the INGESA.

ACs

This measure aims to have a regional action plan for the ACs and the INGESA adapted to include the actions of the Mental Health Action Plan. Each autonomous community should implement this plan.

Indicator: % of the ACs that have a Regional Mental Health Plan for 2022-2024 in their autonomous community and the INGESA.

Expected result: 100% of the ACs have a Regional Mental Health Plan adapted for 2022-2024.

Action 2.2

2.2. To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA.

ACs

This measure's aim is for the governments of the ACs (including the INGESA) to have a specific and sufficient budget in their Departments of Health to effectively implement the actions contained in this plan.

Indicator: % of the ACs (including the INGESA) that have a finalist fund in 2022 and 2023 that meets 100% of the budget required to implement the plan in their autonomous region.

Expected result: 100% of the ACs (including the INGESA) have a finalist fund in each budget year for 2022 and 2023 that meets 100% of the budget required to implement the plan.

Action 2.3

2.3. To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan.

Ministry of Health

This measure aims for the Spanish government to have a specific and sufficient budget in the Ministry of Health to promote the effective implementation of the actions contained in this plan.

Indicator: Provision of a final budget for the Ministry of Health for 2022 and 2023.

Expected result: The approval of a final budget for the Ministry of Health for the financial years 2022 and 2023.

Action 2.4

2.4. To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF).

ACs

This measure's aim is that within the framework of the PCCF, the continuous improvement of the interoperability of regional digital health records can be promoted as the main element of information exchange between professionals from different care areas, specifically between mental health and primary care.

The aim is also to use digital technologies to provide telematic means for inter-consultation between PC and mental health professionals for joint patient management.

Indicator: % of the ACs that have improved interoperability between PC and mental health.

Expected result: 100% of ACs have improved interoperability between PC and mental health.

Action 2.5

2.5. To develop actions to promote the continuous training of mental health professionals, considering the principle of equality.

ACs

This measure aims to train mental health professionals in equality, making visible the importance and impact of equity in the care of vulnerable populations to eliminate barriers to access.

Indicator: % of the ACs that develop training actions on equality among their mental health professionals.

Expected result: 80% of the ACs have developed training actions on equality among their mental health professionals.

Action 2.6

2.6. To train mental health professionals in the prevention and early detection of gender-based violence, as well as in tools for psychological accompaniment and support for women (and their children) who are victims of gender-based violence.

ACs

This measure aims to train health professionals to prevent and detect gender-based violence and develop tools for the psychological support and accompaniment of victims.

Indicator: % of the ACs that have developed training actions on prevention and detection of gender-based violence among their mental health professionals.

Expected result: 80% of the ACs have developed training actions on gender-based violence among their mental health professionals.

Action 2.7

2.7. To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy.

Co-funded

This measure aims for projects to be implemented to strengthen the capacities of mental health services, improving the quality of services for patients and facilitating the work of professionals. The aim is to offer services inside and outside healthcare buildings, transcending service-based care provision and providing certain services and benefits through a virtual and intelligent care network centred on the patient and integrated into the health continuum, guaranteeing continuity of care, interoperability and data exploitation.

Indicator: % of the ACs that have implemented a digital transformation project in mental health services.

Expected result: 80% of the ACs have implemented a digital transformation project in their mental health services.

Action 2.8

2.8. To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services.

Ministry
of
Health

This measure aims to update the common portfolio of services of the NHS, contemplated in Royal Decree 1030/2006 of 15 September. This Royal Decree establishes the portfolio of shared services of the NHS and the procedure for its updating to adapt it to current and future needs. It also

emphasises the participation of the person with mental health problems and family members and the promotion of recovery.

Indicator: A CBIF meeting to assess the need to update the common portfolio of mental health services.

Expected result: Meeting held and minutes of the meeting taken.

Action 2.9

2.9. To incorporate in the portfolio of services the new non-face-to-face care modalities, establishing quality criteria for using each care modality.

Ministry of
Health

This measure aims to recognise non-face-to-face care as a care activity and reach a consensus on its quality and safety criteria.

Indicator: To agree in the CBIF on incorporating new non-face-to-face care modalities in the common portfolio of mental health services.

Expected result: New non-face-to-face care modalities incorporated into the common portfolio of mental health services.

Action 2.10

2.10. To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.

Co-funded

This measure aims to identify, select, disseminate, implement, and evaluate evidence-based "don'ts" recommendations. These recommendations will be incorporated into a decision-making tool in the different digital platforms available in mental health.

Indicator: % of the ACs that develop actions for implementing "do not do" recommendations in mental health.

