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TRABAJO FIN DE GRADO EN INGENIERÍA EN ORGANIZACIÓN INDUSTRIAL

DESIGN OF AN INTERNATIONAL COOPERATION STRATEGY PLAN TO PROMOTE MENTAL HEALTH AND POTENTIAL PROBLEMS PREVENTION

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To my closest people who have helped and supported me when I needed it.

Title: Design of a strategic plan for international cooperation on mental health promotion and potential problems prevention.

ABSTRACT

In view of the growing mental health problem, not only in our country, but also in Europe and worldwide, this work aims to contribute to improving this situation from an organisational point of view. With the application of the tools and knowledge acquired in the Degree in Industrial Organisation Engineering, a deep analysis of the situation is made, from different perspectives in order to focus efforts on the most important actions and thus optimise the resources to be invested.

First, a deep analysis of the problem from different perspectives, focusing on mental health prevalence, stigma and social attitude, and access to mental health services. These perspectives include the evolution of the situation in Spain during the last decades as well as the impact of the COVID-19 outbreak and the influence of external factors such as the economic or the environmental ones. Last but not least, the problem in Spain is framed within a European reference framework, and the international agendas on the mental health matter.

This analysis brings light to the most important aspects to tackle and is taken as a starting point to develop the actions to take in the following years to improve the situation with the use of limited resources. Different organizational tools like CAME and the Balance Scorecard are used to create and analyse different action proposals that are later prioritised and developed into a detailed 5-year Action Plan, designed to be implemented in six-monthly periods, with 9 actions to implement in 30 sub-objectives by a team that oscillates from 7 to 16 people and an estimated budget of 5,650,000 euros.

With the development of this document, a better understanding of the problem has been achieved, as well as the steps to be taken to move forward.

Key words: strategy, mental health, analysis, action plan.

Título: Diseño de un plan estrategico para la cooperacion internacional para la promoción y prevención de la salud mental

RESUMEN

Ante el creciente problema de salud mental, no sólo en España, sino también a nivel europeo y mundial, este trabajo pretende contribuir a mejorar esta situación desde el punto de vista organizativo. Con la aplicación de las herramientas y conocimientos adquiridos en el Grado en Ingeniería de Organización Industrial, se realiza un profundo análisis de la situación, desde distintas perspectivas para focalizar los esfuerzos en las acciones más importantes y así optimizar los recursos a invertir.

En primer lugar, un análisis en profundidad del problema desde diferentes perspectivas, centrándose en la prevalencia de la salud mental, el estigma y la actitud social, así como el acceso a los servicios de salud mental. Estas perspectivas incluyen la evolución de la situación en España durante las últimas décadas, así como el impacto de la pandemia del COVID-19 y la influencia de factores externos como los económicos o los ambientales. Por último, aunque no menos importante, el problema en España se enmarca dentro de un marco de referencia europeo, y de las agendas internacionales en torno a la cuestión de salud mental.

Este análisis arroja luz sobre los aspectos más importantes a abordar y se toma como punto de partida para desarrollar las acciones a realizar en los años siguientes para mejorar la situación con el uso de recursos limitados. Se utilizan diferentes herramientas organizativas como el CAME y el Balance Scorecard para crear y analizar diferentes propuestas de acción que posteriormente se priorizan y desarrollan en un detallado Plan de Acción a 5 años, diseñado para ser implementado en periodos semestrales, con 9 acciones a implementar en 30 sub-objetivos por un equipo que oscila entre 7 y 16 personas y un presupuesto estimado de 5.650.000 euros.

Con la elaboración de este documento se ha logrado una mejor comprensión del problema, así como de los pasos a emprender para seguir avanzando.

Palabras clave: estrategia, salud mental, análisis, plan de acción.

Títol: Disseny d'un pla estratègic per a la cooperació internacional per a la promoció i prevenció de la salut mental

RESUM

Davant el creixent problema de salut mental, no sols a Espanya, sinó també a nivell europeu i mundial, aquest treball pretén contribuir a millorar aquesta situació des del punt de vista organitzatiu. Amb l'aplicació de les eines i coneixements adquirits en el Grau en Enginyeria d'Organització Industrial, es realitza una profunda anàlisi de la situació, des de diferents perspectives per a focalitzar els esforços en les accions més importants i així optimitzar els recursos a invertir.

En primer lloc, una anàlisi en profunditat del problema des de diferents perspectives, centrant-se en la prevalença de la salut mental, l'estigma i l'actitud social, així com l'accés als serveis de salut mental. Aquestes perspectives inclouen l'evolució de la situació a Espanya durant les últimes dècades, així com l'impacte de la pandèmia del COVID-19 i la influència de factors externs com els econòmics o els ambientals. Finalment, encara que no menys important, el problema a Espanya s'emmarca dins d'un marc de referència europeu, i de les agendes internacionals entorn de la qüestió de salut mental.

Aquesta anàlisi llança llum sobre els aspectes més importants a abordar i es pren com a punt de partida per a desenvolupar les accions a realitzar en els anys següents per a millorar la situació amb l'ús de recursos limitats. S'utilitzen diferents eines organitzatives com el *CAME i el Balanç *Scorecard per a crear i analitzar diferents propostes d'acció que posteriorment es prioritzen i desenvolupen en un detallat Pla d'Acció a 5 anys, dissenyat per a ser implementat en períodes semestrals, amb 9 accions a implementar en 30 *sub-objectius per un equip que oscil·la entre 7 i 16 persones i un pressupost estimat de 5.650.000 euros.

Amb l'elaboració d'aquest document s'ha aconseguit una millor comprensió del problema, així com dels passos a emprendre per a continuar avançant.

Paraules clau: estratègia, salut mental, anàlisi, pla d'acció.

Table of Contents

1. Introduction

In this chapter the context in which this final thesis has been developed is presented, together with the motivation, the objective, and the role of the author. To follow is the structure of the document, as well as the academic justification.

1.1 Context

Nowadays we are living an unprecedented situation. COVID-19 pandemic has affected the day-to-day life of everyone. Some professionals and media predict the fourth wave to be of mental health and there is professional concern about the lack the resources needed to confront it.

Mental health awareness has substantially increased in the last years. This topic has been in the political agenda for some years now and it is considered a priority in many global and European plans, including the Sustainability and Development Goals.

However, the depth of the problem is not yet publicly understood, the actions taken lack an organised structure and concrete actions and policies, with all the consequences that this entails. Suicide rates have been rising, depression and anxiety diagnoses increase every year, as well as many other less known issues, as shown in reports by the World Health Organization.

1.2 Motivation

With a better use of the resources invested, it is possible to decrease the impact that both pandemic and the mental health crisis that we were facing before have in the general population. Many associations and organizations, both civil and professional, have been working for years to address this situation, to raise public awareness and to improve public mental health services.

However, there is still much work to be done and this paper aims to contribute to this work from a more technical perspective, identifying opportunities and threats and making the most efficient use of available resources.

1.3 Objective

In view of the growing mental health problem, not only in our country, but also in Europe and worldwide, this work aims to contribute to improving this situation from an organisational point of view. With the application of the tools and knowledge acquired in the Degree in Industrial Organisation Engineering, a deep analysis of the situation is made, from different perspectives in order to focus efforts on the most important actions and thus optimise the resources to be invested.

This analysis brings light to the most important aspects to tackle and is taken as a starting point to develop the actions to take in the following years to improve the situation with limited resources. With the development of this document, a better understanding of the problem has been achieved, as well as the steps to be taken to move forward, thus developing the 5-year action plan.

1.4 Role of the author

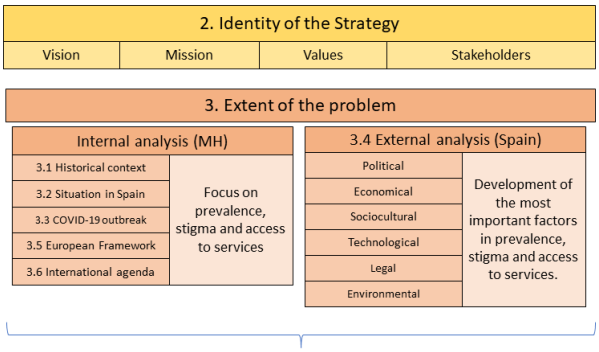
The author of this paper has a long trajectory working with youth associations and experience developing work and projects related with the problem addressed in this document: mental health.

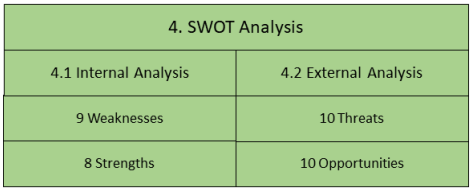
As content manager in the Mental Health area of the conference for Social Inclusion organised by AEGEE-Europe in 2019, as well as coordinator of the international Mental Health Working Group of AEGEE-Europe for the term 2020-2021, understands the magnitude of the problem described above and is motivated to put into practice everything she has learnt, knowledge and skills, during her years at the Polytechnic University of Valencia.

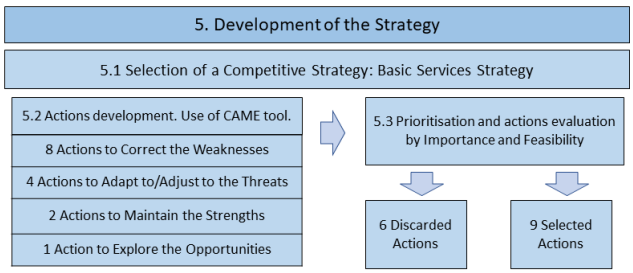
1.5 Structure of the document

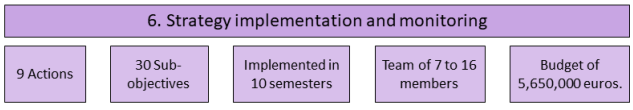
The first main part of the document consists of a deep analysis of the problem from three different perspectives: mental health prevalence, stigma and social attitude, and access to mental health services. This analysis also considers the evolution of the situation in Spain during the last decades as well as the impact of the COVID-19 outbreak and the influence of external factors such as the economic or the environmental ones. Last but not least, the problem in Spain is framed within a European reference framework, comparing different values with those of our neighbouring countries, with which we can generate synergies and collaborate in some common aspects.

The second main part is the development of the Strategy up to the level of Action Plan. First with a SWOT analysis, development of different action proposals using the CAME tool, that are then prioritised. Some of the actions are discarded while the rest are developed, organised, and budgeted, thus constituting an Action Plan ready to be put into action.









Year	Cluster 1	Cluster 2	Cluster 3
1	A2. Mental health awareness collaborative campaign.	A8. Recommendations to implement in the mental health care system.	A9. Improvement on the data collection of mental health indicators.
2		A5 & A6. Rise in the number of mental health professionals in the public health system. Demands for increasing the opportunities for clinical psychologists.	
3	A14. Collaborative grants database for stable funding of mental health activism.		-
4	A1. Tools for mental problems prevention in family and relatives.	A15. Coordinated international demand for financial transparency laws.	-
5	A7. Increase visibility of cases of abuse by mental health professionals.		-

1.6 Academic justification

Although mental health is not a topic strictly covered by the studies of Organizational Industrial Engineering, it is a field in which the knowledge acquired in this bachelor can be effectively applied. Later in this document it is shown a need of a more structured and organised approach to the current problematic situation on mental health from an international and interdisciplinary perspective, for which the tools and skills developed in the bachelor present a great use. NGOs, civil and professional associations can benefit from the application of business techniques to be effective and efficient.

The imparted subjects which cover the tools and knowledge displayed in this thesis are the following, classified by branches:

Industrial Economics

- Competitiveness and Innovation in Business

Administration of Industrial Businesses

- Analysis and marketing of technology-based products and services
- Human resources management in manufacturing

Specific Elective Subjects - Common Subject Via Industrial Organisation

- Strategic Management
- High performance teams and continuous improvement

2. Organizational Identity

2.1 Vision

With this strategy we want to set the foundations for a mentally healthy society through raising awareness, supplying mental health care for all, and promoting inclusiveness for the ones affected by their mental health.

2.2 Mission

M1. Mental Health is actively promoted, raising awareness, and breaking the stigma.

As it is described in the definition of mental health promotion, it refers to positive mental health rather than mental illness. This means that by raising awareness on the risk factors that affect our mental health and how to avoid them, up to some extent, disseminating basic knowledge on how to identify if an individual needs professional help and how to reach out, as well as the role of the different mental health professionals, we aim to reduce mental illnesses by preventing them from happening and early detection.

M2. Education about emotional skills and how to cope with challenging situations are spread.

Some of the most spread mental disorders are depression and anxiety, which both have roots in difficulties to cope with emotions and the normal stresses of life. Research shows that identifying those emotions is crucial to be able to develop healthy coping mechanisms. When those coping mechanisms are not healthy or non-existent, there is a risk in the long term do develop mood and/or behavioural disorders such as mayor depression, anxiety disorder, eating disorders, substance abuse disorders, obsessive-compulsive disorders, etc.

M3. Therapy and medication in the public health care system are covered and promoted.

People that suffer from their mental health require access to a public health care system able to cover both diagnosis and treatment. Access does not only mean the existence of the service, but the sufficient resources to cover the population's needs and its visibility, so people know its existence and how to request consultation with mental health professionals. It is also of great importance to disseminate the available scientifically proven treatments and their reliability.

M4. There are initiatives for the social inclusion of mentally affected people in all spheres of life.

As treatment for mental health disorders usually takes months or years, and it requires healthy social environments to be effective, it is fundamental to address the challenge of building a more inclusive society. Social inclusion refers to creating safe spaces for people with mental health disorders to participate, contribute and develop themselves in the different spheres of life, such as job related, academic, public, and private ones.

2.3 Values

V1. Human Rights Perspective

Historically, we have seen that people that suffer from their mental health are often mistreated, humiliated, and poorly treated. With this strategy we mean for this to change into a more humanitarian approach. Therefore, the human rights perspective shall always be present in its development and implementation.

(The British Institute of Human Rights)

V2. Experts by experience in the centre of the discussion

As mental health problems involve many different factors, we see that generalization often bring us to assuming and then lead to making poor decisions, disregarding the experience of people that suffer from their mental health. When raising awareness in mental health promotion and prevention, the voices of people that suffer (or have suffered) from their mental health (called experts by experience) are the ones that should always be heard.

(Confederación Salud Mental España, 2020)

V3. Evidence-based treatment

The knowledge spread within this strategy must be scientifically based, and with proven efficacy and effectiveness. Not all the treatments offered nowadays are sustained by replicable research. Some of these treatments are based in misconceptions, false beliefs, myths and can even be considered hoaxes in this field. With this strategy we aim to contribute to the promotion of reliable and scientifically proven treatments.

V4. Boundaries and limits of action

The aim of this strategy would never be to provide directly with therapy or any other treatment, as that will be considered as professional infiltration and over-involvement. The role of this strategy is to destigmatise mental illness and treatment, promoting its early detection and the use of evidence-based mental health care services.

V5. Role of the civil society and associationism

As the problem of mental health is not purely medical, the role of different civil and professional associations is key. We can see them in different versions, such as mutual support groups, promotion and prevention of mental health associations, advocacy and pressure groups and lobbying organizations. All of them have different roles and might require the involvement of professionals in the field. These can be found in local, national, or international level. One example could be the project 'Mind the Mind' by EFPSA.

(EFPSA Journal of European Psychology Students, 2015).

2.4 Stakeholders

St1. Civil organizations that work on mental health matters

Those organizations that will potentially use this strategy in the future. This kind of organizations share common goals with this strategy, aiming for the mental health promotion and prevention, as well as performing advocacy towards decision-makers in Spain and Europe in general. Some examples would be: Mental Health Spain (CSME), Spanish Association of Neuropsychiatry (AEN), Mental Health Europe (MHE), European Federation of Psychology Students Associations (EFPSA), International Federation of Medical Students Associations (IFMSA), among others.

St2. Mental health professionals

The work of this strategy would have an impact on the work of these professionals, either in employment, methods, or any other way. It would include clinical psychologists, psychiatrists, mental health specialised nurses, occupational therapists, social workers…

St3. Mental health service users*

This would refer to the people in need of mental health assistance, more known as patients or clients. As covered in M3, an aim of this strategy would be to advocate for a better access to mental health services, which would influence the experience of these users.

St4. General population

In raising awareness and promoting mental health, the general population would be the one addressed, as stigma is a societal problem.

St5. Institutions and decision-makers

These are the ones that can make legislation changes, decide on the investment on resources for mental health in the public health care system and/or provide with valuable resources and data, and give recommendations. It includes the Spanish Government, as well as local and autonomic governments, the European Institutions, United Nations, or the World Health Organization.

3. Extent of the problem and influences.

3.1. Historical context and evolution of mental health and mental illness approaches

In the last years we have seen a huge raise on the public concern about mental health problems. Mental health is nowadays defined as part of health, as stated in the definition by the WHO:

> *'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'*

However, historically, mental health problems have been neglected and even used as a political tool to downgrade and disregard opponents to the system. We can find different examples in the History of Mental Illness [1], from the Stone Age to the 20th century.

3.1.1 Mental health and illness through history

Mental health is a relatively new concept, but it has always been present in the different societies throughout history. How it was named or identified in the different historical periods depended on the approach given in that time. Every historical period had its norms and customs, and its own interpretations of why something might or might not be outside the norm. In many cases, what we now call mental disorders and neurodivergence were interpreted in different ways in ancient times.

Three different approaches or theories appeared in different historical contexts; those were the following:

> ***Supernatural*** *theories attribute mental illness to possession by evil or demonic spirits, displeasure of gods, eclipses, planetary gravitation, curses, and sin.*
> ***Somatogenic*** *theories identify disturbances in physical functioning resulting from either illness, genetic inheritance, or brain damage or imbalance.*
> ***Psychogenic*** *theories focus on traumatic or stressful experiences, maladaptive learned associations and cognitions, or distorted perceptions.*
>
> *(FARRERAS, 2021)*

These theories determined the possible treatment or care for the individuals that suffered from their mental health in the time. For example, in the stone age trephination was used as a way to treat mental concerns, as it was approached from a somatogenic perspective, allocating the disease in the head.

Another example, in this case of a supernatural approach would be the one taken in the classical antiquity. During that time, it was believed that changes in behaviour were due to demonic possessions or punishment from the gods, far beyond the individual's control. Another example of supernatural explanation was the witch hunting in the 13th century, which punished women that did not behave following the cultural and social norms.

It was in the modern age, around the 16th century, when the first asylums were established. Their purpose was to confine the mentally ill, the criminal, the unemployed… all those individuals that did not fit in the standards of society, with the aim of protecting the society from the mentally ill, and not to give them care and a dignified life. Late in the 18th and 19th centuries, protests took place demanding a more humanitarian approach in different countries in Europe and North America. From then on, the approach was a mixture of somatogenic and psychogenic explanations, using different kind of treatments such as electroshock, hypnosis or, later on, psychoanalysis.

In the 20th century, many other schools of psychoanalysis were developed, giving rise to what we now know as Cognitive-Behavioural Therapy (CBT), and also systemic and humanistic therapies, among others. In addition, the diagnosis protocols started to be standardised in the so-called DSM (Diagnostic and Statistical Manual of Mental Disorders) by the American Psychiatric Association (APA). This manual has provided a tool for common language among practitioners and is used worldwide by psychologists and psychiatrists. The current version used is the DSM-5, published in 2013. This manual is subject to modifications and updates, seen that the cultural and social context biases research even at the statistical level.

Nowadays, treatment often combines talk therapy, mainly CBT, with theories that mental disorders might be caused by chemical imbalances in the brain, and therefore treated with pharmaceutical medication. Even though this is the official approach taken by professionals on the subject, it coexists with many pseudoscience and approaches with no solid evidence.

(FARRERAS, 2021)

It is important to mention one of these branches of clinical psychology, the so-called 'Positive Psychology, which began to be developed in the early 2000s. It was born out of academia but has been greatly influenced by economic factors, as many of their research has been made in the United States funded by big companies, with many economic interests behind and biasing the research by funding some studies and not others. Many of those present untenable results and little replication, which is needed to support a theory to consider it valid. Even though, the results of these studies have been disseminated very quickly, even to universities in the form of master's degrees and own titles. These results have been spread within the society and have had a great effect on popular culture in the last twenty years. New business raised and profited from these results and even developed products with messages extracted from this branch of research, such as the well-known 'Mr. Wonderful'.

While people attending therapy based in positive psychology might improve, this recovery usually takes much more time and monetary cost than CBT and the recommended medication with psychiatric follow-up and can be explained by the changes in the life circumstances of the patient and by the therapeutic effect of just communicating. This, simplified, is the basis to consider this kind of therapy a fraud or scam. More information can be found in the book '*Manufacturing Happy Citizens: How the Science and Industry of Happiness Control our Lives*'.

(CABANAS & ILLOUZ, 2018)

As we can see, the evolution of mental illness and their approaches, have not been linear or progressive but rather cyclical, which indicates that this deviation from the logic and scientific research can happen again. In addition, we can see that these cycles are getting shorter since the last century and we should be aware of the influence of those on the political and decision-making processes when planning this strategy.

3.1.2 Nowadays biopsychosocial approach

Nowadays, traditional treatments and diagnosis approaches are very medicalised and use the prevailing logic of medicine. This current professional approach is a combination of somatogenic and psychologic, but a new factor is taking space too: the social aspect. New research show that our environment has great impact on our mental health, from learning processes to discriminating behaviours and bullying.

As described in the current definition of Mental Health by the WHO:

> *Mental Health is a state of well-being in which an individual can realize his or her own potential, cope with the normal stresses of life, work productively and make a contribution to the community.*
>
> *(WHO Regional Office for Europe, 2019)*

The same document mentions that *'mental health is determined by socio-economic and environmental factors'* which will be a determinant aspect in the continuation of this work.

This new approach that puts the social aspect as key is not yet well established among professionals and constitutes an opportunity for a more inclusive approach to future treatment and therapy.

3.2. The mental health problematic in Spain. Internal Evaluation

The problematic situation addressed in this document is the current mental health situation in Spain. To understand its complexity, this section covers its evolution in the last 30 years and the influence of the COVID-19 outbreak one year after. The reason behind this timeframe selection is the Psychiatric Reform in 1986. As its stated in the article written by MHS:

> *This reform was a great revolution: it closed the so-called 'asylums' and began to restore dignity to people with mental health problems. Thirty years later, there is still a shortage of resources and facilities for the care and prevention of mental health problems.*
>
> *(Mental Health Spain, 2016)*

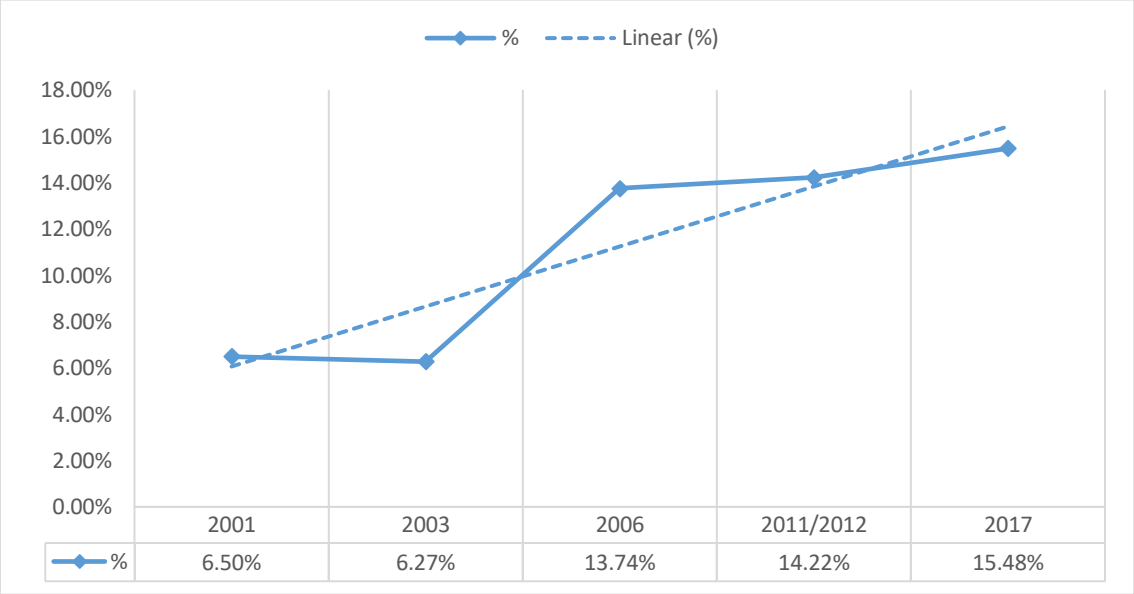
The so called 'mental health situation' has many facets. Because of the limited extent of this document, it focuses on three aspects: mental health disorders and suicide prevalence, stigma and social attitude and mental health services both in the private sector and the public health care system.

3.2 The mental health problematic situation in Spain

3.2.1 Mental health disorders and suicide prevalence

When looking for information on the prevalence of mental health disorders, the data found is not consistent along the years because of the different approach to data collection of the topic in the different years. This lack of sustained data throughout the years can handicap future research and development of new strategies for treatment or prevention of mental health disorders.

Nevertheless, it is possible to see the general increase of prevalence in the following graph:



Graph 1 - Percentage of people diagnosed on mental health disorders. Own elaboration.

DATA FROM TABLE 1 ON ANNEXES.

It is also relevant to understand the situation through the suicide prevalence and its relation to depression rates, as historically, there is a mental health disorder behind 90% of suicides.

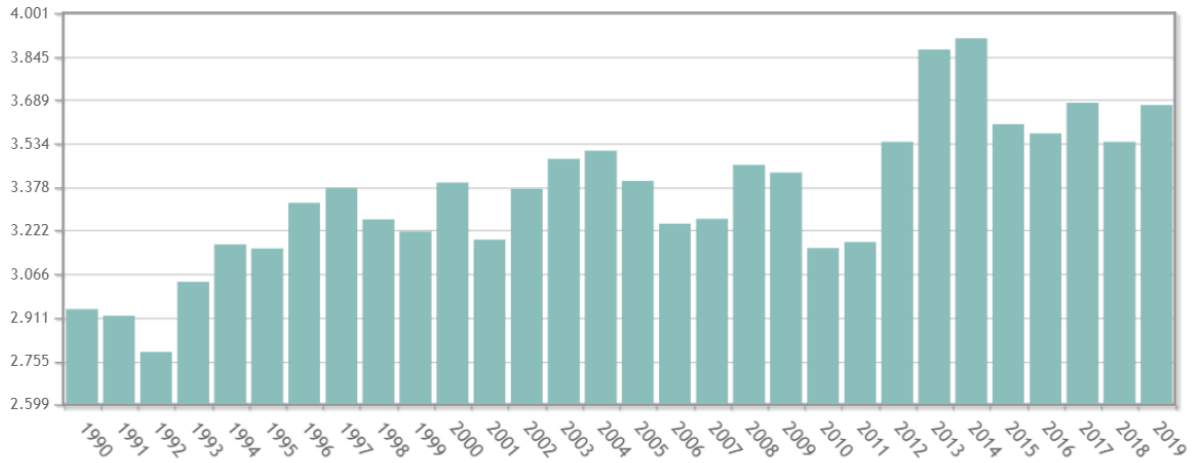
(MENTAL HEALTH MADRID, 2011)

Only in Spain, almost 3 million people have a depression diagnosis, and general numbers on suicide rates indicate that one person commits suicide every two and a half hours, with suicide being the most frequent external cause of death.

Depression is shown to be more prevalent in women and in the elderly. On the other hand, 75% of deaths by suicide are committed by men. This is understood to be caused by the gender roles in which women are more likely to demonstrate vulnerability and request help, which helps them prevent suicide in the long term.

> *In our country, more men than women commit suicide and more older people than younger people, although it is women and younger people who try and think about it more.*
>
> *(MENTAL HEALTH SPAIN, 2020)*

When researching on the statistics on the prevalence of death by suicide, we can see that in 2019, deaths by suicide lead the external causes of mortality, surpassing the number of traffic accident deaths. In that year, 1.980 inhabitants died by suicide. In the graph below, it is shown the evolution of death by suicide since 1990:



Graph 2 – Death Statistics by Cause of Death, Suicide and self-inflicted injuries, total, all ages.

(INSTITUTO NACIONAL DE ESTADÍSTICA, 1990 - 2019)

This increase of deaths by suicide can constitute a problematic by itself that aggravates the problem. Among 5 and 10 people that live in the environment of a person that committed suicide experience complex and traumatic grief. Probably due to a lack of institutional interest in further research on the impact of suicide on family members and professionals, there is little data on the subject, which also results in a lack of structured support to prevent the development of mental health problems in those affected.

(MUNERA RAMOS, 2013)

This negative influence on the mental health of the environment of a person that suffers can also take place in cases of severe mental health disorders when the family and main support people of the person affected are not involved in therapy and given tools to manage it without risking their own mental health. This is why it is often recommended to involve the environment in the psychological treatment, not only to be able to properly support the person affected, but also to protect themselves and tackle this risk.

The prevention and promotion of mental health would be the main problem to tackle with this strategy, and it would predictably lower the suicide rates. Due to the limited scope of this study,

we would put the focus on the roots of the problem with the public data, although for a more complete study, this data would be insufficient.

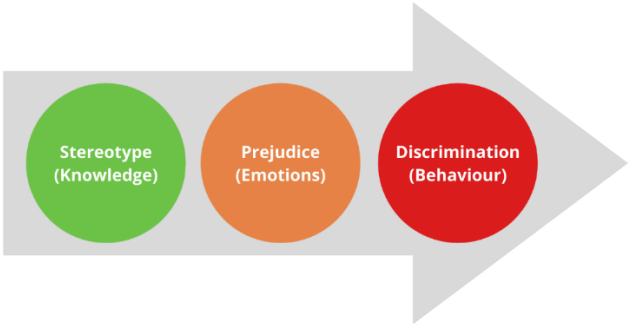
Last but not least, within the process of researching for this chapter, the author found many difficulties to find sustained data on the different scenarios,

3.2.2 Stigma and social attitude

As defined in the glossary, "*stigma attached to mental illness often leads to social exclusion and discrimination".* In 2015, Mental Health Spain launched a qualitative study on the stigma associated with mental health problems in different social settings.

When it comes to mental health disorders, stigma is lived as a "double suffering", as people that are diagnosed experience, on one hand, the symptoms of such disorder and on the other hand, the difficulties that brings the social stigma associated with them. This often leads as well to the personal association with the disorder, developing self-stigma that prevents the affected people from taking an active role in society, and that find safety in their diagnosis. As a consequence, this burden would create more difficulties for recovery.

The same document shows the effect of stigma in the different aspects of society such as the health care system, educational institutions, legislative and penitentiary spheres, in the access to social services and employment, as well as in the media, within family and close circles.



Graph 3 - Manifestations of stigma. Prepared by the author, based on Muñoz et al, 2006.

(CONFEDERACIÓN SALUD MENTAL ESPAÑA, 2015)

When in a society there is an association of the circumstances or identity of a person with some positive or negative attributes (stereotypes), these provoke particular reactions or emotions on individuals and groups (prejudices). In many cases, these attitudes may develop behaviours, conscious or unconscious, that can be discriminative towards a particular social group.

The lack of understanding and public conversation about mental health disorders is leading to discrimination and harmful behaviours against people that have mental health problems. Stigma also works as an and an added difficulty in seeking for professional help, as it is socially understood as a personal weakness. Moreover, myths about suicide associated to weakness, cowardice or 'attention seeking' stops people from reaching out and talk about it, contributing

to the taboo. As a consequence, it is found that many people seek for help when the problem is already very severe, increasing the costs and length of the treatment.

As covered in M2 (Mission), there is an historical lack of awareness of our own emotions and their acceptance in society, which leads to a mismanagement or even rejection of emotions in the general population. Examples of emotions hard to manage can appear in different life scenarios. When a person is rejected from their group of friends, when there is discrimination or social exclusion, or even in more generalised situations such as a break-up of grieving when a member of the family dies. The poor emotional management of this kind of situation can lead to malfunctioning in interpersonal relationships, conflicts or even violence.

This can be considered another factor that influences the stigma, and the development of mental problematics is the generalised lack of emotional intelligence. This problem comes from the education from a young age, both formal and informal education. Institutions, parents, and friends of the children have an impact on their education and core beliefs. As those adults lack this emotional intelligence, they cannot provide children with the necessary tools to manage their emotions and stresses of life effectively, passing the risk on to the next generations.

Therefore, exists the demand for emotional education in schools, as demanded in the campaign 'Inclusive Education, Positive Mental Health' by Mental Health Spain. This program offers schools to be given talks and workshops to offer realistic unbiased and with gender perspective information on mental health, as well giving as practical support to the educators to develop activities on the promotion and care of mental health in the student population. In addition, as the campaign description mentions:

> *The aim of these actions is also to make a general appeal for educational environments to talk naturally and without taboos about mental health and the importance of taking care of it, preventing mental disorders, and eliminating stigma and discrimination.*
>
> *(Mental Health Spain, 2020)*

On the other hand, for the adults and adolescents that lack these emotional skills, those can be developed by adapting the contents to their situation, through non-formal and informal education. Currently, more and more mental health professionals, especially psychiatrists and psychologists, are using social media as a channel for dissemination, raising awareness and educating the general population. Especially the youth, but also some adults, are engaging more and more in these networks and getting informed.

Examples of dissemination on Instagram: *(Psicosalud ® Tenerife, 2021), (Gómez, 2021), (Roura, 2021), (Esclapez, 2021)*

In addition, the Spanish Government is supporting the scientific dissemination in the social media platforms such as Instagram, as seen in the article by *Ciberimaginario.*

(Gálvez De La Cuesta, 2019).

Last but not least, there has been in Spain multiple attempts to create awareness and break the stigma on mental health through campaigns carried out by civil associations. The biggest network of associations that are working on mental health matters is the already mentioned Mental Health Spain (*Confederación Salud Mental España*, by their name in Spanish).

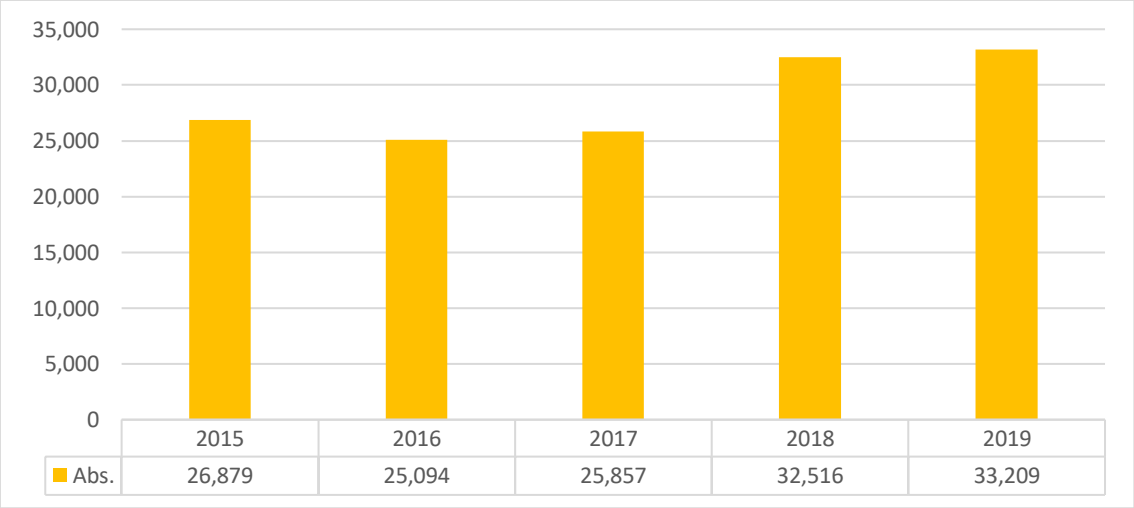
Founded in 1983, integrates nowadays 18 province and autonomic federations, covering more than 300 associations with more than 47.000 associates. Nowadays, it represents the biggest civil organization for the promotion and prevention of mental health with a human rights perspective.

As an example of their campaigns, in 2011 they launched *'Mental health is also about you'*, with a target reach of 25.000 people. This initiative aimed to eradicate the stigma attached to these diseases by raising awareness in society.

(Confederación Salud Mental España, 2011)

3.2.3 Accessibility to mental health services in Spain

When researching about the mental health care system, it is shown in the webpage of the Ombudsman* the demand for more clinic psychologists in the public health care system, data of January 2020. *(Defensor del Pueblo., 2020)*



Graph 4 - The evolution of clinic psychologists in the Spanish public health care system. Own elaboration.

(Instituto Nacional de Estadística, 2019)

This data shows the number of collegiate professionals, but when looking at the actual number of clinic psychologists in the public health care system, data shows that the rate is of 4,3 psychologists per 100.000 inhabitants (2019). Compared to the 70 collegiate clinic psychologists per 100.000 inhabitants (Instituto Nacional de Estadística, 2019), this indicates a lack of employment in the sector to cover the population's demand. This conclusion is also shown and further developed in the article by General Council on Psychology in Spain (Infocop, 2020).

Similar data extracted from European sources shows similar numbers and the implication of other mental health professionals besides psychologists, such as psychiatrists, mental health nurses and psychiatric hospital beds, as shown is the article by Expatica:

> *Mental healthcare provision in Spain falls short of what is available in terms of physical healthcare services. According to EU figures, there are 8.1 psychiatrists, 5.7 psychologists, 9.7 mental health nurses, and 32.2 psychiatric hospital beds per 100,000 inhabitants. This is below the EU average.*

(EXPATICA COMMUNICATIONS B.V., 2021)

As a conclusion, the number of mental health professionals in the public health care system has increased in the last years but remains far from sufficient.

This problematic has had also other consequences. The lack of sufficient mental health professionals in the public system means that the burden of choosing to assign the few available psychologists and psychiatrists, without specialised training, falls on primary care. The rest of the people that the system cannot afford to treat properly are often prescribed 'mild' anxiolytics (generally benzodiazepines), in the hope that it will have the expected effect and not worsen the situation.

This is contributing to the fact that, as of today, Spain is the country with the highest consumption of anxiolytics in the world, as around 80-90% of the prescribed anxiolytics are given in non-specialised health care. These medicines are safe, the problem comes with the abuse of them and when consumed when not needed.

> *The data confirm the progressive growth in the use of these drugs already recorded by the statistics of the Spanish Agency of Medicines and Health Products (Aemps) of the Ministry of Health, which indicate that in 2020 there was a consumption of 91.07 daily doses of anxiolytics, hypnotics, and sedatives per 1,000 inhabitants.*

(F. REVIEJO, 2021)

On the bright side of it, more and more clinical psychologists are graduating every year, who could be working in the future in private clinics or in the public health care system. There is, however, a handicap in this increase that makes it slower than desirable. This is because, for a new clinical psychologist to graduate and be qualified for professional practice, has only two ways: from the General Sanitary Master for Psychologists and the admission exam for resident psychologist interns training (more known as 'PIR'). Unfortunately, those are both ways extremely competitive, due to, on one hand to the disparity from bachelor to master spots and, on the other hand, to the few PIR places offered. This last call for PIR 2020/2021 offered only 198 places, for the 4,439 applicants.

(CONSALUD, 2019)

Due to this worrying situation, we can find some public and private initiatives to bring therapy closer to the population with the use of new technologies. Some international examples accessible also in Spain are '*Talk space Online Therapy*' and '*CBT Thought Record Diary*'. Most of

them try to emulate the Cognitive-Behavioural Therapy or give tools for emotional management related to this therapy school.

(PSYCOM. , 2021)

One example developed in Spain is '*Serenmind*'. In their webpage, they explain the benefits of expressive writing and use of CBT tools integrated in the app.

(SERENMIND, 2021)

These new initiatives open the possibility of reaching many more people, making accessible tools for improving and maintaining good mental health in the future, when they will be completely developed and improved, if the evidence-based studies can prove their effectiveness.

Another step forward in this area can be found in recent BOGC (Official General Court Bulletin), that shows that mental health is starting to be present in the conversation in both Senate and Congress. Examples of topics covered are prevention in childhood and adolescence, mental health support in elite sports or the development of a new national Strategy for Mental Health

(BOLETÍN OFICIAL DE LAS CORTES GENERALES. SENADO, 23 DE ABRIL DE 2021)

(BOLETÍN OFICIAL DE LAS CORTES GENERALES. CONGRESO DE LOS DIPUTADOS, 22 DE ABRIL DE 2021)

This opens the window for further conversation on mental health and the needs of the general population on this matter. Demands have been made over the last decades, and this new openness from some people in the government can be the chance to achieve them and make some improvements.

There is yet another worrying problematic within mental health services. This is, when an affected person is able to reach out and access to the proper treatment, in some cases these patients are treated with condescendence and told that they do not understand the situation as they are not the professionals, invalidating their emotions or their roots. This unprofessional and harmful behaviour might have its roots in the same stigma present in society, as it is present deep in our culture and even professionals can manifest its signs. People with mental health disorders are not always considered to be able to realise their own situation and are constantly invalidated by the society, this attitude being extended in some cases to mental health professionals.

(HORSFALL, 2010)

Within Mental Health Spain, this problem is recognised and very present in their campaigns, events, and reports, when doing activism on mental health and promoting it. Some of their projects aim to 'empower' people with mental health disorders, which refers to their right and duty to participate in the planification and implementation of their sanitary attention (WHO). Empowerment in this context would involve autonomy, responsibility, plenitude (a person has many facets, is not their disorder), self-esteem, wellbeing, self-consciousness, confidence, and participation. Mental Health Spain has promoted the creation of committees composed by experts by experience.