Expected result: 100% of the ACs have developed such actions.

Action 2.11

2.11. To hold annual conferences to exchange experiences and good practices in implementing the Mental Health Strategy.

Ministry
of Health

This measure aims to publicise the experiences carried out by different agents at an intersectoral and interdisciplinary level for the implementation of the strategic guidelines of the Mental Health Strategy.

Indicator: Development of the conference.

Expected result: Outcome of the conference.

Strategy 3- Raising awareness and combating the stigmatisation of people with mental health problems

To sensitise and raise awareness for mental health promotion and the fight against stigma to promote changes in perception and social attitudes that favour the integration and social participation of people with mental health problems.

Action 3.1

3.1. To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour.

Ministry of
Health

This measure aims to carry out communication campaigns to promote mental health and the fight against stigma.

To promote the fight against stigma and raise awareness of the implications of discrimination against people with mental health problems and the negative impact on their health.

To carry out specific media campaigns to disseminate the recommendations made by the Ministry of Health for the treatment of suicide by the media.

Indicator: Realisation of a campaign to sensitise and raise awareness for the fight against stigma and/or preventing suicidal behaviour.

Expected result: Realisation and results of the campaign.

Action 3.2

3.2. To develop informative and training actions for empowering people with mental health problems and their families through the Health Schools for Citizenship network.

ACs

This measure aims to promote the development of the Health Schools for Citizenship network for the continuity and improvement of the offer of quality, accessible, and innovative information for patients, family members, associations and citizens in mental health. This information should empower them to manage their life processes and promote their health from a personal, social, and health perspective per their preferences.

Action 3.3

Indicator: % of schools in the network that have carried out training actions in mental health in the period 2022-2024.
Expected result: 100% of the schools have carried out training actions on mental health in the period 2022-2024.

3.3. To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs

Co-funded

This measure aims to articulate coordination structures and mechanisms at the level of each territory since health promotion and community action must work jointly between the different agents and with the participation of citizens. Existing coordination structures can be created in each ACs, or supported through local intersectoral coordination committees, neighbourhood health councils, or other formulas.

Indicator: % of the ACs with structures and/or coordination mechanisms to work on community mental health, promotion, and prevention.
Expected result: 100% of the ACs have structures and/or coordination mechanisms to work on community health, promotion, and prevention by the first quarter of 2024.

Action 3.4

3.4. To establish participatory structures at the level of mental health centres in the ACs, including people with mental health problems in the working groups and commissions.

ACs

This measure aims to encourage the participation of people with mental health problems in the working groups and commissions set up in the mental health services, contributing to their empowerment in managing their vital processes.

Indicator: % of the ACs that have developed some mechanisms to facilitate participatory structures in mental health services.
Expected result: 80% of the ACs have developed some mechanisms to facilitate participatory structures in mental health services.

Action 3.5

3.5. To establish mechanisms to prevent involuntary restraints in patients with mental health problems.

Co-funded

This measure aims to promote information, training, implementation, and evaluation of alternatives to involuntary restraint.

Indicator: % of the ACs that have developed an information and training project on alternatives to involuntary restraint in each autonomous community.

Expected result: 80% of the ACs have developed an information and training project on alternatives to involuntary restraint in each autonomous community.

Strategy 4- Prevention, early detection, and care of suicidal behaviour.

The overall aim is to promote early detection and to be able to develop strategies for the prevention of suicidal behaviour, as well as to improve care for people at risk of suicide.

Action 4.1

4.1. To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis.

This measure aims to create a 24-hour, free, confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families. This hotline should be able to refer to the relevant emergency services during a crisis rapidly.

Indicator: Creation of a 24/7 hotline.

Expected result: Implementation of the 24/7 toll-free hotline by 2022.

Ministry of
Health

Action 4.2

4.2. To develop the suicide risk code in the ACs

This measure aims to repair, develop, and implement the suicide risk code in each autonomous community to improve care for people with suicidal behaviour.

Indicator: % of the ACs that have developed the suicide risk code.

Expected result: At least 80% of the ACs have implemented the suicide risk code.

Co-funded

Action 4.3

4.3. To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour.

Co-funded

Action 4.4

This measure aims to elaborate, develop, and implement an agile circuit for rapid access to mental health services following the detection of suicide risk in each of the ACs

Indicator: % of the ACs that have developed a mechanism for an agile circuit for urgent/preferential referral to mental health services following the detection of suicide risk.

Expected result: At least 80% of the ACs have implemented it.

4.4. To develop tools that enable the identification of possible suicidal thoughts and the assessment of the risk factors associated with them.

ACs

This measure aims to develop support tools for health professionals for the detection of suicidal thoughts and the assessment of risk factors associated with them.

Indicator: % of the ACs with support tools developed for professionals.

Expected result: 100% of the ACs have developed these support tools.

Action 4.5

4.5. To implement continuous training actions to detect risk, appropriate diagnosis, and approach suicidal behaviour.

ACs

This measure aims to promote continuous training for health professionals for the detection of risk, diagnosis, and approach to suicidal behaviour and training for agents involved in other institutions, especially in education and emergency services (fire brigade, police, SAMUR etc.).

Indicator: % of the ACs that have developed training for the detection of risk, diagnosis, and approach to suicidal behaviour in each autonomous community.

Expected result: 100% of the ACs have developed continuous training for the detection of risk, diagnosis, and approach to suicidal behaviour.

Action 4.6

4.6. To develop registers of suicide attempts and completed cases to help identify the population at most significant risk.

Ministry of
Health

This measure aims to develop accurate records of completed suicides with the necessary socio-demographic variables to identify vulnerable groups and record and monitor risk factors leading to suicide.

Indicator: Creating a working group by 2022-2023 to register completed suicides and associated variables and risk factors.

Expected result: A document for the elaboration of the register.

Action 4.7

4.7. To develop initiatives to prevent suicidal behaviour in people in vulnerable situations, such as older people, children, and young people.

Co-funded

This measure aims to promote continuous training for health professionals for the detection of risk, diagnosis, and approach to suicidal behaviour and training for agents involved in other institutions, especially in the field of education and emergency services (fire brigade, police, SAMUR etc.) and other social groups working with vulnerable populations. It aims to promote and disseminate the establishment of alternative mechanisms to hospital services.

Indicator: % of the ACs that develop training in the prevention of suicidal behaviour in vulnerable situations.

Expected result: At least 80% of the ACs have offered this training.

Action 4.8

4.8. To develop actions with media managers to improve information on suicide and suicidal behaviour.

Ministry of
Health

This measure aims to raise awareness among media professionals about treating news related to suicide following international recommendations.

Indicator: Revision and updating of the document of recommendations made by the Ministry of Health for treating suicide by the media.

Expected result: The final document.

Strategy 5- Addressing mental health problems in contexts of greater vulnerability.

To contribute to recovering, maintaining, and improving the autonomy and quality of life of people with mental health problems. To prioritise support for people in vulnerable situations, promoting their strengths, health assets, and/or skills in their community context.

Action 5.1

5.1. To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence.

Ministry of
Health

This measure aims to create an intersectoral working group (health, education, social rights, urban planning, sports, labour, and equality, etc.), with the participation of children and adolescents, social agents, and scientific societies (children's councils, children's platform, UNICEF, Save the Children, IHAN, Spanish Association of Paediatrics, FAECAP, Spanish Association of Paediatric Nursing, the PROEM Network, etc.). It aims to plan regular sectoral meetings and meetings with the whole group.

Indicator: Creating a multidisciplinary and intersectoral working group to promote mental health and prevention and early detection of mental health problems in childhood and adolescence.

Expected result: The creation of the working group and developed documents.

Action 5.2

5.2. To draft a guide to Health Promoting Schools in Spain by the MH's working group on health promotion, which considers pupils' emotional well-being.

Ministry
of Health

It aims to promote mental health in educational centres, using the European model of health-promoting schools.

Indicator: The elaboration of a guide for health-promoting schools in Spain.

Expected result: A guide document for health-promoting schools in Spain.

Action 5.3

5.3. To develop training actions for professionals in the educational community in the ACs and to monitor mental health problems by the Educational Guidance Teams, in