> *These Committees are made up of people with mental health problems who actively participate in the life of their associations and who believe in the maxim "nothing about us without us", on the basis that their own experience provides a fundamental point of view when it comes to analysing and defending the rights of this group and their families.*
>
> *(LA SALUD MENTAL EN PRIMERA PERSONA. LOS COMITÉS DE PERSONAS EXPERTAS, 2016)*

All this information and more can be found in the article 'Mental Health at first-hand. The committees of experts', by the Spanish Magazine on Disabilities and posted on the webpage of Mental Health Spain, as referred.

3.3 Mental health situation in Spain after a year of pandemic.

After more than a year since the COVID-19 outbreak, the mental health consequences of the measures taken by the different governments in order to stop the spread of the virus are more tangible than ever. As it is stated in the analysis "Mental Health and COVID-19. A pandemic year." by Mental Health Spain:

> *46% of the Spanish population reported an increase in psychological distress during confinement, and 44% reported a decrease in optimism and confidence.*

Within the same document, other concerning data can be found. Some of them are:

- *More than 50% of the population has felt some type of sadness or anxiety.*
- *6.4% of the population has visited a mental health professional for some type of symptom.*
- *Over twice as many people who have sought these mental health services are women.*
- *5.8% of the population has received psychopharmacological treatment, among which anxiolytics (58.7%) and antidepressants (41.3%) stand out.*

(MENTAL HEALTH SPAIN, 2021)

The text also highlights the situation of young adults (18-34 years old) as one of the population segments that had to modify most of their usual day-to-day life. This age group have more frequently accessed mental health services, suffering from more anxiety and sadness than the rest of the population.

In addition, there is a section dedicated to specific situation of other segments of the population such as: infancy, women, people with disabilities, health care and educational personnel.

To sum up, this report concludes that the COVID-19 outbreak, and measures taken had a substantial impact on the mental health of the Spanish population, with the increase of the demand already insufficiently covered by the public health care system.

On the other hand, there has been also an increase of social concern about the mental health problem since the COVID-19 outbreak. Although the impact of COVID-19 measurements has had a generalised negative impact in the mental health of the population, this has put mental health in the spotlight. We have seen multiple publications that claim that the fourth wave will be a mental health one. This is bringing the topic on the table and showing the urgency of taking measures. Some headlines are very literal: "We must prepare for the fourth wave of the coronavirus: mental health." (Lara, 2020), and "The fourth wave is here: mental health." (Ros García, 2021). Some others focus more on the needs: "The psychologist will be key in COVID's fourth invisible wave: mental health."

(AGENCIA EFE, 2021).

Nowadays, the Spanish Government is starting the conversation around mental health as a priority. Therefore, some changes in the way the pandemic was managed and what measures

to take in possible future complications are expected to be more mindful, in order to not overcomplicate the mental health problematic.

3.4 External factors in Spain that influence the mental health situation

The external key factors to analyse would be political-legal, economical, demographic, sociocultural, technological, and environmental. This chapter includes a subjective evaluation of the impact that all of them have on the prevalence of mental health disorders and suicide, stigma and social attitude, and access to mental health care services.

3.4.1 General overview

Political – legal dimension

The situation of political instability in Spain in recent years has had a great impact on all aspects of mental health. Coming from a decade of austerity policies, this impacted the public health care system with budget restraints. This has also influenced the lack of funding for mental health services in the public health care system and almost non-existent initiatives by institutions in prevention and public awareness campaigns. Besides, with the focus and public attention going to strictly political issues, there has not been enough debate and responsible decision making around the mental health crisis we have been experiencing since the economic crisis of 2007-2008. As a consequence, the public discussion on mental health nowadays is still very poor, therefore the problem of the stigma associated is still very present.

Economical dimension

The increase of unemployment, and short-term and unstable employment, has affected the purchasing power of the average citizen. This has an impact on the mental health situation, increasing levels of stress and hopelessness among the population, as a large part of it is pushed into poverty and social exclusion. In addition, the services provided by the public health care system are insufficient to cover the population's needed, as we saw in the internal analysis, which only leaves one option for treatment: private mental health care, which costs among 50€ - 120€ per session in Spain, either in a psychologist or a psychiatrist, when the recommended procedure is attending both. This economic situation leaves out of access to these services most of the population, and it has a special impact in the youth, as this sector doubles the unemployment.

Demographic dimension

The population growth was positive until the years right before the economic crisis, it went negative from 2013 until 2016. However, even though the growth has been positive ever since, it remains under the 1%. In addition, the life expectancy has increased in more than 4 years in the last decades. This shows that the Spanish population is an ageing one, being this segment of higher risk for developing poor mental health. On the other hand, the increase of elder population and the abandonment situation that many of them experience, impacts not only their own mental health but also their family and beloved ones.

Sociocultural dimension

We understand as sociocultural dimension the shared beliefs in the society that make us behave one way or another. How we behave, respect others or not, or understand our right to access goods and services, has an impact in the shaping of our identity and our society. Our education and the cognitive biases built up in our mindset from early age leads to increasing the stereotypes based on gender, race, place of origin and religion, among others. Values like meritocracy that put the responsibility of the living situation on the individual, increase even more the disrespect, discrimination, and lack of compassion for others, affecting both, their mental health and ours, in different levels and in different ways. Some of them are racism, sexism, LGBTphobia, etc.

Technological dimension

The digital gap, or the differences in access to the internet and technological devices, locates some people above others in terms of access to work or studies, ease of making medical appointments, among other things. This might depend on the purchasing power on one hand, but also on their geographical situation, as there are technologies that have not yet reached the rural areas of the country. This may lead to social disparities and unfairness, with the associated stress increase.

On the other hand, while in the pandemic there was no possibility for face-to-face therapy, online options have proven to be close to their effectiveness. In addition, through technology people were able to be closer to their beloved ones, as well as have access to information about the current situation and recommendations on how to take care of their mental health, tools, and resources.

Environmental dimension

Since the 90s, the importance of the climate change has increased. The new generations are raising awareness on the importance of developing ecological habits to face the climate emergency. This leads in some cases to developing 'ecoanxiety' when we are not capable of fulfilling our own expectations towards being more environmentally sustainable. Moreover, the fraud of many 'sustainable' brands is digging in the confidence and hope of these people, causing deep distress.

On the other hand, the new regulations for protecting the environment in the pharmaceutical industry might impact the proper development of new medicines, and the access to them in the future. This is not happening yet.

Key factors	Impact				
	None	Low	Medium	High	Very high
Political - legal dimension					
Prevalence				x	
Stigma				x	
Acess to services					x
Economical dimension					
Prevalence					x
Stigma		x			
Acess to services					x
Demographic dimension					
Prevalence				x	
Stigma			x		
Acess to services				x	
Sociocultural dimension					
Prevalence					x
Stigma					x
Acess to services				x	
Technological dimension					
Prevalence				x	
Stigma					x
Acess to services				x	
Environmental dimension					
Prevalence				x	
Stigma	x				
Acess to services		x			

3.4.2 Very high impact key factors

Political-legal impact in the access to services

Many political decisions have an impact in the life of their citizens. When it comes to mental health access to services it is important to understand the implications of accessibility, as described in M3 (Mission).

On one hand, the approval of general budget by the government is crucial for services to have funding for what is necessary to cover adapted to the circumstances. Normally in Spain, the State General Budget is updated and approved every year, but it has not followed the general procedure since 2016 because of the political instability of recent years. 2016 budget was extended until June 2017, and this has been happening ever since. As explained in the article by the Huffington Post:

> *The extension is foreseen in the Constitution and in the General Budgeting Law to avoid paralysing public activity, on an extraordinary basis, but it has become a recurrent and discretionary measure. It affects spending programmes, acquired commitments, economic certainty and the solidity and guarantees of a democratic state system.*
>
> *(HUFFINGTON POST, 2019)*

With this situation, new projects had difficulties to be funded and this includes all the new initiatives regarding health care, among others.

On the other hand, mental health is a topic that has historically been neglected by the political spheres in the country, and the impact that this entails. Even with sustained data that suicide deaths caused by mental health problems are more prevalent than deaths by car accidents, we still do not see suicide prevention campaigns. Some may say that talking about suicide increases the number of cases, but this is not sustained by the scientific community since the last 20 years, as it depends on how it is transmitted and can serve to encourage those at risk of suicide to seek help. This is covered in the WHO Resources for the Media on Suicide Prevention:

> *Suicide is a serious public health problem that demands our attention, but its prevention and control, unfortunately, are no easy task. State-of-the-art research indicates that the prevention of suicide, while feasible, involves a whole series of activities, ranging from the provision of the best possible conditions for bringing up our children and youth, through the effective treatment of mental disorders, to the environmental control of risk factors. Appropriate dissemination of information and awareness-raising are essential elements in the success of suicide prevention programmes.*
>
> *(WORLD HEALTH ORGANIZATION, 2008)*

This lack of interest in mental health coverage and suicide prevention suggests that the political class is more interested in following old myths widely believed than to face reality and really

invest in policies to reverse the situation. This lack of general awareness and no investment on policies and campaigns, prevent citizens to seek for help and access the few services available.

Economic impact in the prevalence

The economic crisis that took place in the years of 2007-2008, highly impacted the mental health of the Spanish population. This is further explained in the article 'The impact of the economic crisis on the mental health of the population' by Josep Moya Ollé and colleagues. This article explains that during the years after the crisis there was an increase in consultations at primary care facilities, mainly for anxiety and depression related problems.

(MOYA OLLÉ ET AL, 2015)

It shows that depending on the age range the discursive content had variations. In the youth the most prominent worry was the lack of expectations for the future, and the perceived uselessness of their academic efforts, because the job market could not offer employment adequate to their studies. When it comes to adults already integrated in the labour market, the narrative refers to the loss of their jobs and the difficulties to find a new one, with the stress that it carries, due to the responsibilities that this profile has on average.

To sum up, this article and others cited in it show that economic recession has effects on mental health, concluding that the relationship between fiscal austerity, economic shock and weak social protection increases the risk of mental health problems.

It is expected a new economic crisis to come as a consequence of the COVID-19, added to the already complicated economic situation for many, may worsen the mental health situation.

Economic impact in the access to services

The already mentioned loss of employment and future expectations also impacted the purchasing power of the average citizen. This has affected in many ways: stress impact for the difficulties to cover the basics (mortgage or rent, electricity and gas bills, groceries…), digital gap and inequalities in the access to internet, education, and transport. With so many basic needs uncovered, the idea of going to therapy is completely out of the question for a big part of the population. Even for the people that have their basic needs covered, they may be forced to forego them if they consider going to private psychotherapy, as this would mean paying between €50 and €120 per session. This price might be reasonable because of all the side work of this profession, and several expenses. However, given that a weekly session is recommended for mild and severe cases, at least during the first 10 sessions, this would increase the cost to more than €200 per month, comparable to renting a student room, unaffordable for many.

As a conclusion, given the few mental health care services available in the public health care system, most of the people affected by their mental health do not have access to psychotherapy (highly recommended) because of the high rates in the private and the low acquisitive power of the general population.

Sociocultural impact in prevalence

The culture and social environment that we grow in have a huge impact on our personality, our perception of things, and how we learn to react to it.

On one hand, different kinds of discrimination such as sexism or racism, among others, influence our feeling of security, our belonging to the group and feeling accepted. These feelings and perceptions, when managed from an early age and barely non-existent emotional education, might evolve into change of behaviour and, in the long term, mental disorders.

In the study "Discrimination, mental health, and suicidal ideation among LGBTQ people of colour", the author already introduces the study with this affirmation:

> *Discrimination based on race/ethnicity, sexual orientation, and gender identity has been linked to many negative psychological and physical health outcomes in previous research, including increased suicidal ideation.*
>
> *(SUTTER, 2016)*

On the other hand, European and American values and ideas have affected the cultural beliefs in Spain in the last decades. Ideas like that "*you are worthless if you are not productive"* or that "*if you are not successful is because you did not try enough",* this is meritocratic values, put all the responsibility on the individual. This mindset ignores factors such as the family heritage, both economic and intellectual heritage, and access to resources, which influence the possibilities to success. Therefore, this cultural approach leads to great frustration and added stress when many people are not able to achieve their goals, being this the precursors to more serious mental conditions.

Culturally, we can find in the youth the romanticisation of mental health problems. This is influenced by the multimedia and musical industry, as we can see in series like 13 Reasons Why or music bands from the 'emo' culture. As a consequence, young people take longer to seek help, considering that their emotional estate is harmless, asking for help when the situation is already severe. This phenomenon is also present in other segments of the population.

Sociocultural impact in the stigma

The stigma that lies in mental health disorders constitutes an additional burden to the already complicated situation of the people that suffers them. The definition of stigma for this context can be found in the Annexes.

In the general population there is the belief that mental health problems can be solved by 'changing your attitude' or 'trying harder', that they are a matter of willingness, when the reality is that people with mental disorders often lose control over their thoughts and perception of reality. When these people speak up with their friends or family members and receive answers like the mentioned before, the consequence is often to neglect their symptoms and last much longer to seek for professional help, sometimes taking years to reach out.

Mental health stigma involves not being able to talk about it, been misunderstood when actually speaking up, being considered 'lazy or uncommitted' by their colleagues or even being bullied

and discriminated because of their mental health in the worst cases. This social situation only increases the risks of developing more severe mood disorders and might increase the feeling of 'not being enough' or thoughts like 'I want to stop suffering' and leading to suicidal ideation as the only possible scape.

Technological impact on the stigma

We saw previously that many professionals and experts by experience were disseminating reliable information on mental health in social media. However, nowadays we live in what is called 'the era of misinformation and disinformation'. This means, on one hand, that the amount of information we receive on a daily basis is far greater than we can process, on the other hand, that false information is spread, either if it is on purpose or not, ending up being what we call 'fake news'.

In addition, some research has shown that 'lies spread faster than the truth' on social media, which also involves myths and misunderstood information related to mental health matters. It is explained by the Guardian like:

> *False news is more novel than true news, and that may be why we share the false much faster and more widely. Prominent responses to false news include surprise, fear, and disgust. True news tends to be met with sadness, joy, anticipation, and trust. Humans are more likely than automated processes to be responsible for the spread of fake news.*
>
> *(CHADWICK, 2018)*

The process to build up scientific knowledge is slow and the truth on mental health realities is sometimes hard to process. This leads the myths and misconceptions on the topic to spread wider and faster, reinforcing the false beliefs acquired during childhood.

3.5 European framework

Since the mental health situation in Spain is contextualised within the European continent, it is relevant to understand this problematic as part of a bigger picture. The framework used in this section is Europe, understood as the countries included in the Regional Office for Europe of the World Health Organization. Those can be found in the official list on WHO's webpage (WHO Regional Office for Europe, 2021).

3.5.1 Mental health disorders and suicide prevalence in the European Region

Regarding the prevalence of mental disorders in Europe, the WHO published in their Factsheet the following:

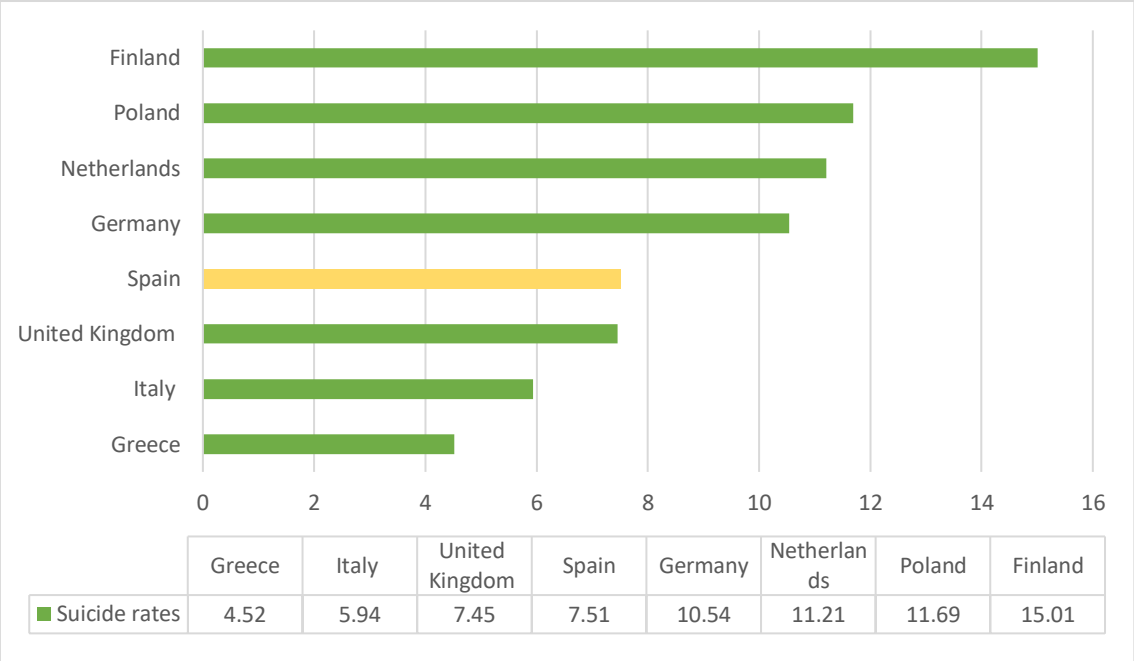
> *The estimated prevalence of mental disorders in the WHO European Region in 2015 was 110 million, equivalent to 12% of the entire population at any one time.*
>
> *(WHO-EURO, 2019)*

Within this numbers, this document shows that the most common mental disorders would be depression, with 44.3 million of people, and anxiety with 37.3 million. Together, they represent 74,2% of the mental disorders considered above. To have some perspective, in section 2.3.1 it is shown that this prevalence in Spain in 2017 was around 16% of the population.

When it comes to suicide, data shows that around 128.000 people take their own life every year in the European Region alone. Suicide has an effect on the mental health of the people close to the person that committed it and it is considered a serious public health problem.

(WHO REGIONAL OFFICE FOR EUROPE, 2021)

Compared to other European Countries, Spain had a lower number of suicides in 2017 than Germany, Finland, Poland, or the Netherlands, but higher than in Greece, Italy, or the United Kingdom, as seen in the graph below. Full graph with all the data available can be found in the annexes.



	Greece	Italy	United Kingdom	Spain	Germany	Netherlands	Poland	Finland
Suicide rates	4.52	5.94	7.45	7.51	10.54	11.21	11.69	15.01

Graph 5 - Death due to suicide. Standardised death rate by 100 000 inhabitants in 2017. Own elaboration.

(EUROSTAT, 2021)

With all this information, the conclusion would be that the problematic situation regarding mental health present in Spain is comparable to many other countries in the European region. Even though the peculiarities might vary from country to country, the concern is very similar and joint actions can be taken from an international perspective.

Focus on Youth Mental Health

It is relevant now that we have a look at the mental health situation of young adults and adolescents, because, as shown in the data provided by Mental Health Europe:

> *"About half of the mental health problems affecting individuals in adulthood have their onset during adolescence"*

(MENTAL HEALTH EUROPE, 2019)

Within the same document we can see other relevant data regarding mental health problems within the youth (ages between 16 and 29 years old). For example: a third of young people in risk of poverty or social exclusion, which increases the chances of developing a mental health problem, young people are less likely to seek help as a consequence of the stigma and lack of information, as well as difficulties accessing mental health care services.

Another report developed by the WHO on the mental health of European adolescents (WHO, Regional Office for Europe, 2018) comes to the same conclusions.

> *With the emphasis on adolescence in the Sustainable Development Agenda and increasing acknowledgement that mental health is an essential component of strengthened public health, social inclusion and sustainable development, there is a unique window of opportunity for WHO, Member States and local and international*

> *partners to act decisively to promote and protect child and adolescent mental health and well-being.*
>
> *(WHO, REGIONAL OFFICE FOR EUROPE, 2018)*

3.5.2 Stigma and social attitude in Europe

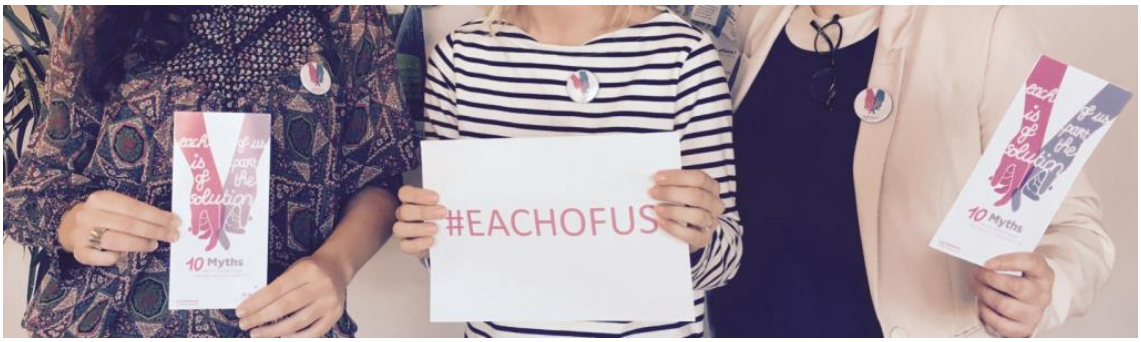
The stigma associated to mental health problems in Europe is very similar to the one explained in the case of Spain.