ACs

	<p>collaboration with the mental health services, to avoid discriminatory behaviour and stigmatisation.</p> <p>This measure aims to provide training for educational guidance teams to collaborate in the fight against stigma and contribute to raising awareness of the implications of discrimination against people with mental health problems and the negative impact on their health.</p> <p>Indicator: The elaboration of a training programme for the educational community on stigma in each of the ACs.</p> <p>Expected result: The dissemination of the training programme on stigma in the ACs among the educational community.</p>	
<p><i>Action 5.4</i></p>	<p>5.4. To establish mechanisms for identifying older people, especially those living alone, with mental health problems for a comprehensive and multidisciplinary approach.</p> <p>This measure aims to promote coordination mechanisms with primary care and social services for the care of older people, encouraging the exchange of information for a better comprehensive approach.</p> <p>Indicator: % of the ACs that have developed initiatives to improve the comprehensive approach to older people with mental health problems.</p> <p>Expected result: 80% of the ACs have developed initiatives for a comprehensive approach to older people with mental health problems.</p>	ACs
<p><i>Action 5.5</i></p>	<p>5.5. To collaborate with local bodies and entities working in the community environment to develop initiatives to promote the active ageing of people in their neighbourhoods and municipalities.</p> <p>This measure aims to promote active ageing in neighbourhoods and districts by articulating collaborative structures with local entities and entities working in the community environment.</p> <p>Indicator: % of the ACs with structures and/or coordination mechanisms to work in the community environment.</p> <p>Expected result: 80% of the ACs have structures and/or coordination mechanisms for working in the community environment.</p>	ACs
<p><i>AC 5.6</i></p>	<p>5.6. To develop training actions for health professionals in gender perspective and mental health.</p>	ACs

Action 5.7

This measure aims to train health professionals in gender perspective and mental health, making visible the importance and impact of the gender approach in this field, and eliminating biases in women's assessment and health care.

Indicator: % of the ACs that have developed training actions from a gender perspective.

Expected result: 100% of the ACs have carried out some training activity on gender.

5.7. To develop specific prevention actions to identify abuse, violence, mistreatment, or vulnerability in child and gender-based violence.

ACs

This measure aims to train health professionals in the prevention and early detection of gender-based violence, as well as in tools for the accompaniment and psychological support of women (and children) who are victims of gender-based violence, in order to facilitate the establishment of a bond of trust that allows for the coordination and follow-up of the case.

Indicator: % of the ACs that have developed specific prevention training actions regarding abuse, violence, mistreatment, or vulnerability.

Expected result: 100% of the ACs have carried out some specific preventive training activity.

Action 5.8

5.8. To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.

Co-funded

This measure's aim is that in collaboration with the ACs, a support programme is set up for health professionals to help them recover from burnout or post-traumatic stress syndrome.

Indicator: The design of a support programme for professionals to help them recover from burnout.

Expected result: The publication and dissemination of the programme to support NHS professionals in the fight against burnout.

Action 5.9

5.9. To develop actions on mental health and work within the framework of the Spanish Strategy for Safety and Health at Work 2022-2027 and Occupational Health, aimed at

Ministry of Health

finding out the impact of employment and working conditions on mental health and preventing psychosocial risks in the workplace.

This measure aims to elaborate, develop, and implement actions to assess the impact of employment and working conditions on mental health for subsequent evaluation and implementation of alternatives for preventing and detecting associated occupational risks.

Indicator: Actions developed to assess the impact of employment and working conditions on mental health.

Expected result: The documentation and dissemination of the actions developed to assess the impact of employment and working conditions on mental health.

Strategy 6- Prevention of substance and non-substance addictive behaviours.

To develop and evaluate interventions within the framework of the National Strategy on Addictions 2017-2024 (91) and the action plans that develop it (and, where appropriate, with the plans developed in the different ACs) to reduce substance and non-substance addictions.

Action 6.1

6.1. To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.

Co-funded

This measure aims to encourage the implementation by the ACs of addiction prevention programmes of proven effectiveness through different actions (adaptation, piloting, or evaluation) from the ACs departments and through regional aid to local corporations or non-profit organisations at a regional level.

Indicator: % of the ACs that have developed some action to promote the implementation of proven addiction prevention programmes or the evaluation of those already implemented.

Expected result: 50% of the ACs have developed some action to promote the implementation of prevention programmes of proven effectiveness or the evaluation of some of those already implemented.

Action 6.2

6.2. To provide new resources to the Drug and Addictions Commissions of the ACs so that they can adapt existing and recognised evaluated programmes (in best practice

Co-funded

portals or scientific publications) to local circumstances and their pilot implementation by local corporations or NGOs.

This measure aims to encourage the implementation of existing, evaluated, and recognised addiction prevention programmes by providing new resources.

Indicator: % of ACs earmarking new resources for adapting proven effective programmes or their piloting by ACs, local authorities, or NGOs.

Expected result: 50% of the ACs have earmarked new resources for the adaptation of proven prevention programmes or their piloting.

Action 6.3

6.3. To develop actions with non-profit organisations promoting the adaptation of existing and recognised addiction prevention programmes (in best practice portals or scientific publications) to their field of action and their pilot application, as well as to evaluate the effectiveness of existing programmes.

This measure aims to encourage non-profit organisations to adapt or pilot existing and recognised programmes and to evaluate the effectiveness of existing programmes.

Indicator: The number of non-profit organisations that carry out actions to adapt proven addiction prevention programmes and/or pilot them in their field of action or that carry out evaluations of those already implemented.

Expected result: At least ten non-profit organisations carry out the abovementioned actions.

Co-funded

Action 6.4

6.4. To develop actions with local corporations to stimulate the implementation of existing and recognised addiction prevention programmes (on the front cover of good practices or scientific publications).

This measure aims to encourage the implementation of proven addiction prevention programmes by local corporations through the budget of collaboration instruments with the Spanish Federation of Municipalities and Provinces (SFMP).

Ministry
of
Health

Indicator: The number of local corporations that carry out actions of adaptation of proven addiction prevention programmes and/or pilots of the same or that evaluate those already implemented.

Expected result: At least 15 local corporations carry out some of the mentioned actions.

Action 6.5

6.5. To reinforce the provision of the agreement or other instruments of collaboration with the Spanish Federation of Municipalities and Provinces (SFMP) in addictions favouring the transformation of prevention activities carried out by local corporations.

Ministry
of
Health

This measure aims to improve the provision of collaboration tools with the SFMP to promote the implementation of addiction prevention programmes of proven effectiveness by local corporations.

Indicator: An increase in the usual endowment of the collaboration agreement/specific financing instrument.

Expected result: An agreement or specific financing instrument.

The evaluation of this action plan will be carried out through the indicators mentioned above, the specifications of which will be detailed in due course.

ANNEX

Questionnaire

The questionnaire submitted to the NHS Mental Health Strategy Institutional Committee to reach a consensus on the Mental Health Action Plan is described below.

This questionnaire was also submitted to the Technical Committee of the strategy, but without section 3, which refers to the progress made in the regional mental health plans.

Section 0: Identification of the autonomous community and INGESA

Please select the name of your autonomous community or INGESA (from the drop-down list of autonomous communities and INGESAs).

Section 1: Agreement with the guidelines and concrete actions of the Mental Health Action Plan 2022-2024

Please indicate your **agreement** or **disagreement** with the **six strategies** that comprise the Mental Health Action Plan 2022-2024.

In case your answer is negative, please indicate on the dotted line your alternative proposal to that line.

	The strategy of the action plan	Agree	Disagree	Alternative in case of disagreement (max. 500 characters)
1	STRENGTHENING HUMAN RESOURCES IN MENTAL HEALTH		
2	OPTIMISATION OF COMPREHENSIVE MENTAL HEALTH CARE IN ALL AREAS OF THE NHS		
3	RAISING AWARENESS AND COMBATING THE STIGMATISATION OF PEOPLE WITH MENTAL HEALTH PROBLEMS		
4	PREVENTION, EARLY DETECTION, AND CARE FOR SUICIDAL BEHAVIOUR		
5	ADDRESSING MENTAL HEALTH PROBLEMS IN CONTEXTS OF GREATER VULNERABILITY		
6	PREVENTION OF SUBSTANCE AND NON-SUBSTANCE ADDICTIVE BEHAVIOURS		

Please indicate your **agreement** or **disagreement** with **each action** included in the Mental Health Action Plan 2022-2024.

STRATEGY 1: STRENGTHENING HUMAN RESOURCES IN MENTAL HEALTH

Action plan actions	Agree	Disagree
1.1. To adapt Law 55/2003 of 16 December 2003 to the provisions of RD-Law 14/2021, of 6 July, on urgent measures to reduce the temporary nature of public employment.		
1.2. To publish public employment offers for the professional categories working in mental health articulating the employment stabilisation processes before 31/12/2022 and resolving them (including incorporation into the job) before 31/12/2024 (art. 2 of RD-Law 14/2021).		
1.3 To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings.		
1.4. To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs.		
1.5. To develop and strengthen mental health care services at a community level.		
1.6. To plan the provision of specialised healthcare training in the specialities of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

STRATEGY 2: OPTIMISATION OF COMPREHENSIVE MENTAL HEALTH CARE IN ALL AREAS OF THE NHS

Action plan actions	Agree	Disagree
2.1. To provide a Regional Action Plan (with objectives, actions, indicators, and a responsible party) adapted to the actions recommended in this plan to be implemented by each AC and the INGESA.		
2.2. To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA.		
2.3. To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan.		
2.4. To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF).		
2.5. To develop actions to promote the continuous training of mental health professionals, considering the principle of equality.		
2.6. To train health professionals in the prevention and early detection of gender-based violence, as well as in tools for psychological accompaniment and support for women (and their children) who are victims of gender-based violence.		
2.7. To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy.		
2.8. To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services.		
2.9. To incorporate in the portfolio of services the new non-face-to-face care modalities, establishing quality criteria for using each care modality.		
2.10. To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.		
2.11. To hold annual conferences to exchange experiences and good practices in implementing the Mental Health Strategy.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