Words by the WHO Regional Office for Europe:

> *Stigma is a major cause of discrimination and exclusion: it affects people's self-esteem, helps disrupt their family relationships and limits their ability to socialize and obtain housing and jobs. It hampers the prevention of mental health disorders, the promotion of mental well-being and the provision of effective treatment and care. It also contributes to the abuse of human rights.*
>
> *(WHO REGION OFFICE FOR EUROPE, 2021)*

As explained in the same site, stigma and discrimination has as a consequence that some people with mental health problems do not engage with the health services. Also, bad experiences with the system and the offered care also prevent those people for reaching out and put themselves on treatment. The importance of giving quality treatment and care is highlighted, as it would also contribute to break the stigma. Once a person is recovered, is more likely to share their experience in the system, encouraging others to also seek for help.

On the other hand, there are already some international campaigns to face the stigma. One example would be the 'Each of us' campaign, by Mental Health Europe, launched in 2016. The main goal of this campaign was to raise awareness of mental health issues, targeting policymakers, journalists, employees, young people, and the general public. The campaign included a wall with personal stories to share and a leaflet with myths on mental health debunked.



A more recent campaign of Mental Health Europe is the '#EuropeanMentalHealthWeek', that took place from the 10th until the 16th of May 2021. As they explain in the campaign website:

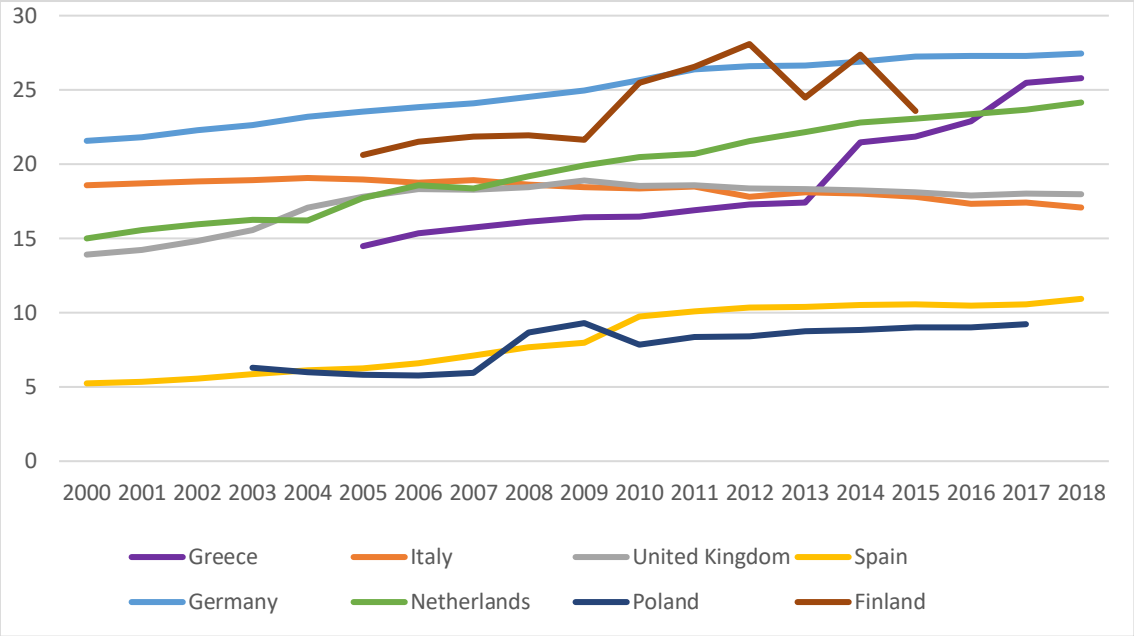
> *This year's theme 'Mental Health Matters' will shine a spotlight on mental health as a high-profile societal issue as well as a deeply personal experience for everyone during the pandemic.*
>
> *(MENTAL HEALTH EUROPE, 2021)*

This has been a tradition for promoting mental health in May for over 70 years, now spread to many countries all around the world. In this edition, 14 events took place, involving 22 countries on the European Region, and with the contribution of 26 partners.

Some of these campaigns are extended to Spain, but unfortunately are not reaching many of the Spanish population. Those could be replicated in the country, in our native languages, building on the work already done and thus contributing to its growth and impact. There are already anti-stigma initiatives in Spain. With stronger collaboration among national and international organizations, synergies can be further developed for raising awareness against stigma.

3.5.3 Mental health services in the public health care system of European countries

In the research for data on mental health services within the European Region, the role of the psychiatrist prevails. The graph below shows the evolution in time of the number of psychiatrists per 100.000 in some countries in Europe, with the data available.

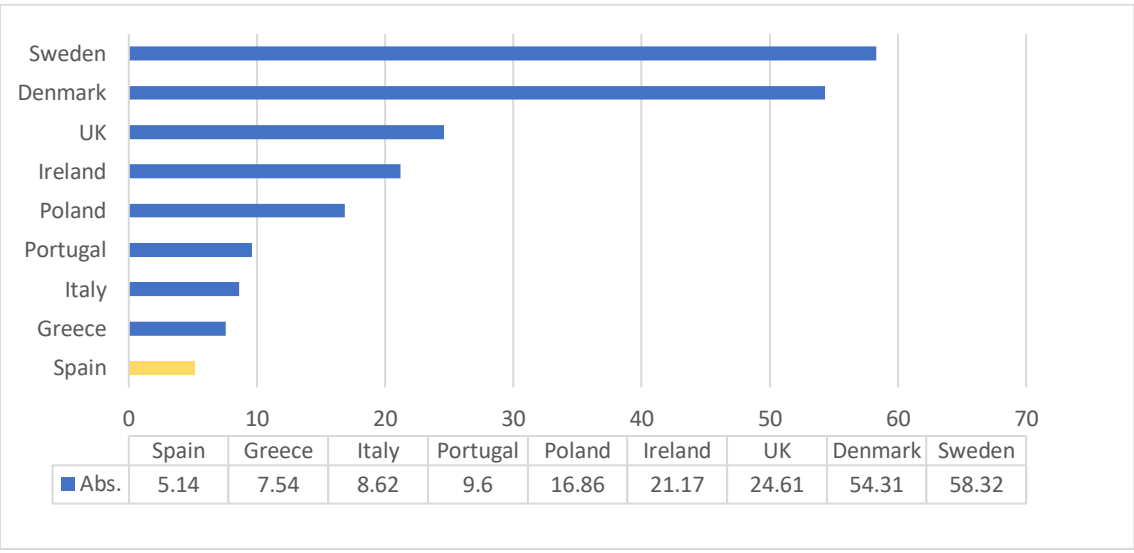


Graph 6 – Psychiatrists in Europe. Per 100.000 inhabitants.

(EUROSTAT, 2021)

The data in this graph shows that Spain is below many other European countries and, even though the number of psychiatrists increased in the last years, it is still insufficient. On average in 2018, the 30 countries which provided with data, had 18,72 psychiatrists per 100.000 inhabitants on average, while Spain had 10,93.

When it comes to psychologists it gets more complicated to find data from the different countries, but still, we can compare some:



Graph 7 - Number of psychologists in the public healthcare system per 100.000 inhabitants.

(CIVIO FOUNDATION, 2021)

With this data, we see the evident lack of resources when it comes to psychologists and psychiatrists, but for good quality mental health service, other specialised workforces are also required, such as mental health specialised nurses, social workers, and occupational therapists. Because of the extent of this document, there is no space to go deeper into this. For further information it is recommended to consult the document 'Policies and practices for mental health in Europe. Meeting the challenges.' by the WHO.

(WHO Regional Office for Europe, 2008).

With this information, the conclusion would be that there is still a lot of room for improvement, and we have other European countries as a reference, at least in the number of psychologists and psychiatrists.

Last but not least, regarding the medical part of the treatment for many mental health disorders, there is data from recent years on the overmedicalization of the population with medicine designed for the treatment of mental disorders. As shown in the section 3.2.3, Spain has a great problem in this regard.

The infographic 'Shedding light' by Mental Health Europe and the European Commission, shows that medicine prescription is not always done in the best interest for the patient, as many other interests are involved. Some pharmaceuticals are mentioned, for being on the top of revenue in the last years and the same document illustrates on some examples of how doctors get paid by pharmaceutical companies: payment for consultation services, speaker fees, free gifts and meals, and conference travel and accommodation expenses, among others.

It shows that, in Spain the total payments made by pharmaceutical companies to healthcare professionals and organizations in 2016 amounted to 181 million euros. In Germany it was of 109 million and reached the amount of 520 million in the United Kingdom.

Measures against these practices can be taken though what is called 'Sunshine Laws', that *'promote transparency and oblige doctors and pharmaceutical companies to disclose their financial relationships'*, as explained in the same document. Countries like France, Portugal, Belgium, and Denmark, among others, already have these laws implemented. Even though there is some legislation about this in Spain, there are still changes that can be made to improve the situation. This would help to improve transparency around drug promotion and pharmaceutical-doctor relationship, dissuade healthcare professionals from entering in these inappropriate relationships, making prescribing more rational and adapted to the patient's needs. As mentioned in the document:

> *Greater transparency allows patients to make more informed decisions about their treatment.*
>
> *(Mental Health Europe, 2018)*

3.6 Mental health in the political agenda

From some years on, the social mental health problem has been identified and it is currently present on the most important international institutions political agendas. Among them, the following are of special relevance.

Sustainable and Development Goals

The SDGs are 17 goals included in the 2030 Agenda for Sustainable Development, that was adopted by all United Nations Member States in 2015. These constitute an urgent call for action to all the countries involved. Among them, number 3 specifies:

> *Goal 3: Ensure healthy lives and promote well-being for all at all ages.*
> *Target 3.4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.*

(UNITED NATIONS, 2015)

The Mental Health Coalition: a WHO/Europe flagship initiative (2020)

This initiative is mostly aligned with the main goals and focus of the present strategy as stated in their website:

> *WHO/Europe launched the new Mental Health Coalition to position and promote mental health as a critical priority for public health across the Member States of the WHO European Region over the next 5 years. The Coalition is focused on:*
> - *transforming attitudes about mental health;*
> - *expediting mental health service reforms; and*
> - *accelerating progress towards universal health coverage for people with mental health conditions.*

(WHO EUROPE, 2020)

European Youth Strategy

The Youth Goals are the outcome of the Youth Dialogue process that took place in 2017-2018, involving over 50.000 young people. Together, these 11 Youth Goals constitute the EU Youth Strategy 2019-2027. Among them, there is number 5, that includes 7 sub-goals. It says:

> *#5 Mental Health & Wellbeing*
> *Achieve better mental wellbeing and end stigmatisation of mental health issues, thus promoting social inclusion of all young people.*

(EU YOUTH DIALOGUE, 2019)

More information can be found in the respective URLs included in the citations and included in the Bibliography and references section.

4. Environmental scanning. SWOT analysis.

As described in previous sections, the whole mental health situation in Spain is complex and many factors interfere. Therefore, this study will focus only on some of them. This analysis is the conclusion of the previous information explained.

4.1 Internal Analysis.

4.1.1 Strengths

S1. Mental health promotion and visibility by mental health professionals, users, and ex users of mental health services, raising awareness especially among the youth.

Nowadays, some mental health professionals use the social media for disseminating mental health information that is reliable and accessible to the general population. There are also mental health users and ex users that by making public their stories and struggles, contribute to fighting the stigma on mental health. This strength is referred to the section 3.2.2 of the analysis.

S2. Long trajectory in mental health activism in Spain by civil and professional organizations.

Mental Health Europe, together with the Spanish Association on Neuropsychiatry (AEN) and many other province and local civil associations constitute a strong network of mental health activism in Spain with a trajectory of more than 30 years. This strength is referred to the section 3.2.2 of the analysis.

S3. Development and implementation of campaigns dedicated to educating children and the student population on mental health.

As explained, lack of emotional education is a risk factor for development mental health disorders. It can be prevented by educating the population in young ages. This initiative is a first step towards this direction and aims to contribute to educating nowadays children with adapted mental health information. This strength is referred to the section 3.2.2 of the analysis.

S4. Sustained increase in the number of graduated students on psychology, potentially mental health professionals.

More and more people are developing their career in psychology studies, with the option of becoming sanitary or clinical psychologists in the future. This would contribute to having more professionals available. This strength is referred to the section 3.2.3 of the analysis.

S5. Emergence of new technological initiatives to develop applications that could provide mental health care based on CBT.

These technological tools have already been developed and worked on to be improved in the future. They are based on Cognitive Behavioural Therapy, which is evidence-based and are developed together with mental health professionals, both in Spain and abroad. This strength is referred to the section 3.2.3 of the analysis.

S6. Sustained development of mental health activism based on first-hand experiences and mutual support groups.

This approach is one of the core values for this strategy (V2). Mental Health Spain has developed several internal committees of people with first-hand experience. This strength is referred to the section 3.2.3 of the analysis.

S7. Increase of social concern and media coverage on mental health after one year from the COVID-19 outbreak.

Many newspapers and television channels are making eco of this concern, influencing the public opinion. This is connected to the internal analysis of the mental health situation in Spain after one year of the pandemic, on the section 3.2.3 of the analysis.

S8. New conversation on mental health in the bodies of governance in Spain, including Senate and Congress.

Partially as a consequence of the public concern on mental health and the years of activism in Spain, together with more progressive parties in the government, has led to an increase of the conversation on mental health in the political spheres. This strength is referred to the section 3.2.3 of the analysis.

4.1.2 Weaknesses

W1. High prevalence in mental health disorders and suicide impact on the environment of the person that suffers the problem, increasing their risk of developing a mental problem themselves.

Living with a person that suffers from their mental health can become a difficult situation. The general population lack of knowledge on how to take care of mentally affected people and mental distress can appear in the caregivers as a consequence. This weakness is referred to the section 3.2.1 of the analysis.

W2. Stigma on mental health disorders and suicide prevents people from seeking help.

When people start to suffer from their mental health and do not receive the appropriate treatment, probabilities of developing a severe disorder increase. Stigma preventing people from seeking help in early stages contributes to complicating even more the problem. This weakness is referred to the section 3.2.2 of the analysis.

W3. The burden of social stigma on mental health disorders acts as a 'double suffering' and hinders recovery.

Mental disorders are difficult to manage, but the social stigma associated can worsen the situation, making recovery longer and more complex. This weakness is referred to the section 3.2.2 of the analysis.

W4. Generalised lack of emotional education and skills for a healthy emotion's management increases the risk of developing mental health disorders in the long term.

This is a general risk factor for most of the population. When talking about emotions it includes the management of complicated emotions that appear in social interactions such as rejection from your own, a break-up or the death of a beloved one. This weakness is referred to the section 3.2.2 of the analysis.

W5. Difficulty in the access to mental health services, lack of sufficient mental health professionals in the public healthcare system and unaffordable prices in the private sector.

Nowadays, the available services for mental health care, even counting both private and public sector, remain far from sufficient to cover the population's needs. The lower social classes suffer the most from it because of the unaffordability of private treatment. This weakness is referred to the section 3.2.3 of the analysis.

W6. Spain as the most overmedicalized country in prescription of anxiolytics and other medicines.

As a consequence of the previous point (W5), primary doctors see themselves in the obligation to select only the severe cases to pass on to the few available mental health professionals in the public healthcare system. This leads to an overmedicalization of the population by these primary doctors, presumably in an attempt of poorly dealing with the situation. This weakness is referred to the section 3.2.3 of the analysis.

W7. Lack of sufficient opportunities for the specialization of new graduated psychologists in clinical and sanitary professions.

Even though the demand for clinical and sanitary psychologists is very high currently, the spots available for specialising in these professions is only accessible to less than 0,05% of the candidates in the option of the public access 'PIR' and very restrictive in the case of Sanitary Psychology Masters. This weakness is referred to the section 3.2.3 of the analysis.

W8. Stigma and mistreatment of mental health users by mental health professionals leading to paternalizing and invalidating attitudes.

With stigma so pervasive in the population, it is inevitable that mental health professionals have also internalised some of the stigma attached to mental health. The problem comes when these professionals fall in attitudes like invalidating situations or emotions or paternalizing their patients, undermining their autonomy and ownership of their treatment. This weakness is referred to the section 3.2.3 of the analysis.

W9. Negative impact of the COVID-19 pandemic and the restrictive measures taken by the governments on the mental health of the Spanish population, with a consequent increase in the prevalence and demand for services.

Lockdown, social distance, reduction of capacity in many places, reduced services and other measures have had an impact in the mental health of the Spanish population, in addition to the fears and frustrations inherent to the pandemic. This weakness is referred to the section 3.3 of the analysis.

4.2 External Analysis

4.2.1 Opportunities

O1. The consolidation of new technologies for the treatment of mental health problems accessible to the general public.

Although some of them are already in the market, there is still a lot of room for improvement and more studies to prove their efficacy are to be made. These applications could bring closer to the general population some mental health tools making them accessible and affordable. This opportunity is referred to the section 3.2.3 of the analysis.

O2. Further conversation among civil and professional organizations on one hand, and the Spanish government on the other, for the development of structural measures for prevention and funding of mental health services.

The conversation is already started, but it would need to be consistent in time and lead to tangible results. This opportunity is referred to the section 3.2.3 of the analysis.

O3. The development of new measures against the COVID-19 pandemic and possible future crisis situations with a mental health perspective.

More than one year has passed since the outbreak of COVID-19. This can give governments perspective on the measures taken against the spread of the virus and their impact in the population's mental health, with possible involvement of mental health professionals. This opportunity is referred to the section 3.3 of the analysis.

O4. International collaboration and synergies among countries in the European Region with similarities in the prevalence of mental health disorders.

In order to face the problematic mental health situation in Spain, there is the possibility to join forces with countries in similar situations. This can be done with joint research, creating joint awareness campaigns or through the European Union as an intermediary. This opportunity is referred to the section 3.5.1 of the analysis.

O5. Focus on the prevention of mental distress on children and adolescents by the Sustainability and Development Goals that promote the implementation of structural measures.

As explained by the WHO, most of the mental health disorders in adults have their setting on childhood and adolescence. With a focus on wellbeing of this sector of the population, many mental health disorders are expected to be prevented. This opportunity is referred to the section 3.5.1 of the analysis.

O6. Further and closer relation among national and international civil organisations on the promotion of mental health and conducting anti-stigma campaigns with wider reach and higher impact.

Relationship among some of these organizations already exists, although due to language and cultural barriers, some campaigns end up not having the expected reach and impact. With further collaboration and stronger bonds, the efforts on these campaigns can be optimised and reach more effectiveness. This opportunity is referred to the section 3.5.2 of the analysis.

O7. Some European countries as a reference in providing mental health services and covering the need for more mental health professionals in the public healthcare system.

Spain lags behind in the number of psychologists and psychiatrists, which impacts the accessibility to mental health care and treatment. Having other countries in the region as a reference can serve as inspiration to take measures to increase these numbers in time. This opportunity is referred to the section 3.5.3 of the analysis.

O8. Improvement in the quality of mental health services to promote people in risk to seek for help and receive appropriate treatment and break the stigma around mental health disorders.

When there is quality treatment, the chances of recovery increase, making ex-users aware of the importance of reaching out and its difficulties, and promoting that they speak more naturally about attending therapy and its benefits. This opportunity is referred to the section 3.5.3 of the analysis.

O9. The implementation and application of sunshine laws and transparency measures to promote the prescriptions of medicines adapted to the patient needs and prevent the overmedicalization

Current lack of regulation on the transparency on the financial relationship among pharmaceuticals and doctors is hiding one possible root for the overmedicalization problem. There are already recommendations and measures to take, as other countries already implemented this kind of laws with proven results. This opportunity is referred to the section 3.5.3 of the analysis.

O10. Emergence and demand from civil associations of a psychosocial model for the diagnosis and treatment of mental disorders.

Nowadays, still many professionals rely on medicine as the first option to face a mental health problematic situation. The WHO and other organizations defend a more social and psychological approach to improve the results of diagnosis and treatment. This opportunity is referred to the section 3.1.2 of the analysis.

4.2.2 Threads

T1. Positive psychology as a branch of psychology not sustained by evidence having a great cultural influence and fast spread in society.

The main problem that this pseudoscience entails is that looks more attractive than other therapies evidence-based and can prevent affected people from recovering earlier and with less economic cost. This is why many professionals consider this approach as a scam. This thread is referred to the section 3.1.1 of the analysis.

T2. Data on mental health and suicide prevalence, services and professionals are not sustained in methodology and time, therefore creating difficulties when comparing and reaching conclusions.

To deeply understand the mental health situation, there is a need for more sustained, disaggregated, frequent and specific data, which is not currently available. This thread is referred to the section 3.2 of the analysis.

T3. Political situation: instability in policies, historical lack of funding and neglect of importance and attention to the mental health problematic.

Political instability impacts in many ways the life of its citizens, including the mental health crisis, which has historically been set aside and its services poorly funded. This contributes to worsen even more the situation. This thread is referred to the section 3.4.2 of the analysis.