STRATEGY 3: RAISING AWARENESS AND COMBATING THE STIGMATISATION OF PEOPLE WITH MENTAL HEALTH PROBLEMS

Action plan actions	Agree	Disagree
3.1. To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour.		
3.2. To develop informative and training actions for empowering people with mental health problems and their families through the Health Schools for Citizenship network.		
3.3. To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs.		
3.4. To establish participatory structures at the level of mental health centres in the ACs, including people with mental health problems in the working groups and commissions.		
3.5. To establish mechanisms to prevent involuntary restraints in patients with mental health problems.		
3.6. To prepare a study on the impact of the pandemic on the mental health of the Spanish population, including the gender perspective and the factors involved in this impact and dissemination of its data to the entire population.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

STRATEGY 4: PREVENTION, EARLY DETECTION, AND CARE FOR SUICIDAL BEHAVIOUR

Action plan actions	Agree	Disagree
4.1. To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis.		
4.2. To develop the suicide risk code in the ACs.		
4.3. To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour.		
4.4. To develop tools that enable the identification of possible suicidal thoughts and the assessment of the risk factors associated with them.		
4.5. To implement continuous training actions to detect risk, appropriate diagnosis, and approach suicidal behaviour.		
4.6. To develop registers of suicide attempts and completed cases to help identify the population at most significant risk.		
4.7. To develop initiatives to prevent suicidal behaviour in people in vulnerable situations such as older people, children and young people, cases of gender violence, sexual violence, people with disabilities, chronic illnesses, dependency, residents in prisons, people in situations of social exclusion, people in street situations, and people discriminated against because of their sexual orientation or gender identity, personnel of the State Security Forces and Corps, among others.		
4.8. To develop actions with media managers to improve information on suicide and suicidal behaviour.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

STRATEGY 5: ADDRESSING MENTAL HEALTH PROBLEMS IN CONTEXTS OF GREATER VULNERABILITY

Action plan actions	Agree	Disagree
5.1. To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence.		
5.2. To draft a guide to Health Promoting Schools in Spain by the MH's working group on health promotion, which considers pupils' emotional well-being.		
5.3. To develop training actions for professionals in the educational community in the ACs and to monitor mental health problems by the Educational Guidance Teams, in collaboration with the mental health services, to avoid discriminatory behaviour and stigmatisation.		
5.4. To establish mechanisms for identifying older people, especially those living alone, with mental health problems for a comprehensive and multidisciplinary approach.		
5.5. To collaborate with local bodies and entities working in the community environment to develop initiatives to promote the active ageing of people in their neighbourhoods and municipalities.		
5.6. To develop training actions for health professionals in gender perspective and mental health.		
5.7. To develop specific prevention actions to identify abuse, violence, mistreatment, or vulnerability in child and gender-based violence.		
5.8. To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.		
5.9. To develop actions on mental health and work within the framework of the Spanish Strategy for Safety and Health at Work 2022-2027 and Occupational Health, aimed at finding out the impact of employment and working conditions on mental health and preventing psychosocial risks in the workplace.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

STRATEGY 6: PREVENTION OF SUBSTANCE AND NON-SUBSTANCE ADDICTIVE BEHAVIOURS

Action plan actions	Agree	Disagree
6.1. To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.		
6.2. To provide new resources to the Drug and Addictions Commissions of the ACs so that they can adapt existing and recognised evaluated programmes (in best practice portals or scientific publications) to local circumstances and their pilot implementation by local corporations or NGOs.		
6.3. To develop actions with non-profit organisations promoting the adaptation of existing and recognised addiction prevention programmes (in best practice portals or scientific publications) to their field of action and their pilot application, as well as to evaluate the effectiveness of existing programmes.		
6.4. To develop actions with local corporations to stimulate the implementation of existing and recognised addiction prevention programmes (on the front cover of good practices or scientific publications).		
6.5. To reinforce the provision of the agreement or other instruments of collaboration with the Spanish Federation of Municipalities and Provinces (SFMP) in addictions favouring the transformation of prevention activities carried out by local corporations.		