T4. Mental health consequences of the new economic crisis that will follow the pandemic.

Many analyses show the negative impact the economic crisis in 2007-2008 had in the mental health of the population, and a new economic crisis is expected to come after the COVID-19 pandemic, with the expected following impact on mental health. This thread is referred to the section 3.4.2 of the analysis.

T5. High levels of discrimination in the Spanish culture and society, increasing the risk of a big part of the population to develop mental health disorders.

Discrimination and social exclusion are risk factors for developing mental health disorders, as those are very frequent in Spain, these contribute to a higher prevalence. This thread is referred to the section 3.4.2 of the analysis.

T6. Digital gap and depopulation of rural areas as a risk factor that prevents accessibility to information and mental health services.

The abandonment of rural areas and isolation can lead to difficulties for accessing basic services, creating mental distress that can develop into mental disorders if not managed properly. This thread is referred to the section 3.4.2 of the analysis.

T7. Climate emergency as a future threat to the personal security and development of ecoanxiety, increasing the risks for mental distress on people raising awareness on the measures and the over-responsibilisation of the individual.

Awareness on the climate emergency and global warming is increasing. If not managed properly, it can lead to frustration, obsession, depression, and anxiety issues. This thread is referred to the section 3.4.2 of the analysis.

T8. Individualistic mentality and meritocracy culture that considers hard work as the only factor in achieving success, neglecting disparities in the access to resources.

This cultural belief so rooted in nowadays society can be harmful, especially when success is not achieved even working hard. This might lead to mental distress and frustration that can complicate into cynicism and despair, creating mental distress not only on themselves but in others too. This thread is referred to the section 3.4.2 of the analysis.

T9. Faster spread of lies and myths on the internet in relation to the truth and its impact on mental health stigma.

The fight against stigma on mental health can be compromised by the spread of myths and fake news. This thread is referred to the section 3.4.2 of the analysis.

T10. Huge influence of pharmaceutical companies in the drug prescription by doctors and the lack of transparency on their financial relationship.

The current laws might be hiding problematic financial relationships among doctors and pharmaceuticals, compromising the good practices in medicines prescription. This has an influence too on the problem of overmedicalization already mentioned. This thread is referred to the section 3.5.3 of the analysis.

4.3 SWOT summary table.

	Strengths		Weaknesses
1	Mental health promotion and visibility by mental health professionals, users, and ex users of mental health services, raising awareness especially among the youth.	1	High prevalence in mental health disorders and suicide impact on the environment of the person that suffers the problem, increasing their risk of developing a mental problem themselves.
2	Long trajectory in mental health activism in Spain by civil and professional organizations.	2	Stigma on mental health disorders and suicide prevents people from seeking help.
3	Development and implementation of campaigns dedicated to educating children and the student population on mental health.	3	The burden of social stigma on mental health disorders acts as a 'double suffering' and hinders recovery.
4	Sustained increase in the number of graduated students on psychology, potentially mental health professionals.	4	Generalised lack of emotional education and skills for a healthy emotions management increases the risk of developing mental health disorders in the long term.
5	Emergence of new technological initiatives to develop applications that could provide mental health care based on CBT.	5	Difficulty in the access to mental health services, lack of sufficient mental health professionals in the public healthcare system and unaffordable prices in the private sector.
6	Sustained development of mental health activism based on first-hand experiences and mutual support groups.	6	Spain as the most overmedicalized country in prescription of anxiolytics and other medicines.
7	Increase of social concern and media coverage on mental health after one year from the COVID-19 outbreak.	7	Lack of sufficient opportunities for the specialization of new graduated psychologists in clinical and sanitary professions.
8	New conversation on mental health in the bodies of governance in Spain, including Senate and Congress.	8	Stigma and mistreatment of mental health users by mental health professionals leading to paternalizing and invalidating attitudes.
		9	Negative impact of the COVID-19 pandemic and the restrictive measures taken by the governments on the mental health of the Spanish population, with a consequent increase in the prevalence and demand for services.
	Opportunities		**Threats**
1	The consolidation of new technologies for the treatment of mental health problems accessible to the general public.	1	Positive psychology as a branch of psychology not sustained by evidence having a great cultural influence and fast spread in society.
2	Further conversation among civil and professional organizations on one hand, and the Spanish government on the other, for the development of structural measures for prevention and funding of mental health services.	2	Data on mental health and suicide prevalence, services and professionals is not sustained in methodology and time, therefore creating difficulties when comparing and reaching conclusions.
3	The development of new measures against the COVID-19 pandemic and possible future crisis situations with a mental health perspective.	3	Political situation: instability in policies, historical lack of funding and neglect of importance and attention to the mental health problematic.
4	International collaboration and synergies among countries in the European Region with similarities in the prevalence of mental health disorders.	4	Mental health consequences of the new economic crisis that will follow the pandemic.
5	Focus on the prevention of mental distress on children and adolescents by the Sustainability and Development Goals that promote the implementation of structural measures.	5	High levels of discrimination in the Spanish culture and society, increasing the risk of a big part of the population to develop mental health disorders.
6	Further and closer relation among national and international civil organisations on the promotion of mental health and conducting anti-stigma campaigns with wider reach and higher impact.	6	Digital gap and depopulation of rural areas as a risk factor that prevents accessibility to information and mental health services.
7	Some European countries as a reference in providing mental health services and covering the need for more mental health professionals in the public healthcare system.	7	Climate emergency as a future threat to the personal security and development of ecoanxiety, increasing the risks for mental distress on people raising awareness on the measures and the over-responsibilisation of the individual.
8	Improvement in the quality of mental health services to promote people in risk to seek for help and receive appropriate treatment and break the stigma around mental health disorders.	8	Individualistic mentality and meritocracy culture that considers hard work as the only factor in achieving success, neglecting disparities in the access to resources.
9	The implementation and application of sunshine laws and transparency measures to promote the prescriptions of medicines adapted to the patient needs and prevent the overmedicalization	9	Faster spread of lies and myths on the internet in relation to the truth and its impact on mental health stigma.
10	Emergence and demand from civil associations of a psychosocial model for the diagnosis and treatment of mental disorders.	10	Huge influence of pharmaceutical companies in the drug prescription by doctors and the lack of transparency on their financial relationship

5. Development of the Strategy

5.1 Selection of Competitive Strategy

To select the competitive strategy, according to Porter's model three options are considered:

- **Cost leadership**. In this case, the aim would be to reach as much of the population as possible, even if it's with the basics in terms of services and the needed awareness to access to it.
- **Differentiation**. Within this context, this approach would aim to develop specialised medicine and treatment for specific mental health disorders but very effective and with higher costs, which would make it accessible only to a section of the population.
- **Focus**. With a narrower target, would focus only on some specific target and their specific needs.

Nowadays, unfortunately, the basic services in mental health matters are not guaranteed. Due to the deep-rooted nature of this problem and taking into account the slow pace of social change, is necessary to orient the strategy towards cost leadership, which in this context would be a Basic Services Strategy, raising awareness and combating stigma, so that the focus is on prevention and early detection for the general population.

With this perspective, we propose different actions to correct the weaknesses found in the analysis, as well as other complementary actions that take advantage of the strengths and opportunities and allow for an adjustment to the threats.

With the results of the SWOT analysis, the possible actions that can be taken to face this situation are developed. For that, the tool CAME (Correct, Adapt, Maintain and Explore) is used in the following section.

5.2 Actions development. Use of CAME tool.

Actions to Correct the Weaknesses

Action 1. Mental health activism based on first-hand experiences and mutual support groups provide the environment of the mentally affected person with information and tools for managing their emotions as healthy as possible, in order to prevent potential future mental problems. Linked to S6 and W1.

Action 2. Create a social awareness campaign on the importance of mental health, equal to the physical health, general basic knowledge on the disorders and their symptoms to promote early detection and reliable information to debunk the myths around seeking treatment and suicide ideation. This campaign will benefit from an international perspective with support of the European Institutions under the SDG and the European Youth Goals. Linked to O4, O5 and W2.

Action 3. Taking advantage of the current interest in mental health by members of the Spanish political sphere, present initiatives to implement emotional management education in schools. Linked to O5, S8 and W4.

Action 4. The state provides grants to private psychologic and psychiatric clinics for them to be able to provide their services at affordable prices for the people that need it, to combat the upcoming mental health crisis during and post COVID-19. Linked to O3, S4 and W5.

Action 5. Increase the number of mental health professionals in the public health system in order to be able to deal with psychological problems from a more therapeutic perspective and to resort to medicalisation only when strictly necessary, thus reducing over-medicalisation. Linked to S4, O7, T10 and W6.

Action 6. Coordinated actions and demands from professionals and students to increase the number of opportunities for clinical psychology specialisation in order to adjust to the population's demand of mental health professionals. Linked to S4 and W7.

Action 7. Organisation of first-hand experience committees to make cases of abuse and mistreatment by mental health professionals visible and to take action through giving support to the affected people and creating awareness campaigns. Linked to O9 and W8.

Action 8. Development of a series of recommendations to be implemented in the health system to address the mental health consequences of the COVID-19 pandemic, and to make mental health services more accessible to citizens, including both the supply and the visibility and normalisation of the service. Linked to O7, S8 and W9.

Actions to Adapt to/Adjust to the Threats

Action 9. The implementation by the institutions of improvements in the collection of disaggregated data in order to better understand the situation and develop more effective actions. Linked to S2, S7, T9 and T2.

Action 10. To make visible and show in the media the relationship between widespread beliefs in society and the development of mental health problems, making it clear that these constitute risk factors. This includes meritocratic thinking, the normalisation of job insecurity and discrimination on the basis of race, gender, or sexual orientation, among others. Linked to O3, T5 and T8.

Action 11. Promotion of evidence-based scientific knowledge as opposed to the myths and scams that spread among the population from positive psychology and other pseudoscience. S1, S7, T1 and T9.

Action 12. Responsible environmental awareness campaigns, in terms of sharing the burden of responsibility fairly between individuals, governments and industry, to reduce the impact of this risk factor on the mental health of the population. Linked to T7.

Actions to Maintain the Strengths

Action 13. Support from Spanish and European institutions to the development of new technologies and online applications that could provide mental health care based on CBT available in different languages of the EU and joining professionals of different fields and nationalities. Linked to O1, O4, T3 and S5.

Action 14. Provide stable financial resources as well as visibility and media presence to mental health civil and professional associations to enable them to develop their activities with greater impact on society with the collaboration of other countries and European organizations. Linked to W3, T3 and S2.

Actions to Explore the Opportunities

Action 15. Collaboration between European countries to demand financial transparency in the relationship between big pharma and health professionals to limit their influence and prevent overmedicalisation. Linked to O9, W6 and T10.

5.3 Prioritisation and actions evaluation

5.3.1 Subjective assessment of the actions.

For the assessment of the actions, although it is a subjective method, the importance of each action for the three perspectives that have been analysed, i.e. prevalence, stigma and access to services, as well as the know-how and the possibility for funding, will be taken into account when assessing their feasibility.

Importance and feasibility are calculated on the basis of the following pre-weighted factors:

$$\text{Importance} = 0'2 \cdot \text{Prevalence} + 0'4 \cdot \text{Stigma} + 0'4 \cdot \text{Access to services}$$

$$\text{Feasibility} = 0'2\ \text{Know-how} + 0'8\ \text{Funding}$$

All the different factors (Prevalence, Stigma, Access to services, Know-how, and Funding) will be rated on a scale of 1 to 5, so all the actions will have a numerical value on the chart [Importance, Feasibility].

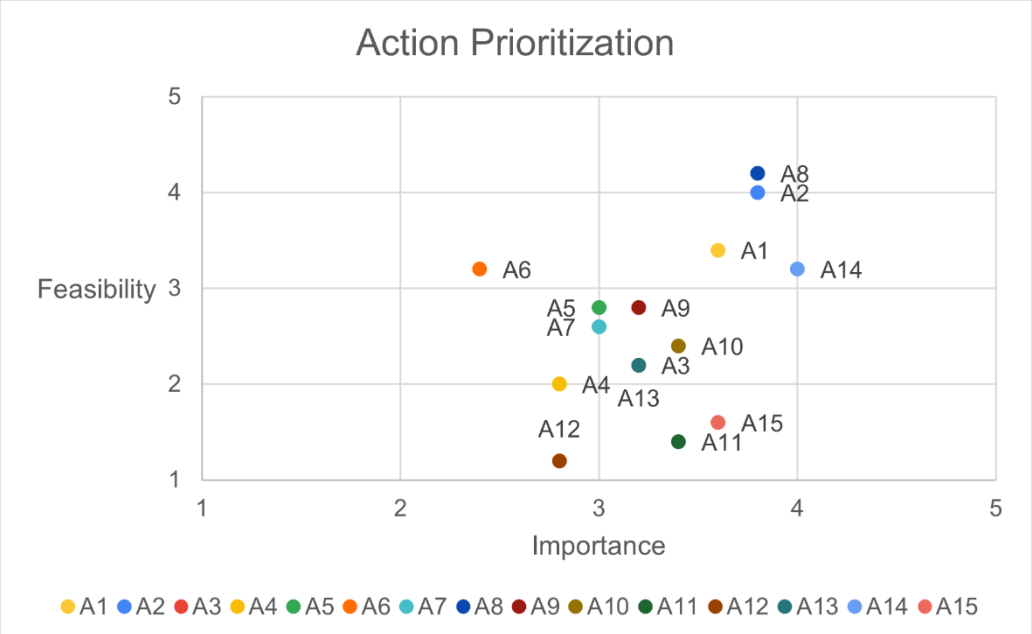
About the calculation of the Importance, more weight is given to the factors *Stigma* and *Access to services* in order to keep the coherence with the selected competitive strategy, in which the focus is on improving the general access to services and combating the stigma. Regarding Feasibility, more weight is given to the Fundings, as this is the main resource that is lacking nowadays, and as the strategy aims to reach as many people as possible, this wouldn't be feasible without the appropriate funding.

Following the methodology explained above, the evaluation of each action would be:

Actions	Prevalence	Stigma	Acess to services	Importance
A1	4	5	2	3,6
A2	3	5	3	3,8
A3	4	4	2	3,2
A4	2	1	5	2,8
A5	3	1	5	3
A6	2	1	4	2,4
A7	3	4	2	3
A8	3	4	4	3,8
A9	4	4	2	3,2
A10	5	4	2	3,4
A11	3	3	4	3,4
A12	4	2	3	2,8
A13	2	3	4	3,2
A14	2	5	4	4
A15	4	2	5	3,6

Actions	Know-how	Funding	Feasibility
A1	5	3	3,4
A2	4	4	4
A3	3	2	2,2
A4	2	2	2
A5	2	3	2,8
A6	4	3	3,2
A7	5	2	2,6
A8	5	4	4,2
A9	2	3	2,8
A10	4	2	2,4
A11	3	1	1,4
A12	2	1	1,2
A13	3	2	2,2
A14	4	3	3,2
A15	4	1	1,6

Actions	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15
Importance	3,6	3,8	3,2	2,8	3	2,4	3	3,8	3,2	3,4	3,4	2,8	3,2	4	3,6
Feasibility	3,4	4	2,2	2	2,8	3,2	2,6	4,2	2,8	2,4	1,4	1,2	2,2	3,2	1,6



As seen in the graph above, all of the actions remain within factor 2 (excluded) and 4 (included) in Importance, while the assigned Feasibility is much wider. On the other hand, we see that only 5 out of 10 actions remain above of 3 in Feasibility. Because of this disparity, the value used to define the quadrants will be 3,5 for Importance and 2,5 for Feasibility. These four quadrants will define the four levels of priority described in the following section.

In the table below, the four quadrants are painted in blue for *Level of Priority 1*, green for *Level of Priority 2*, yellow for *Level of Priority 3* and red for *Level of Priority 4*.

Actions	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15
Importance	3,6	3,8	3,2	2,8	3	2,4	3	3,8	3,2	3,4	3,4	2,8	3,2	4	3,6
Feasibility	3,4	4	2,2	2	2,8	3,2	2,6	4,2	2,8	2,4	1,4	1,2	2,2	3,2	1,6

5.3.2 Classification of the actions in priority levels

Level 1 of Priority

This first level of priority will constitute the main focus in the development of the strategy.

Includes all the actions in the range [3,5; 5] in Importance and [3, 5] in Feasibility. Those are:

- A1 with Importance of 3,6 and Feasibility of 3,4.
- A2 with Importance of 3,8 and Feasibility of 4.
- A8 with Importance of 3,8 and Feasibility of 4,2.
- A14 with Importance of 4 and Feasibility of 3,2.

Level 2 of Priority

This second level of priority though the given importance is not over the quadrants limit, is considered high in feasibility. Therefore, it will be the next steps to continue with in the strategy.

Includes all the actions in the range [1; 3,5] in Importance and [3, 5] in Feasibility. This one is:

- A15 with Importance of 3,6 and Feasibility of 1,6.

Level 3 of Priority

This third level of priority will still constitute an important part of the strategy, keeping into consideration the lower level of feasibility.

Includes all the actions in the range [3,5; 5] in Importance and [1, 3] in Feasibility. Those are:

- A5 with Importance of 3 and Feasibility of 2,8.
- A6 with Importance of 2,4 and Feasibility of 3,2.
- A7 with Importance of 3 and Feasibility of 2,6.
- A9 with Importance of 3,2 and Feasibility of 2,8.

Level 4 of Priority

This fourth and lower level of feasibility will allow actions considered less viable and with less impact to be discarded in order to focus resources on other actions more relevant to the strategy.

Includes all the actions in the range [1; 3,5] in Importance and [1, 3] in Feasibility. Those are:

- A3 with Importance of 3,2 and Feasibility of 2,2.
- A4 with Importance of 2,8 and Feasibility of 2.
- A10 with Importance of 3,4 and Feasibility of 2,4.
- A11 with Importance of 3,4 and Feasibility of 1,4.
- A12 with Importance of 2,8 and Feasibility of 1,2.
- A13 with Importance of 3,2 and Feasibility of 2,2.

With this classification, it is clear that resources invested in this strategy should focus on achieving the four actions on the *Levels 1, 2* and *3 of Priority*. However, for the actions in the Level 4 of Priority, it's important to mention that the main reasons for being discarded in the frame of this strategy is that they are far beyond the reach of it, so the main responsible parties in each of these would have to take responsibility for carrying them out in order to contribute to improving the situation described in the analysis.

5.3.3 Responsibility for discarded actions

Action 3.

Taking advantage of the current interest in mental health by members of the Spanish political sphere, present initiatives to implement emotional management education in schools. Linked to O5, S8 and W4.

The main responsible for this action would be the political decision-makers, together with professors and teacher representatives as well as mental health activism organizations. Ideally, the government would develop a budget with the expected expenses in the development of a joint plan to implement education for mental health in schools and seek for a for a state agreement, so that it cannot be cancelled in future legislatures.

Action 4.

The state provides grants to private psychologic and psychiatric clinics for them to be able to provide their services at affordable prices for the people that need it, to combat the upcoming mental health crisis during and post COVID-19. Linked to O3, S4 and W5.

Again, the main responsible for this action would be the state, or the autonomous regions, which have among their competences to subsidise the services they judge to be essential. In order to implement this action, it would be relevant to carry out a research on the potential impact of subsidising one or other providers depending on the type of therapy they offer and the access that the affected population has to these services.

Action 10.

To make visible and show in the media the relationship between widespread beliefs in society and the development of mental health problems, making it clear that these constitute risk factors. This includes meritocratic thinking, the normalisation of job insecurity and discrimination on the basis of race, gender, or sexual orientation, among others. Linked to O3, T5 and T8.

The mass media would be mainly responsible for carrying out this action, including public television and the large groups of *A3Media* and *Mediaset*, as well as large social networking and information access companies such as *Google*, *Facebook*, *Instagram* and *TikTok*. Given the capitalist nature of most of these companies, it is difficult to project a change in the content broadcasted and prioritised at peak viewing times without massive public demand, which in itself is unlikely given the stigma still present.

Action 11.

Promotion of evidence-based scientific knowledge as opposed to the myths and scams that spread among the population from positive psychology and other pseudoscience. S1, S7, T1 and T9.

Aa well as in the previous action, the main responsible parties would be, on the one hand, the scientific community, in its task of disseminating scientific knowledge to society, as well as the universities in the careful revision of the syllabus they teach and the type of training they offer from the master's degree. We can also consider the role of the political sphere, both at national and European level in legislation, as well as the mental health movements in developing well-informed campaigns.

Action 12.

Responsible environmental awareness campaigns, in terms of sharing the burden of responsibility fairly between individuals, governments and industry, to reduce the impact of this risk factor on the mental health of the population. Linked to T7.

This action is complex, as the root of the problem lies outside the scope of this strategy. However, it is important to note the importance of taking the mental health perspective into account when developing climate emergency campaigns. This would involve governments and the political sphere as well as various environmental organisations and the mass media.

Action 13.

Support from Spanish and European institutions to the development of new technologies and online applications that could provide mental health care based on CBT available in different languages of the EU and joining professionals of different fields and nationalities. Linked to O1, O4, T3 and S5.

As the description of the action itself indicates, governments at both state and European level should consider supporting the development of these technological initiatives in order to make basic mental health services more accessible to citizens within a few years.

5.4 Balanced Scorecard for selected actions

The selected actions are developed into sub-objectives according to the Balanced Scorecard methodology. The four sublevels that will be covered are *Learning and growth, Business processes, Stakeholders* and *Finance.* Each of these levels is connected directly or indirectly with the rest. Among the different actions, different sub-objectives may be similar or partially overlapping, as all actions are directed towards the same common objective.

Usually, when incorporating the Balance Scorecard levels, the third level is *Customers*, however, in this case this level is named Stakeholders for several reasons. On one hand, to include different entities such as governments, European institutions, hospitals, universities, mental health activism organizations and the general public. On the other hand, because normally the funding comes from the costumers, as they are the ones paying for the product or service, and this is not the case for this strategy, as the main funding will come from subsidies and grants provided by the stakeholders.

The actions are presented organised by their priority level as classified before, not in numerical order. On the other hand, the actions are also clustered in three main areas that directly connect with the main strategy on basic services:

Raising Awareness

- Action 1 – Tools for mental problems prevention in family and relatives.
- Action 2 – Mental health awareness collaborative campaign.
- Action 14 – Collaborative grants database for stable funding of mental health activism.
- Action 7 – Increase visibility of cases of abuse by mental health professionals.

Mental Health Services

- Action 8 – Recommendations to implement in the mental health care system.
- Action 15 – Coordinated international demand for financial transparency laws.
- Action 5 - Rise in the number of mental health professionals in the public health system.
- Action 6 – Demands for increasing the opportunities for clinical psychologists

Data Collection

- Action 9 – Improvement on the data collection of mental health indicators

Action 1 – Tools for mental problems prevention in family and relatives

Mental health activism based on first-hand experiences and mutual support groups provide the environment of the mentally affected person with information and tools for managing their emotions as healthy as possible, in order to prevent potential future mental problems. Linked to S6 and W1.

Sub-objectives of Action 1:

Learning and growth	Training for volunteers and mental health activists from experienced members and psychotherapists to gain the necessary knowledge and skills to facilitate workshops and mutual support groups.
Business processes	Development of the necessary materials to deliver workshops and facilitate mutual support groups. Organization of periodic cycles of both of the methodologies to reach as many people as possible. - Workshops would be the space for introducing the tools and main concepts, working with them in pre-designed examples. - Mutual support groups constitute the space for sharing experiences, listening to each other, and finding common support.
Stakeholders	Family and close circles of mentally affected people are one of the stakeholders for this strategy as well as 'costumers' for this action. In order to face the risk of developing themselves a mental health problem, they will be educated on how to handle the situation and their own emotions and reactions, as well as given practical tools for this purpose.
Finance	Application for grants for activities funded by the European Commission in the Youth chapter of the "Erasmus+" Programme. Research on the procedure, deadlines and conditions is needed.

Action 2 – Mental health awareness collaborative campaign

Create a social awareness campaign on the importance of mental health, equal to the physical health, general basic knowledge on the disorders and their symptoms to promote early detection and reliable information to debunk the myths around seeking treatment and suicide ideation. This campaign will benefit from an international perspective with support of the European Institutions under the SDG and the European Youth Goals. Linked to O4, O5 and W2.

Sub-objectives of Action 2:

Learning and growth	Training on campaigns development and management for the team in charge of coordinating it. Close collaboration with mental health professionals and communication experts for the development of the materials and the involvement of the media for national coverage.
Business processes	Development of the campaign and its implementation with the collaboration of schools, health centres and companies. Printing of information leaflets and distribution of guides with more complete information, as well as coverage in the national media. Possible creation of a simple website to display all the information and other resources such as sources of information and scientific research on the subject.
Stakeholders	The general public is the main target of this action, specifically young people from 12 to 18 years old, business employees and health care users.
Finance	Application for grants for activities funded by the European Commission in the Youth chapter of the "Erasmus+" Programme. Research on the procedure, deadlines and conditions is needed.

Action 8 – Recommendations to implement in the mental health care system

Development of a series of recommendations to be implemented in the health system to address the mental health consequences of the COVID-19 pandemic, and to make mental health services more accessible to citizens, including both the supply and the visibility and normalisation of the service. Linked to O7, S8 and W9.

Sub-objectives of Action 8:

Learning and growth	Documentation of developers and presenters of the recommendations on the functioning of the system: bureaucracy, competences of the different state and government bodies, as well as the internal functioning of the health care, among others, to understand the big picture and be able to make appropriate and feasible recommendations. Strong collaboration from the state and public workers is needed.
Business processes	Document with a report on the situation and a set of recommendations to implement, with details on its implementation process, to make changes in the functioning of the public system in order to improve the mental health public services and access for the population.
Stakeholders	It would be the national and autonomic governments, as well as hospitals and healthcare centres the ones to implement this set of recommendations once it is developed. The whole Spanish population would benefit from this.
Finance	Application for subsidies and grants to the Ministry of Health, Consumer Affairs and Social Welfare. Research on the procedure, deadlines and conditions is needed.

Action 14 – Collaborative grants database for stable funding of mental health activism

Provide stable financial resources as well as visibility and media presence to mental health civil and professional associations to enable them to develop their activities with greater impact on society with the collaboration of other countries and European organizations. Linked to W3, T3 and S2.

Sub-objectives of Action 14:

Learning and growth	Research on administrative and financial mechanisms that could be developed to provide the needed resources from national or European funds. Collaboration with European activist associations or from other countries in the continent is recommended.
Business processes	Database of grants for the funding possibilities to cover the activities of the most impactful actions. Development of an annual budget detailing the expenditure necessary to maintain mental health activism activity and to reach as wide a population as possible.
Stakeholders	Mental health civil and professional associations as well as the general population.
Finance	Application for grants for activities funded by the European Commission in the Youth chapter of the "Erasmus+" Programme. Research on the procedure, deadlines and conditions is needed.

Action 15 – Coordinated international demand for financial transparency laws

Collaboration between European countries to demand financial transparency in the relationship between big pharma and health professionals to limit their influence and prevent overmedicalisation. Linked to O9, W6 and T10.

Sub-objectives of Action 15:

Learning and growth	The areas in which to train our workers would include international law, statistics, policy, lobby, and advocacy. Collaboration with psychiatrists, psychologists, pharmacists, and people with first-hand experience would be of high value.
Business processes	Development of a reporting document on the legal situation in different countries about the so-called 'sunshine law' that regulates the transparency required in the financial relationships, in this case among doctors and pharmaceuticals. This document must show the impact on the overmedicalisation and in general on the mental health situation, both in Spain and Europe. A mass media and social media campaign might be necessary to put pressure on governments to take action.
Stakeholders	European institutions and states governments in charge of health legislations and in charge of financial regulations.
Finance	A crowdfunding campaign can be developed from the addressed mental health civil and professional associations. Another option would be to stablish a collaboration with universities or educational institutions that could train our workers of the skills and knowledge required. Application for grants for activities funded by the European Commission in the Youth chapter of the "Erasmus+" Programme.

Action 5 - Rise in the number of mental health professionals in the public health system

Increase the number of mental health professionals in the public health system in order to be able to deal with psychological problems from a more therapeutic perspective and to resort to medicalisation only when strictly necessary, thus reducing over-medicalisation. Linked to S4, O7, T10 and W6.

Sub-objectives of Action 5:

Learning and growth	Research on the prevalence of mental health problems and the number of professionals required to provide the adequate care. This methodology should include an interview to a statistically adequate number of professionals to understand the workload they can assume without losing service quality or risking their own mental health.
Business processes	Development of a report that shows the potential improvement of mental health care in the public health system through increased recruitment of mental health professionals, with a focus on psychologists for diagnosis and therapy and psychiatrists if medicalisation is required. Numbers of new hired professionals needed to cover the populations need must be specified.
Stakeholders	Hospitals and health care centres managed by the autonomic governments, ministry of health and central government in Spain. The final costumer is the Spanish population and the mental health care users.
Finance	Application for subsidies and grants to the Ministry of Health, Consumer Affairs and Social Welfare. Research on the procedure, deadlines and conditions is needed.

Action 6 – Demands for increasing the opportunities for clinical psychologists

Coordinated actions and demands from professionals and students to increase the number of opportunities for clinical psychology specialisation in order to adjust to the population's demand of mental health professionals. Linked to S4 and W7.

Sub-objectives of Action 6:

Learning and growth	Research on the current situation of the opportunities for specialization on clinical psychology, the evolution in the past years and how to increase the offer for professionals to increase the future number of professionals available, and thus cover the demand.
Business processes	Development of a report on the situation and a campaign to put pressure on regulatory bodies regarding the offer of specialisation in clinical psychology. Continuous contact and communication with the Ministry of Universities and the Ministry of Health is recommendable. Publication in the media of the conclusions of the report so that the population is informed and, if necessary, a collection of signatures would be carried out to show the public's interest.
Stakeholders	Spanish government, regional autonomies, and universities. Specifically directed to the Ministry of Health and the Ministry of Universities. Final costumers would be the psychology students that will specialise in clinical psychology.
Finance	Application for subsidies and grants to the Ministry of Health, Consumer Affairs and Social Welfare. Research on the procedure, deadlines and conditions is needed.

Action 7 – Increase visibility of cases of abuse by mental health professionals

Organisation of first-hand experience committees to make cases of abuse and mistreatment by mental health professionals visible and to take action through giving support to the affected people and creating awareness campaigns. Linked to O9 and W8.

Sub-objectives of Action 7:

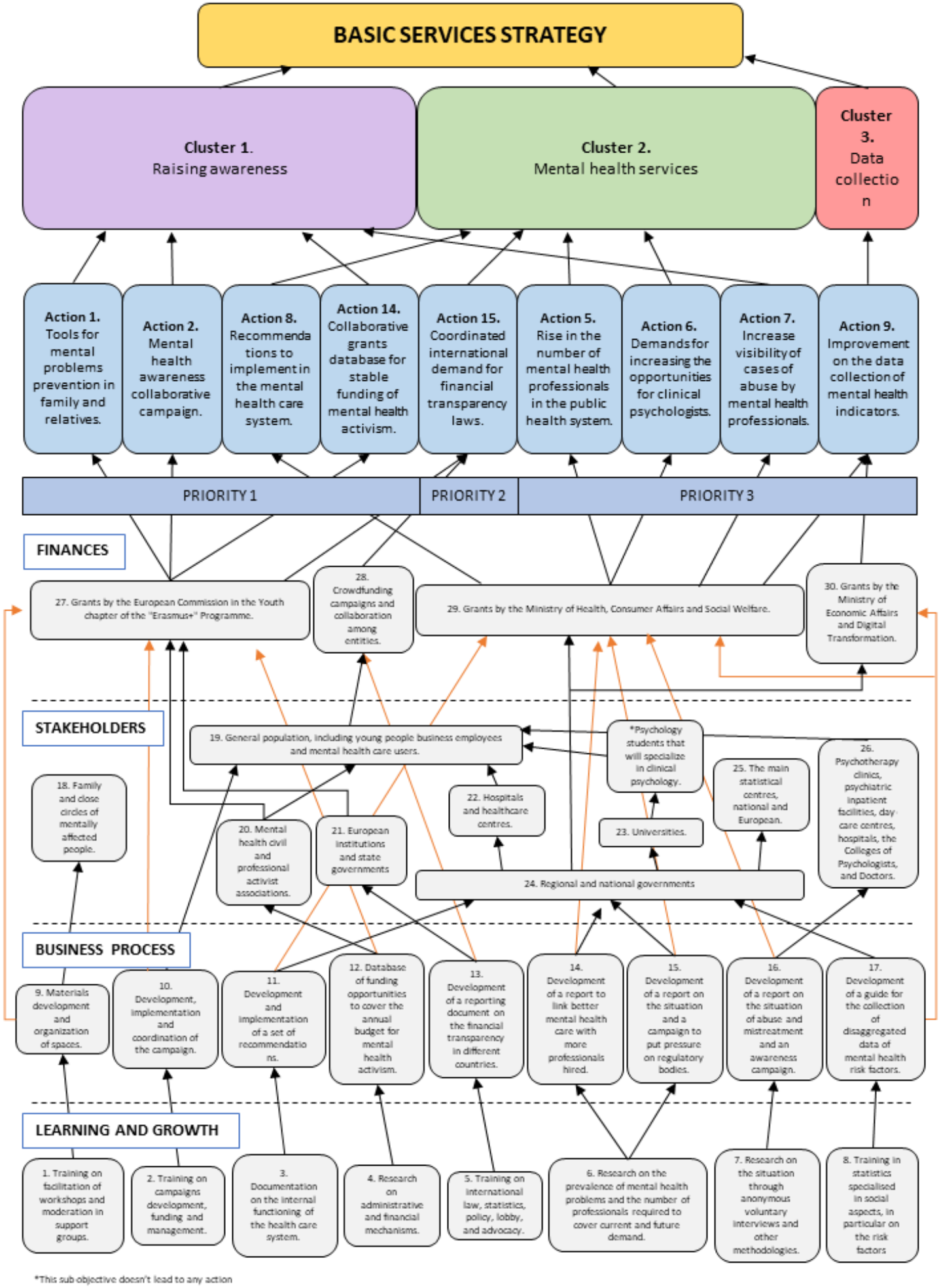
Learning and growth	Research on the situation through anonymous voluntary interviews and other methodologies. Special attention should be paid to psychiatric inpatient facilities, as well as to day-care centres and patients attending therapy on a regular basis.
Business processes	Development of a report on the situation of abuse and mistreatment, including personal stories and data to support the implementation of measures or changes to protocols to protect affected individuals, and professionals in the case of fraud. Contact with the mental health professional associations, specifically the College of Psychologists and the College of Doctors for them to take the measures that they consider. Development of a campaign to raise awareness of the situation on social networks, in the press and in the media.
Stakeholders	Psychotherapy clinics, psychiatric inpatient facilities, day-care centres, hospitals, the College of Psychologists, and the College of Doctors, as well as the general population.
Finance	Application for subsidies and grants to the Ministry of Health, Consumer Affairs and Social Welfare. Research on the procedure, deadlines and conditions is needed.

Action 9 – Improvement on the data collection of mental health indicators

The implementation by the institutions of improvements in the collection of disaggregated data in order to better understand the situation and develop more effective actions. Linked to S2, S7, T9 and T2.

Sub-objectives of Action 9:

Learning and growth	Training in statistics specialised in social aspects, in particular on the risk factors mentioned in this paper: different types of discrimination, purchasing power, close relationship with people with mental health problems, among others.
Business processes	Development of a guide for the collection of disaggregated data that takes into account the different risk factors for the development of mental health problems. Implementation of new protocols in the main statistical centres in the country.
Stakeholders	Government of Spain and of the autonomous regions, as well as the main statistical centres in the country. Important to mention the INE (National Statistics Institute), attached to the Ministry of Economic Affairs and Digital Transformation, in charge of the main statistical projects and relations with specialised International Organisations and, in particular, with the Statistical Office of the European Union (EUROSTAT).
Finance	Application for subsidies and grants to the Ministry of Health, Consumer Affairs and Social Welfare and the Ministry of Economic Affairs and Digital Transformation. Research on the procedure, deadlines and conditions is needed.



*This sub objective doesn't lead to any action

6. Strategy implementation and monitoring

This action plan is projected over 5 years, divided into semesters. The following organization proposal is indicative, and the implementation of this strategy must be flexible in order to adapt to changes as they arise. This section will include the organizational perspective, including human resources as well as the indicators needed for future monitoring.

It is necessary to bear in mind that, due to the growing concern about this issue, more and more initiatives are expected to emerge. It is therefore important to keep abreast of developments in this field and to generate synergies with other like-minded organisations, especially when it comes to campaigning and advocacy with governments and institutions.

The first step would involve time dedicated to teambuilding and methodologies agreements among the different teams. This will be reflected as Action 0. Then, the main workload will be divided in two parallel work streams covering the actions of clusters 1 and 2, with the support of the fundraising team on financial issues. Cluster 3, dedicated to improving data collection, will be carried out by one person of each team (1 and 2) during the first year, as this improvement can as well contribute to improve the impact of this strategy.

6.1 Human Resources

The human resources management approach will be to have the main office in Madrid, as this the neuralgic centre in Spain for external relations. This location will be the coordinator workplace in order to facilitate face-to-face meetings with institutions, administrations, organisations, and other entities.

When it comes to finding suitable candidates to compose the different teams, it is expected that there will be a limited offer and availability of such profiles. Mainly for this reason, as well as for costs reduction, a remote working model is proposed, with the exception of punctual meetings for some of the trainings and other occasions. This model leads to a budget allocation for these profiles to cover the individual costs of remote working, that is included in their costs per hour.

The profiles of the mentioned positions are as follows:

Coordination.

Role and responsibilities:

- Head and ultimate responsible for the implementation of the strategy.
- Supervision and coordination of the three teams under their responsibility and meets with them on a regular basis.
- Visible face for the media and relations with other entities.
- Development of the detailed budget, as well as approval of all expenditures.
- Monitoring of actions and reporting.

Profile: experience coordinating teams. Skills in leadership, time management, external relations, budgeting.

Budget assigned: 40€/h

Financial Team

Role: to find the funding sources to implement the strategy, based primarily on public subsidies and grants. In charge of the whole funding process: grants research, application, and financial reporting, with the support of the other teams.

Profile: experience and familiarity with EU grants, such as Erasmus+ among others. Drafting skills, as well as English proficiency are required.

Budget assigned: 30€/h

Raising Awareness Team

Role: Implementation of the actions under *Cluster 1. Raising Awareness and collaboration with Mental Health Services Team in the implementation of Cluster 3. Data collection.*

Profile: experience in building campaigns, deep knowledge, and awareness on the mental health situation. Training in non-formal education is highly recommended.

Budget assigned: 30€/h

Mental Health Services Team

Role: Implementation of the actions under *Cluster 2. Mental Health Services collaboration with Raising Awareness Team in the implementation of Cluster 3. Data collection.*

Profile: experience working with administrations, policies, institutions and/or governments.

Budget assigned: 30€/h

6.2 Actions scheduling and budgeting

To implement this strategy a calendar overview is needed to develop the specific sub-objectives related to the actions and assign them the resources required. As commented before, the actions are projected in 5 years, with all the clusters working in parallel.

The general overview of the implementation of the actions is as follows:

<table>
<tr><th>Year</th><th>Cluster 1</th><th>Cluster 2</th><th>Cluster 3</th></tr>
<tr><td>1</td><td rowspan="2">A2. Mental health awareness collaborative campaign.</td><td>A8. Recommendations to implement in the mental health care system.</td><td rowspan="2">A9. Improvement on the data collection of mental health indicators.</td></tr>
<tr><td>2</td><td rowspan="2">A5 & A6. Rise in the number of mental health professionals in the public health system. Demands for increasing the opportunities for clinical psychologists.</td></tr>
<tr><td>3</td><td>A14. Collaborative grants database for stable funding of mental health activism.</td><td>-</td></tr>
<tr><td>4</td><td>A1. Tools for mental problems prevention in family and relatives.</td><td rowspan="2">A15. Coordinated international demand for financial transparency laws.</td><td>-</td></tr>
<tr><td>5</td><td>A7. Increase visibility of cases of abuse by mental health professionals.</td><td>-</td></tr>
</table>

All the steps to be followed for each of the sub-objectives in the different semesters are described in detail, as well as the hours dedicated by each team, and the steps for the mentioned Action 0 that includes the teambuilding phase and feedback sessions, can be found in the detailed calendar, that is included in the annexes section in Table 2.

For detailed planning, the classification of sub-objectives into levels is maintained. The following tables show for each sub-objective the responsible team, the time of implementation per semester, the number of hours invested by the team, the financial budget, and the monitoring indicators.

The budget reflected in these tables is the results of the calculations of the floating costs assigned to each sub-objective. The disaggregated budget with the calculation of the number of team members required in each semester can be found in the annexes section in Table 3.

A last column of process is added because there are actions that are considered to be initiated by the Mental Health Working Group team of AEGEE-Europe that was active during the 2020-2021 term. More information about AEGEE's projects and achievements can be found in their annual report, called Key to Europe 2019/2020.