If you wish to add any comments on the actions or add an action that is not covered, please include it in this section: (max. 1000 characters)

Section 2: Action planning for the Mental Health Action Plan 2022-2024

From all of the actions included in the six strategies, please mark with an X the ten actions that are a priority in the short term for your autonomous community or INGESA.

Strategies and actions of the Mental Health Action Plan 2022-2024	Short term
1.1. To adapt Law 55/2003 of 16 December 2003 to the provisions of RD-Law 14/2021, of 6 July, on urgent measures to reduce the temporary nature of public employment.	
1.2. To publish public employment offers for the professional categories working in mental health articulating the employment stabilisation processes before 31/12/2022 and resolving them (including incorporation into the job) before 31/12/2024 (art. 2 of RD-Law 14/2021).	
1.3. To create the necessary vacancies and promote the transformation of interim contracts into stable contracts, implementing RD-Law 14/2021 in health centres or mental health units in hospital and community settings.	
1.4. To evaluate and adapt the needs of human resources in mental health in all areas of care, based primarily on population and epidemiological criteria, the portfolio of services, and the pressure of care in the different ACs.	
1.5. To develop and strengthen mental health care services at a community level.	
1.6. To plan the provision of specialised healthcare training in the specialities of psychiatry, child and adolescent psychiatry, clinical psychology, and mental health nursing, considering the new needs agreed with the ACs.	
2.1. To provide a Regional Action Plan (with objectives, actions, indicators, and a responsible party) adapted to the actions recommended in this plan to be implemented by each AC and the INGESA.	
2.2. To provide a final budget for effectively implementing this plan in the Departments of Health and the INGESA.	
2.3. To provide a dedicated budget within the Ministry of Health to promote the effective implementation of this plan.	
2.4. To improve access to mental health services from primary care, promoting the implementation of the Primary and Community Care Framework (PCCF).	
2.5. To develop actions to promote the continuous training of mental health professionals, considering the principle of equality.	
2.6. To train health professionals in the prevention and early detection of gender-based violence, as well as in tools for psychological accompaniment and support for women (and their children) who are victims of gender-based violence.	

2.7. To promote the digital transformation of mental health services for patient care and support professionals within the framework of implementing the Digital Health Strategy.	
2.8. To assess in the Commission on Benefits, Insurance, and Financing (CBIF) the need to update the common portfolio of mental health services.	
2.9. To incorporate in the portfolio of services the new non-face-to-face care modalities, establishing quality criteria for using each care modality.	
2.10. To implement the "do not do" recommendations in mental health within the project "Commitment to quality of scientific societies in Spain" according to the current methodology established between the health guide and the Ministry of Health.	
2.11. To hold annual conferences to exchange experiences and good practices in implementing the Mental Health Strategy.	
3.1. To implement campaigns to promote mental health, especially concerning the fight against stigma and the prevention of suicidal behaviour.	
3.2. To develop informative and training actions for empowering people with mental health problems and their families through the Health Schools for Citizenship network.	
3.3. To develop coordination mechanisms for community health, health promotion, and prevention between mental health and primary care in the different ACs.	
3.4. To establish participatory structures at the level of mental health centres in the ACs, including people with mental health problems in the working groups and commissions.	
3.5. To establish mechanisms to prevent involuntary restraints in patients with mental health problems.	
3.6. To prepare a study on the impact of the pandemic on the mental health of the Spanish population, including the gender perspective and the factors involved in this impact and dissemination of its data to the entire population.	
4.1. To create a 24/7, free and confidential hotline to provide professional care and support for people affected by suicidal behaviour and their families, with the capacity for rapid referral to emergency services in the event of a crisis.	
4.2. To develop the suicide risk code in the ACs.	
4.3. To establish mechanisms and streamlined circuits to improve access to mental health services for people with suicidal behaviour.	
4.4. To develop tools that enable the identification of possible suicidal thoughts and the assessment of the risk factors associated with them.	
4.5. To implement continuous training actions to detect risk, appropriate diagnosis, and approach suicidal behaviour.	
4.6. To develop registers of suicide attempts and completed cases to help identify the population at most significant risk.	