(AEGEE-Europe, 2021)

Learning and Growth Level

Sub-objectives in Learning and Growth Level				Responsible	Calendar										Team hours
Cluster 1	1	A1	Training on facilitation of workshops and moderation in support groups.	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	1500
	2	A2	Training on campaigns development, funding and management.	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	180
Cluster 2	3	A8	Documentation on the internal functioning of the health care system.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	1400
Cluster 1	4	A14	Research on administrative and financial mechanisms.	Fundraising Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2400
Cluster 2	5	A15	Training on international law, statistics, policy, lobby, and advocacy.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	1600
	6	A5, A6	Research on the prevalence of mental health problems and the number of professionals required to cover current and future demand.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	1500
Cluster 1	7	A7	Research on the situation through anonymous voluntary interviews and other methodologies.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	1500
Cluster 3	8	A9	Training in statistics specialised in social aspects, in particular on the risk factors	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	180

Sub-objectives in Learning and Growth Level				Budget	KPI	Goal	Progress
Cluster 1	1	A1	Training on facilitation of workshops and moderation in support groups.	49.500 €	Number of multipliers trained	24	0
	2	A2	Training on campaigns development, funding and management.	7.011 €	Number of team members trained	3	0
Cluster 2	3	A8	Documentation on the internal functioning of the health care system.	42.000 €	Number of sources and/or archives consulted	15	0
Cluster 1	4	A14	Research on administrative and financial mechanisms.	72.000 €	Number of sources and/or archives consulted	50	0
Cluster 2	5	A15	Training on international law, statistics, policy, lobby, and advocacy.	49.000 €	Number of team members trained	4	0
	6	A5, A6	Research on the prevalence of mental health problems and the number of professionals required to cover current and future demand.	45.000 €	Number of sources and/or archives consulted	20	0
Cluster 1	7	A7	Research on the situation through anonymous voluntary interviews and other methodologies.	45.000 €	Number of conducted interviews	30	0
Cluster 3	8	A9	Training in statistics specialised in social aspects, in particular on the risk factors	6.400 €	Number of team members trained	2	0

Business Process level

Sub-objectives in Business Process Level				Responsible	Calendar										Team hours
Cluster 1	9	A1	Materials development and organization of spaces.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	500
	10	A2	Development, implementation and coordination of the campaign.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	7500
Cluster 2	11	A8	Development and implementation of a set of recommendations.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	4400
Cluster 1	12	A14	Database of funding opportunities to cover the annual budget for mental health activism.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	5200
Cluster 2	13	A15	Development of a reporting document on the financial transparency in different countries.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	6300
	14	A5	Development of a report to link better mental health care with more professionals hired.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2900
	15	A6	Development of a report on the situation and a campaign to put pressure on regulatory bodies.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	3200
Cluster 1	16	A7	Development of a report on the situation of abuse and mistreatment and an awareness campaign.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	3500
Cluster 3	17	A9	Development of a guide for the collection of disaggregated data of mental health risk factors.	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	4200

Sub-objectives in Business Process Level				Budget	KPI	Goal	Progress
Cluster 1	9	A1	Materials development and organization of spaces.	15.000 €	Number of workshops delivered and mutual support sessions facilitated.	150	5
	10	A2	Development, implementation and coordination of the campaign.	225.000 €	Estimated number of people from the general public reached by the campaign.	100.000	2000
Cluster 2	11	A8	Development and implementation of a set of recommendations.	132.000 €	Number of workshops delivered and mutual support sessions facilitated.	150	5
Cluster 1	12	A14	Database of funding opportunities to cover the annual budget for mental health activism.	156.000 €	Number of funding opportunities included in the database	30	0
Cluster 2	13	A15	Development of a reporting document on the financial transparency in different countries.	189.000 €	Number of stakeholders receiving the report	300	0
	14	A5	Development of a report to link better mental health care with more professionals hired.	87.000 €	Number of stakeholders receiving the report	5.000	0
	15	A6	Development of a report on the situation and a campaign to put pressure on regulatory bodies.	96.000 €	Number of stakeholders receiving the report	50	0
Cluster 1	16	A7	Development of a report on the situation of abuse and mistreatment and an awareness campaign.	105.000 €	Estimated number of targeted people reached by the campaign.	50.000	0
Cluster 3	17	A9	Development of a guide for the collection of disaggregated data of mental health risk factors.	126.000 €	Number of risk factors covered with a specific methodology	15	0

Stakeholders Level

Sub-objectives in Stakeholders Level				Responsible	Calendar										Team hours
Cluster 1	18	A1	Family and close circles of mentally affected people.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	200
Clusters 1&2	19	A1, A2, A8, A14, A5, A7	General population, including young people business employees and mental health care users.	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	10400
	20	A14, A15	Mental health civil and professional activist associations.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	5200
Cluster 2	21	A15	European institutions and state governments	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	4000
	22	A8, A5	Hospitals and healthcare centres.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	5200
	23	A6	Universities.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2200
Clusters 1&2	24	A8, A5, A6, A9	Regional and national governments	Raising Awareness Team & Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	3400
Cluster 3	25	A9	The main statistical centres, national and European.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	3200
Cluster 1	26	A7	Psychotherapy clinics, psychiatric inpatient facilities, day-care centres, hospitals, the Colleges of Psychologists, and Doctors.	Mental Health Services Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2700

Sub-objectives in Stakeholders Level				Budget	KPI	Goal	Progress
Cluster 1	18	A1	Family and close circles of mentally affected people.	6.000 €	Number of people attended the workshops delivered and mutual support sessions facilitated.	3.000	0
Clusters 1&2	19	A1, A2, A8, A14, A5, A7	General population, including young people business employees and mental health care users.	312.000 €	Number of people reached on social media and stakeholders reports.	250.000	3.000
	20	A14, A15	Mental health civil and professional activist associations.	156.000 €	Number of mental health civil and professional activist associations contacted to collaborate in these actions.	500	10
Cluster 2	21	A15	European institutions and state governments	120.000 €	Number of European institutions and state governments directly contacted to contribute to this action.	100	1
	22	A8, A5	Hospitals and healthcare centres.	156.000 €	Number of hospitals and healthcare centres contacted, directly or indirectly, to contribute to these actions.	2.000	0
	23	A6	Universities.	66.000 €	Number of universities offering specialization in clinical psychology and state governments directly contacted to contribute to this action.	30	0
Clusters 1&2	24	A8, A5, A6, A9	Regional and national governments	102.000 €	Number of autonomic and national governmental bodies contacted to contribute to these actions.	50	0
Cluster 3	25	A9	The main statistical centres, national and European.	96.000 €	Number of statistical centres, national and European directly contacted to contribute to this action.	8	0
Cluster 1	26	A7	Psychotherapy clinics, psychiatric inpatient facilities, day-care centres, hospitals, the Colleges of Psychologists, and Doctors.	81.000 €	Number of the mentioned stakeholders directly contacted to contribute to this action.	200	0

Finances level

Sub-objectives in Finances level				Responsible	Calendar										Team hours
Cluster 1	27	A1, A2, A15, A14	Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.	Fundraising Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	5010
Cluster 2	28	A15	Crowdfunding campaigns and collaboration among entities.	Raising Awareness Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2740
Clusters 1&2	29	A8, A5, A6, A7	Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.	Fundraising Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	6750
Cluster 3	30	A9	Application for subsidies and grants to the Ministry of Economic Affairs and Digital Transformation.	Fundraising Team	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	2430

Sub-objectives in Finances level				Budget	KPI	Goal	Progress
Cluster 1	27	A1, A2, A15, A14	Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.	150.300 €	Number of grants submitted	6	0
Cluster 2	28	A15	Crowdfunding campaigns and collaboration among entities.	82.200 €	Number of people that contributed to the campaign	800.000	0
Clusters 1&2	29	A8, A5, A6, A7	Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.	202.500 €	Number of grants submitted	6	0
Cluster 3	30	A9	Application for subsidies and grants to the Ministry of Economic Affairs and Digital Transformation.	72.900 €	Number of grants submitted	2	0

As commented before, these tables show only the budget assigned to the sub-objectives by working hours assigned and other costs, all of it described in the detailed calendar of the annexes. For the final budget, two more concepts are considered as fixed costs: coordination working hours, which will remain stable throughout the strategy, as well as the facilities in the aforementioned coworking space, which will be located in Madrid.

These costs have been calculated on the basis of the salary assigned to the coordinator and an estimated rental budget of €1000 for the coworking space. It is considered that as it is a space dedicated to office work, the costs of internet connection, electricity and water are included. The whole budget has been calculated at constant euro value, without considering the effects of inflation. The budget summary is the following:

Semester	Fixed costs		Floating costs							TOTAL
	Coordination	Infrastructure	Financial Team		Raising Awareness		MH Services Team		Others	
			Members	Costs	Members	Costs	Members	Costs		
1	67.200 €	6.000 €	5	256.846 €	3	162.346 €	7	356.192 €	5.888 €	**854.472 €**
2	67.200 €	6.000 €	1	50.594 €	3	176.012 €	5	263.631 €	0 €	**563.437 €**
3	67.200 €	6.000 €	2	101.188 €	3	166.320 €	6	307.440 €	0 €	**648.148 €**
4	67.200 €	6.000 €	2	75.988 €	3	156.628 €	4	219.822 €	0 €	**525.637 €**
5	67.200 €	6.000 €	2	75.988 €	5	258.785 €	4	185.898 €	0 €	**593.871 €**
6	67.200 €	6.000 €	1	50.594 €	5	258.785 €	4	185.898 €	0 €	**568.477 €**
7	67.200 €	6.000 €	1	37.994 €	2	98.280 €	4	201.600 €	5.500 €	**416.574 €**
8	67.200 €	6.000 €	1	25.394 €	1	59.317 €	5	229.708 €	0 €	**387.618 €**
9	67.200 €	6.000 €	1	33.148 €	6	278.363 €	5	229.708 €	0 €	**614.418 €**
10	67.200 €	6.000 €	1	43.325 €	3	146.935 €	4	210.129 €	0 €	**473.589 €**
TOTAL	**672.000 €**	**60.000 €**	**751.057 €**		**1.761.771 €**		**2.390.026 €**		**11.388 €**	**5.646.241 €**

7. Conclusions

The problem of mental health represents a challenge for Spanish society as a whole. Thanks to the actions and efforts of different associations over the last decades, we have seen how this problem has been gaining in visibility and importance.

However, we have also seen how the prevalence of mental health problems has increased and that there is still a great lack of knowledge and generalised lack of awareness.

This 5-year strategy aims to contribute to a change in the way we think about the problem. Actions ranging from awareness-raising campaigns and support for affected people and their families, to improving access to and quality of public mental health services, as well as better data collection to detect the factors that contribute most to the problem, are expected to bring about change in the upcoming years.

These actions are expected to be carried out by three coordinated teams, which together will vary between 7 and 16 people, depending on the semester and the workload. The implementation of the action plan presented here has an estimated overall budget of 5,650,000 euros.

Over 5 years the situation will evolve, as there are many factors influencing the situation, directly or indirectly, as well as many other initiatives aimed at tackling the same problem. It is therefore necessary to insist on flexibility and adaptation to circumstances when implementing this strategy.

Annexes

1. Key concepts

For this Project, the definitions used are the ones given by the World Health Organization:

Mental Health is a state of well-being in which an individual can realize his or her own potential, cope with the normal stresses of life, work productively and make a contribution to the community. (Strengthening mental health promotion, Fact sheet No 220, WHO, 2001).

Mental health promotion. "Aims to protect, support and sustain emotional and social well-being and create individual, social and environmental conditions that enable optimal psychological and psychophysiological development and improve the coping capacity of individuals. Mental health promotion refers to positive mental health rather than mental ill health." (Policies and practices for mental health in Europe. Meeting the challenges, ISBN 978 92 890 4279 6, WHO/Europe, 2008).

Stigma. A distinguishing mark establishing a demarcation between the stigmatized person and others attributing negative characteristics to this person. The stigma attached to mental illness often leads to social exclusion and discrimination and creates an additional burden for the affected individual. (Policies and practices for mental health in Europe. Meeting the challenges, ISBN 978 92 890 4279 6, WHO/Europe, 2008).

Mental disorder prevention: Focuses on reducing risk factors and enhancing protective factors associated with mental ill health with the aim of reducing the risk, incidence,

(WHO, 2021)

2. Tables

Table 1. Prevalence of mental health disorders in Spain 2001-2017. Own elaboration.

Year	Chronic Depression		Chronic Anxiety		Others		Total mental health diagnosis		Total respondents
	Abs. (k)	%	Abs. (k)	%	Abs. (k)	%	Abs. (k)	%	Abs. (k)
2017	2605	6,67%	2630,8	6,73%	810,4	2,07%	6046,2	15,48%	39.069,70
2011/2012	2282,1	5,89%	2600,1	6,71%	626,3	1,62%	5508,5	14,22%	38.726,90
2006	--	--	--	--	--	--	5.144,50	13,74%	37.428,80
2003	1.910,40	4,56%	--	--	717,8	1,71%	2.628,20	6,27%	41.923,50
2001	1430,78	6,50%	--	--	--	--	1430,78	6,50%	22.012,00

Mental health diagnosis prevalence in the last 20 years. The absolute results come in thousands (k). Statistics from 1990-2000 do not apply, as the research method and reach are not relatable. Not better structured data was found.

(MINISTERIO DE SANIDAD, 2001 - 2017)

Table 2. Detailed calendar by sub-objectives.

Year 1

Actions		Sub-objectives	Resources	
			Semester 1	**Semester 2**
A0	0	**Teambuilding and methodology agreements**	All profiles involved: - 2 days training and teambuilding trip. Expenses of at least 200€ per person - 2h/person every 3 months - Total expenses depends on the number of members of each team	All profiles involved: - 2h/person every 3 months
Sub-objectives in Learning and Growth level			**Semester 1**	**Semester 2**
A2	2	**Training on campaigns development, funding and management.**	Raising Awareness Team - Marketing course on those fields for the whole team. Budget of 500€ per team member. - Team dedication of 60h per team member.	
A8	3	**Documentation on the internal functioning of the health care system.**	MH Services Team - Research on the internal functioning, competences, hierarchies and responsibility delegation of the public healthcare system, from the Ministry of Health, Consumer Affairs and Social Welfare, to the regional governments and to the doctors in the hospitals. Random interviews to different professionals in different level positions is recommended. - Team dedication of 1400 h.	
A9	8	**Training in statistics specialised in social aspects, in particular on the risk factors**	1 member from Raising Awareness Team & 1 member from MH Services Team - Course on data collection and statistics development on social and mental health topics to understand risk factors. Budget of 500€ per team member - Team dedication of 90h per team member.	
Sub-objectives in Business Process level			**Semester 1**	**Semester 2**
A2	10	**Development, implementation and coordination of the campaign.**	Raising Awareness Team - Contact with professionals on the field to collect and verify the information that will be used in the campaign. - Research information and development of materials for a raising awareness campaing with focus on the stigma and how it prevents seeking for help. - Team dedication of 1500 h.	Raising Awareness Team - Campaign implementation - Measurement of indicators and biweekly adjustments. -Team dedication 2000 h.
A8	11	**Development and implementation of a set of recommendations.**	MH Services Team - Development of a set of recommendations to implement in the organizational structure and internal funcitoning of the public healthcare system to improve the access to mental health services by the general population. - Materials creation to train the specific professionals to implement the changes. - Team dedication of 2400 h.	MH Services Team - Dissemination of the set of recommendations and training of the different professionals involved. - Follow-up and support of the implementation of the developed set of recommendations in the different stakeholders. - Team dedication of 2000 h.
A9	17	**Development of a guide for the collection of disaggregated data of mental health risk factors.**	1 member from Raising Awareness Team & 1 member from MH Services Team - Development of a report on how the lack of appropriate data influences the decision-making process. - Research on new methodologies for data collection and statistics that can have a positive impact on the decision-making process and measures implementation. - Team dedication of 1300 h.	1 member from Raising Awareness Team & 1 member from MH Services Team - Organization and prioritization of the new methodologies developed to include them in the manual. Development of the manual in general with recommendations and close collaboration with the stakeholders. - Team dedication of 1400 h.
Sub-objectives in Stakeholders level			**Semester 1**	**Semester 2**
A2, A8, A14, A5, A7	19	**General population, including young people business employees and mental health care users.**	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h
A8 & A5	22	**Hospitals and healthcare centres.**	MH Services Team (A8) - Contact to hospitals and helathcare centers to research on the internal functioning and possible improvement points and recommendations from professionals. - Team dedication 1000h	MH Services Team (A8) - Dissemination and training of professionals in hospitals and helathcare centers to implement the developed set of recommendations. - Team dedication 1000h
A8, A5, A6, A9	24	**Regional and national governments**	MH Services Team (A8) - IMplementation and follow-up of the previously discussed actions and improvements. Modifications to adapt these changes to possible new circumstances might remain negotiable. - Team dedication of 800h.	MH Services Team (A8) - Negotiation with regional and national governments and administration to explore the possibilities for improvement and research on new methodologies and protocols to implement in the mental health care system. - Team dedication of 800h.
A9	25	**The main statistical centres, national and European.**	1 member from Raising Awareness Team & 1 member from MH Services Team - Contact the main statistical centers, including the INE, and research on the current methodologies applied to this topic. - Team dedication of 600h	1 member from Raising Awareness Team & 1 member from MH Services Team - Collaboration with the main statistical centers, including the INE, for the development of the manual. - Team dedication of 800h
Sub-objectives in Finances level			**Semester 1**	**Semester 2**
A1, A2, A15, A14	27	**Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.**	Financial Team - Research on the possibilities for funding of the Erasmus+ Programme on our actions, requirements and deadlines. - Development of a calendar to apply to all of the necessary grants to cover the actions related to this sub-objective. - Application for Action 2, first year fundings. - Team dedication of at least 2000h	Financial Team - Reporting of funds covering Action 2, first year fundings. - Team dedication of at least 350h
A8, A5, A6, A7	29	**Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.**	Financial Team - Research on the possibilities for funding by the Ministry of Health, Consumer Affairs and Social Welfare on Action 8, Action 5, Action 6 and Action 7, requirements and deadlines. - Application for Action 8 expenses for the first year. - Team dedication of at least 2200h	Financial Team - Reporting of the expenses for Action 8. - Team dedication of at least 350h
A9	30	**Application for subsidies and grants to the Ministry of Economic Affairs and Digital Transformation.**	Financial Team - Research on the possibilities for funding by the Ministry of Economic Affairs and Digital Transformation on Action 9, requirements and deadlines. - Application for Action 9 expenses for the first year - Team dedication of at least 1000h	Financial Team - Reporting of the first financial year for Action 9 - Team dedication of at least 340h

Year 2

Actions	Sub-objectives		Resources	
			Semester 3	**Semester 4**
A0	0	**Teambuilding and methodology agreements**	All profiles involved: - 2h/person every 3 months	All profiles involved: - 2h/person every 3 months
Sub-objectives in Learning and Growth level			**Semester 3**	**Semester 4**
A5&A6	6	**Research on the prevalence of mental health problems and the number of professionals required to cover current and future demand.**	MH Services Team - Deep research on the current demand for mental health professionals in the public health care system by the general population, teking into account the potential risk factors that will impact this demand such as the climate emergency, COVID-19 measures and the precarious economic situation. - Research and understanding of the internal functioning of public mental health care services, professionals and resources dedicated to it and its evolution in the last decades, as well as the offer for specialization on those professions, specifically on clinical psychology.	
Sub-objectives in Business Process level			**Semester 3**	**Semester 4**
A2	10	**Development, implementation and coordination of the campaign.**	Raising Awareness Team - Campaign reevaluation and updating with the available new data. Once updated, proceed with implementation. - Measurement of indicators and biweekly adjustments. -Team dedication 2000 h.	Raising Awareness Team - Campaign implementation - Measurement of indicators and biweekly adjustments. -Team dedication 2000 h.
A5	14	**Development of a report to link better mental health care with more professionals hired.**	MH Services Team - Data collection and the development of a report to show the disparities between the mental health services demands from the population with the offered services in the public healthcare system. Specific numbers of mental health professionals hired and the protocols to access their services. - Team dedication of 800 h.	MH Services Team - Dissemination of the report among the related stakeholders, including hospitals, healthcare centers, governments and administrations. - Team dedication of 700 h.
A6	15	**Development of a report on the situation and a campaign to put pressure on regulatory bodies.**	MH Services Team - Development of a report on the access to the specific higher education required to perform psychological therapy, as well as the number of graduates per year in relation to the number of jobs available in this sector. Contributions from universities and the two ministries in charge of the PIR examination. - Team dedication of 800 h.	MH Services Team - Dissemination of the report among universities dedicated to this kind of specialization. Negotiation and development of improvements to increase the offer in the following year with quality guarantees. - Dissemination of the report in the Ministry of Health, Consumer Affairs and Social Welfare and the Ministry of Education and
A9	17	**Development of a guide for the collection of disaggregated data of mental health risk factors.**	1 member from Raising Awareness Team & 1 member from MH Services Team - Finalization and presentation of the manual to our stakeholders. Creation of shorter and clear materials to train the proffessionals dedicated to it. - Training of the professionals that will implement the measures presented in the manual within their entities. - Team dedication of 800 h.	1 member from Raising Awareness Team & 1 member from MH Services Team - Development of a follow-up methodology for the implementation of the manual and its future impact. - Team dedication of 600 h.
Sub-objectives in Stakeholders level			**Semester 3**	**Semester 4**
A2, A8, A14, A5, A7	19	**General population, including young people business employees and mental health care users.**	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h
A8 & A5	22	**Hospitals and healthcare centres.**	MH Services Team (A5) - Contact, contribution in the data collection, and collaboration with the hospitals and healthcare centers for the development of the report, exchange of ideas and proposals creation. - Team dedication of 800h.	MH Services Team (A5) - Dissemination and mutual understanding with stakeholders training and raising awareness if needed with professionals and managers. Closer communication in this process to adapt these actions to the real needs and possibilities of the hospitals and healthcare centers.
A6	23	**Universities.**	MH Services Team (A6) - Contact with the main universities in this field, seeking collaboration and contributions from universities in the evaluation of the situation in need for more specialised professionals in clinical psychology.	MH Services Team (A6) - Dissemination of the report among universities dedicated to this kind of specialization. Negotiation and development of improvements to increase the offer in the following year with quality guarantees.
A8, A5, A6, A9	24	**Regional and national governments**	MH Services Team (A5 & A6) - Contact with the autonomic and national government working in the health areas to share and collect information on the access to mental health care on one hand and on the opportunities for professional specialisation in clinical psychology through PIR examination, on the other hand. Seek for collaboration and contributions from the ministys involved and the bodies related in the decision-making process.	MH Services Team (A5 & A6) - Negotiation together with other stakeholders in the development of the applicable measures. - Team dedication of 400h.
A9	25	**The main statistical centres, national and European.**	1 member from Raising Awareness Team & 1 member from MH Services Team - Dissemination of the manual to the main statistical centers, including the INE, and support in the planning for implementing the different new methodologies. - Team dedication of 1000h	1 member from Raising Awareness Team & 1 member from MH Services Team - Implementation of the new methodologies and the plan developed in the previous semester in the main statistical centers, including the INE. Supervision and support of this implementation. - Team dedication of 800h
Sub-objectives in Finances level			**Semester 3**	**Semester 4**
A1, A2, A15, A14	27	**Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.**	Financial Team - Application for Action 2, second year fundings. - Team dedication of at least 540h	Financial Team - Reporting of funds covering Action 2, second year fundings. - Team dedication of at least 360h
A8, A5, A6, A7	29	**Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.**	Financial Team - Application for Action 5 and Action 6 expenses for the first year - Team dedication of at least 1000h	Financial Team - Reporting of the expenses for the first year of Action 5 and Action 6. - Team dedication of at least 650h
A9	30	**Application for subsidies and grants to the Ministry of Economic Affairs and Digital Transformation.**	Financial Team - Application for Action 9 expenses for the second year - Team dedication of at least 540h	Financial Team - Final financial Report for Action 9 - Team dedication of at least 550h