4.7. To develop initiatives to prevent suicidal behaviour in people in vulnerable situations such as older people, children and young people, cases of gender violence, sexual violence, people with disabilities, chronic illnesses, dependency, residents in prisons, people in situations of social exclusion, people in street situations, and people discriminated against because of their sexual orientation or gender identity, personnel of the State Security Forces and Corps, among others.	
4.8. To develop actions with media managers to improve information on suicide and suicidal behaviour.	
5.1. To create a multidisciplinary and intersectoral working group of experts at a national level to identify priority actions to be developed to promote mental health and for the prevention and early detection of mental health problems in childhood and adolescence.	
5.2. To draft a guide to Health Promoting Schools in Spain by the MH's working group on health promotion, which considers pupils' emotional well-being.	
5.3. To develop training actions for professionals in the educational community in the ACs and to monitor mental health problems by the Educational Guidance Teams, in collaboration with the mental health services, to avoid discriminatory behaviour and stigmatisation.	
5.4. To establish mechanisms for identifying older people, especially those living alone, with mental health problems for a comprehensive and multidisciplinary approach.	
5.5. To collaborate with local bodies and entities working in the community environment to develop initiatives to promote the active ageing of people in their neighbourhoods and municipalities.	
5.6. To develop training actions for health professionals in gender perspective and mental health.	
5.7. To develop specific prevention actions to identify abuse, violence, mistreatment, or vulnerability in child and gender-based violence.	
5.8. To develop specific programmes to help and support health and social care professionals with mental health problems related to their care work: caring for the carer.	
5.9. To develop actions on mental health and work within the framework of the Spanish Strategy for Safety and Health at Work 2022-2027 and Occupational Health, aimed at finding out the impact of employment and working conditions on mental health and preventing psychosocial risks in the workplace.	
6.1. To develop actions with the ACs to prioritise the implementation of substance and non-substance addiction prevention programmes that have proven effective and to evaluate the effectiveness of existing programmes.	
6.2. To provide new resources to the Drug and Addictions Commissions of the ACs so that they can adapt existing and recognised evaluated programmes (in best practice portals or scientific publications) to local circumstances and their pilot implementation by local corporations or NGOs.	

6.3. To develop actions with non-profit organisations promoting the adaptation of existing and recognised addiction prevention programmes (in best practice portals or scientific publications) to their field of action and their pilot application, as well as to evaluate the effectiveness of existing programmes.	
6.4. To develop actions with local corporations to stimulate the implementation of existing and recognised addiction prevention programmes (on the front cover of good practices or scientific publications).	
6.5. To reinforce the provision of the agreement or other instruments of collaboration with the Spanish Federation of Municipalities and Provinces (SFMP) in additions favouring the transformation of prevention activities carried out by local corporations.	

Section 3. Progress made in the area of mental health by the ACs and INGESA

	Yes	No
¿ Does your autonomous community or INGESA have a specific plan for implementing the mental health action plan or strengthening mental health?		
If yes, please answer the following questions:		
¿ What is the implementation date of your mental health strategy or action plan?		
¿ What is the date of the last evaluation of the same (if there has been any evaluation)?		
Please indicate whether the mental health strategy or action plan has a responsible person or coordinator.		
Please attach the document or link to this strategy or action plan.		

Of the following actions, has any progress been made in your autonomous community or INGESA?

- An increase in the Mental Health **budget** (budget increase in Chapter I, Chapter II, equipment and infrastructures, equalisation of complementary remuneration with hospital care).

Yes ☐ No ☐

Brief description: _____

Budget allocation: _____

Document or link/s: _____

- An increase in and/or improvement of **human resources** conditions in mental health (adaptation of staffing levels; redistribution of quotas based on demographic, epidemiological, socioeconomic, portfolio, and activity criteria, etc.; temporary contracts at ≤8%; biannual public employment offer (OPE); substitution plan; identification of areas of difficult coverage etc.)

Yes ☐ No ☐

Brief description: _____

Budget allocation: _____

Document or link/s: _____

- Improvement of **clinical management and quality of care** (clinical management agreements, standardised demand management procedures, identification and dissemination of best practices (BP) and practices to be excluded, development of interdisciplinary coordination mechanisms etc.)

Yes ☐ No ☐

Brief description: _____

Budget allocation: _____

Document or link/s: _____

Section 4: Suicidal Behaviour Hotline

Indicate briefly the three aspects that you consider most important for a suicide helpline (max. 250 characters)

1: _____

2: _____

3: _____

In the case of your autonomous community or INGESA, how do you think the care provided during the call could be connected to the referral, where appropriate, to mental health/primary care services? (max. 1500 characters)

What is the status of the suicide risk code in your autonomous community or INGESA, and how do you think it could be coordinated with this hotline to create partnerships? (max. 1500 characters)

MENTAL HEALTH ACTION PLAN 2022-2024

MENTAL HEALTH STRATEGY OF THE NATIONAL HEALTH SYSTEM 2022-2026

Deputy Directorate of Healthcare Quality

General Directorate of Public Health

Ministry of Health

Spanish Government