Year 3

Actions	Sub-objectives		Resources	
			Semester 5	**Semester 6**
A0	0	**Teambuilding and methodology agreements**	All profiles involved: - 2h/person every 3 months	All profiles involved: - 2h/person every 3 months
Sub-objectives in Learning and Growth level			**Semester 5**	**Semester 6**
A14	4	**Research on administrative and financial mechanisms.**	Financial Team & Raising Awareness Team - Research on the most common and accessible funding mechanisms as well as contacts for promotion and dissemination able to reach our target. - Team dedication of at least 2400 hours.	
Sub-objectives in Business Process level			**Semester 5**	**Semester 6**
A14	12	**Database of funding opportunities to cover the annual budget for mental health activism.**	Financial Team & Raising Awareness Team - Kick-off the development of a database with all the relevant information accessible on the funding opportunities for different kind of organizations and projects. - Team dedication 1600 h.	Financial Team & Raising Awareness Team - Continue with the development of a database with all the relevant information accessible on the funding opportunities for different kind of organizations and projects. - Collaboration with other relevant entities that will use it in the future for feedback and improvements. - Automation of the database to continue updating data after the action is finalised. Hiring of a TIC expert in automation, budget of maximum 3000 €. - Team dedication of 3600 h.
A5	14	**Development of a report to link better mental health care with more professionals hired.**	MH Services Team - Negotiation and development of the needed measures to improve the situation, together with the stakeholders involved, including hospitals, administrations and governments. - Team dedication of 700 h.	MH Services Team - Implementation of the developed measures and measurement of the goals achieved. - Team dedication of 700 h.
A6	15	**Development of a report on the situation and a campaign to put pressure on regulatory bodies.**	MH Services Team - Implementation and follow-up of the measures negotiated previously. Support in the challenges that may appear in its implementation. - Negotiation and proposal of new measures and ways of implementing the improvements showed in the report, as well as planning and allocation of responsibilities. - Team dedication of 800 h.	MH Services Team - Measurement of the goals achieved and improvements made. Possibility of sending a survey to the students to collect data from their perspective. - Implementation and follow-up of the actions agreed previously, as well as support in the decision-making process to make the improvements needed. - Team dedication of 800 h.
Sub-objectives in Stakeholders level			**Semester 5**	**Semester 6**
A2, A8, A14, A5, A7	19	**General population, including young people business employees and mental health care users.**	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h
A14 & A15	20	**Mental health civil and professional activist associations.**	Raising Awareness Team (A14) - Contact other organizations related to mental health awareness to create synergies and collaborate together in the creation of a funding database. - Team dedication of 800 h.	Raising Awareness Team (A14) - Dissemination of the database with all the organizations related to mental health awareness and training sessions for the finances responsibles to use it properly and contribute to it. - Team dedication of 1200 h.
A8 & A5	22	**Hospitals and healthcare centres.**	MH Services Team (A5) - Negotiation and development of proposals for improvement, actions and measures to take. Need to build up agreements to achive together a better access and quality of mental health care in the public health care system. - Team dedication of 800h.	MH Services Team (A5) - Support and follow-up in the implementation of the agreements and measures to carry out. - Team dedication of 800h.
A6	23	**Universities.**	MH Services Team (A6) - Implementation in the universities protocols and follow-up of the measures negotiated previously. Support in the challenges that may appear in its implementation. - Negotiation and proposal of new measures and ways of implementing the improvements showed in the report, as well as planning and allocation of responsibilities. - Team dedication of 600 h.	MH Services Team (A6) - Measurement of the goals achieved and improvements made. Possibility of sending a survey to the students to collect data from their perspective. - Team dedication of 600h.
A8, A5, A6, A9	24	**Regional and national governments**	MH Services Team (A5 & A6) - Implementation of the discussed measures and actions, support from the team and other stakeholders. - Team dedication of 400h.	MH Services Team (A5 & A6) - Follow-up and measurement of indicators in the last part of the implementation process. If needed, suitable modifications can be discussed among the stakeholders. - Team dedication of 400h.
Sub-objectives in Finances level			**Semester 5**	**Semester 6**
A1, A2, A15, A14	27	**Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.**	Financial Team - Application for Action 14 fundings. - Team dedication of at least 560h	Financial Team - Reporting of funds covering Action 14 - Team dedication of at least 340h
A8, A5, A6, A7	29	**Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.**	Financial Team - Application for Action 5 and Action 6 expenses for the second year - Team dedication of at least 1000h	Financial Team - Reporting of the expenses for the second year of Action 5 and Action 6. - Team dedication of at least 700h

Year 4

Actions	Sub-objectives		Resources	
			Semester 7	**Semester 8**
A0	0	**Teambuilding and methodology agreements**	All profiles involved: - 2h/person every 3 months	All profiles involved: - 2h/person every 3 months
Sub-objectives in Learning and Growth level			**Semester 7**	**Semester 8**
A1	1	**Training on facilitation of workshops and moderation in support groups.**	Raising Awareness Team - Organization of a 5-day Training Course for 24 multipliers on mental health workshops delivering and mutual support groups facilitation. Hire at least 2 specialised trainers to develop and deliver it. - Promotion of the Training Course to attract participants from different European countries, as it will be funded by Erasmus+ Programme. Promotion expenses up to 500€ - Expenses of 2000€ per trainer, team dedication of at least 1500h.	
A15	5	**Training on international law, statistics, policy, lobby, and advocacy.**	MH Services Team - Research on international law, examples of the enforcement of sunshine laws in other european countries and their effects. - Training on policy and advocacy, and how to promote the implementation of this legal measures in the long term. Expenses up to 1000€. - Contact and present the proposal for future collaboration to affinity organisations, exchange of ideas and synergies. - Team dedication of at least 1600 h.	
Sub-objectives in Business Process level			**Semester 7**	**Semester 8**
A1	9	**Materials development and organization of spaces.**		Raising Awareness Team - Follow-up on the participants to implement mental health workshops and mutual support groups in their local communities. Provide them with the promotion materials needed and support. - Team dedication of at least 500h.
A15	13	**Development of a reporting document on the financial transparency in different countries.**		MH Services Team - Development of a report on the impact of sunshine laws in the overmedicalisation and mental problems derived from it in different countries. - Development of a joint policy paper together with other stakeholders with proposals to change the situation. - Lobby with affinity organisations in order to present the proposal to governments and institutions. - Team dedication of at least 2400 h.
Sub-objectives in Stakeholders level			**Semester 7**	**Semester 8**
A1	18	**Family and close circles of mentally affected people.**		Raising Awareness Team - Participants that implemented the action are responsible for the report and data collection on how many people, familiars or close circle of mentally affected attended workshops or mutual support groups. - Team dedication of 200h for the development of the survey and data management.
A2, A8, A14, A5, A7	19	**General population, including young people business employees and mental health care users.**	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h
A14 & A15	20	**Mental health civil and professional activist associations.**	MH Services Team - Contact and present the proposal for future collaboration to local, national and international organizations that work in mental health issues from a civil or professional perspective. Exchange of ideas and synergies. - Team dedication of at least 800 h.	MH Services Team - Dissemination of the Report and seek for contributions on the Policy Paper. - Deeper contact to collaborate together and lobby to put pressure on the institutions and governments - Team dedication of at least 800 h.
A15	21	**European institutions and state governments**	MH Services Team - Contact and present the proposal for future collaboration the European Institutions, in particular to the bodies and entities dedicated to the implementation of the political Agenda for the Sustainable and Development Goals and the European Youth Goals. Exchange of ideas and synergies. - Team dedication of at least 500 h.	MH Services Team - Dissemination of the Report to different stakeholders, with focus on the ones that play a role in the decission-making process, and continue with the collaboration on the Policy Paper development. - Team dedication of at least 1000 h.
Sub-objectives in Finances level			**Semester 7**	**Semester 8**
A1, A2, A15, A14	27	**Grants by the European Commission in the Youth chapter of the "Erasmus+" Programme.**	Financial Team - Application for Action 1 fundings - Team dedication of at least 520h	Financial Team - Reporting of funds covering Action 1 - Team dedication of at least 340h
A15	28	**Crowdfunding campaigns and collaboration among entities.**	MH Services Team & Financial Team - Development of a crowdfunding campaign to cover the expenses of mobilisation actions and governmental pressure, as well as the development of the development of reports to substantiate changes in the legislation against corporate pharmaceutical interests. - Team dedication of at least 240 h + 260 h	MH Services Team & Financial Team - Implementation of the crowdfunding campaign. Kick-off and automation of functions. - Team dedication of at least 820 h + 180 h.

Year 5

Actions	Sub-objectives		Resources	
			Semester 9	**Semester 10**
A0	0	**Teambuilding and methodology agreements**	All profiles involved: - 2h/person every 3 months	All profiles involved: - 2h/person every 3 months
Sub-objectives in Learning and Growth level			**Semester 9**	**Semester 10**
A7	7	**Research on the situation through anonymous voluntary interviews and other methodologies.**	Raising Awareness Team - Development of a methodology to collect relevant information on cases of psychological abuse by mental health professionals. The development of templates for surveys and interviews is recommended. - Team dedication of 1500 h.	
Sub-objectives in Business Process level			**Semester 9**	**Semester 10**
A15	13	**Development of a reporting document on the financial transparency in different countries.**	MH Services Team - Dissemination of the report among the relevant stakeholders, including the general population and institutions. Use of this report to push on the crowdfunding campaign. - Continue with the development of a joint policy paper together with other stakeholders with proposals to change the situation. - Advocacy together with stakeholders to pressure governments and institutions into legislating and enforcing the 'Sunshine' laws.	MH Services Team - Dissemination of the joint policy paper among other stakeholders, including institutions and the general population. - Advocacy together with stakeholders to pressure governments and institutions into legislating and enforcing the 'Sunshine' laws. - Team dedication of at least 1500 h.
A7	16	**Development of a report on the situation of abuse and mistreatment and an awareness campaign.**	Raising Awareness Team - Carry out the prepared surveys and interviews on the affected people. - Development of an awareness-raising campaign to raise public sensitivity to the problem. - Team dedication of 2500 h	Raising Awareness Team - Implementation of the campaing showing the relavant data collected and personal stories to raise awareness in the different spaces. Special collaboration with stakeholders. - Team dedication of 1000 h
Sub-objectives in Stakeholders level			**Semester 9**	**Semester 10**
A2, A8, A14, A5, A7	19	**General population, including young people business employees and mental health care users.**	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h	Raising Awareness Team & MH Services Team - Measurement of the reach on social media and reports from stakeholders. - Team dedication of 1040 h
A14 & A15	20	**Mental health civil and professional activist associations.**	MH Services Team - Dissemination of the Report and the Policy Paper. - Deeper contact to collaborate together and lobby to put pressure on the institutions and governments - Team dedication of at least 800 h.	MH Services Team - Dissemination of the Report and the Policy Paper. - Deeper contact to collaborate together and lobby to put pressure on the institutions and governments - Team dedication of at least 800 h.
A15	21	**European institutions and state governments**	MH Services Team - Deeper contact and collaboration with stakeholders to contribute to the development of the Report and the Policy Paper. - Team dedication of at least 1000 h.	MH Services Team - Collaboration and support on the implementation of the policies collected on the policy paper developed previously. Follow-up on its implementation in the different levels, local, national and European. - Team dedication of at least 1500 h.
A7	26	**Psychotherapy clinics, psychiatric inpatient facilities, day-care centres, hospitals, the Colleges of Psychologists, and Doctors.**	Raising Awareness Team - Contact associations in first person, mutual help groups, day centres and psychiatric centres to find the people affected. - Team dedication of 1200 h.	Raising Awareness Team - Implementation of the campaing specially in psychotherapy clinics, psychiatric inpatient facilities, day-care centres, hospitals, and the Colleges of Psychologists, and Doctors, showing the relavant data collected and anonimous personal stories to raise awareness in the different spaces.
Sub-objectives in Finances level			**Semester 9**	**Semester 10**
A15	28	**Crowdfunding campaigns and collaboration among entities.**	MH Services Team & Financial Team - Implementation of the crowdfunding campaign. - Team dedication of at least 260 + 180 h.	MH Services Team & Financial Team - Closing of the crowdfunding campaign. - Report of the results of the campaign. - Team dedication of at least 260 + 540 h.
A8, A5, A6, A7	29	**Application for subsidies and grants by the Ministry of Health, Consumer Affairs and Social Welfare.**	Financial Team - Application for Action 7 expenses. - Team dedication of at least 500h	Financial Team - Reporting of the expenses for Action 7 - Team dedication of at least 350h

Table 3. Disaggregated budget by sub-objectives.

Semesters 1 to 5

	Action	Sub-objective	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5
Fundraising Team 30€/h	A0	**0**	100	4	8	8	8
	A1, A2, A14	**27**	2000	350	540	360	560
	A15	**28**	-	-	-	-	-
	A8, A5, A6, A7	**29**	2200	350	1000	650	1000
	A9	**30**	1000	340	540	550	-
	Total team hours		5300	1044	2088	1568	1568
	Team members		5	1	2	2	2
	Total expenses		**256.846 €**	**50.594 €**	**101.188 €**	**75.988 €**	**75.988 €**
Raising Awareness Team 30€/h	**Action**	**Sub-objective**	**Semester 1**	**Semester 2**	**Semester 3**	**Semester 4**	**Semester 5**
	A0	**0**	60	12	12	12	20
	A1	**1**	-	-	-	-	-
	A2	**2**	180	-	-	-	-
	A14	**4**	-	-	-	-	2400
	A7	**7**	-	-	-	-	-
	A9	**8**	90	-	-	-	-
	A1	**9**	-	-	-	-	-
	A2	**10**	1500	2000	2000	2000	-
	A14	**12**	-	-	-	-	1600
	A7	**16**	-	-	-	-	-
	A9	**17**	700	700	400	300	-
	A1	**18**	-	-	-	-	-
	A2, A8, A14, A5, A7	**19**	520	520	520	520	520
	A14, A15	**20**	-	-	-	-	800
	A9	**25**	300	400	500	400	-
	A7	**26**	-	-	-	-	-
	Total team hours		3350	3632	3432	3232	5340
	Team members		3	3	3	3	5
	Total expenses		**162.346 €**	**176.012 €**	**166.320 €**	**156.628 €**	**258.785 €**
Mental Health Services Team 30€/h	**Action**	**Sub-objective**	**Semester 1**	**Semester 2**	**Semester 3**	**Semester 4**	**Semester 5**
	A0	**0**	140	20	24	16	16
	A8	**3**	1400	-	-	-	-
	A15	**5**	-	-	-	-	-
	A5, A6	**6**	-	-	1500	-	-
	A9	**8**	90	-	-	-	-
	A8	**11**	2400	2000	-	-	-
	A15	**13**	-	-	-	-	-
	A5	**14**	-	-	800	700	700
	A6	**15**	-	-	800	800	800
	A9	**17**	700	700	400	300	-
	A2, A8, A14, A5, A7	**19**	520	520	520	520	520
	A14, A15	**20**	-	-	-	-	-
	A15	**21**	-	-	-	-	-
	A8, A5	**22**	1000	1000	800	800	800
	A6	**23**	-	-	400	600	600
	A8, A5, A6, A9	**24**	800	800	600	400	400
	A9	**25**	300	400	500	400	-
	A15	**28**	-	-	-	-	-
	Total team hours		7350	5440	6344	4536	3836
	Team members		7	5	6	4	4
	Total expenses		**356.192 €**	**263.631 €**	**307.440 €**	**219.822 €**	**185.898 €**
Others	**Action**	**Sub-objective**	**Semester 1**	**Semester 2**	**Semester 3**	**Semester 4**	**Semester 5**
	A0	**0**	3.277 €	-	-	-	-
	A1	**1**	-	-	-	-	-
	A2	**2**	1.611 €	-	-	-	-
	A15	**5**	-	-	-	-	-
	A9	**8**	1.000 €	-	-	-	-
	Total expenses		**5.888 €**	**0 €**	**0 €**	**0 €**	**0 €**
Global floating costs			**781.272 €**	**490.237 €**	**574.948 €**	**452.437 €**	**520.671 €**

Semesters 6 to 10

	Action	Sub-objective	Semester 6	Semester 7	Semester 8	Semester 9	Semester 10
Fundraising Team 30€/h	A0	**0**	4	4	4	4	4
	A1, A2, A14	**27**	340	520	340	-	-
	A15	**28**	-	260	180	180	540
	A8, A5, A6, A7	**29**	700	-	-	500	350
	A9	**30**	-	-	-	-	-
	Total team hours		1044	784	524	684	894
	Team members		1	1	1	1	1
	Total expenses		**50.594 €**	**37.994 €**	**25.394 €**	**33.148 €**	**43.325 €**
Raising Awareness Team 30€/h	**Action**	**Sub-objective**	**Semester 6**	**Semester 7**	**Semester 8**	**Semester 9**	**Semester 10**
	A0	**0**	20	8	4	24	12
	A1	**1**	-	1500	-	-	-
	A2	**2**	-	-	-	-	-
	A14	**4**	-	-	-	-	-
	A7	**7**	-	-	-	1500	-
	A9	**8**	-	-	-	-	-
	A1	**9**	-	-	500	-	-
	A2	**10**	-	-	-	-	-
	A14	**12**	3600	-	-	-	-
	A7	**16**	-	-	-	2500	1000
	A9	**17**	-	-	-	-	-
	A1	**18**	-	-	200	-	-
	A2, A8, A14, A5, A7	**19**	520	520	520	520	520
	A14, A15	**20**	1200	-	-	-	-
	A9	**25**	-	-	-	-	-
	A7	**26**	-	-	-	1200	1500
	Total team hours		5340	2028	1224	5744	3032
	Team members		5	2	1	6	3
	Total expenses		**258.785 €**	**98.280 €**	**59.317 €**	**278.363 €**	**146.935 €**
Mental Health Services Team 30€/h	**Action**	**Sub-objective**	**Semester 6**	**Semester 7**	**Semester 8**	**Semester 9**	**Semester 10**
	A0	**0**	16	12	20	20	16
	A8	**3**	-	-	-	-	-
	A15	**5**	-	1600	-	-	-
	A5, A6	**6**	-	-	-	-	-
	A9	**8**	-	-	-	-	-
	A8	**11**	-	-	-	-	-
	A15	**13**	-	-	2400	2400	1500
	A5	**14**	700	-	-	-	-
	A6	**15**	800	-	-	-	-
	A9	**17**	-	-	-	-	-
	A2, A8, A14, A5, A7	**19**	520	520	520	520	520
	A14, A15	**20**	-	800	800	800	800
	A15	**21**	-	500	1000	1000	1500
	A8, A5	**22**	800	-	-	-	-
	A6	**23**	600	-	-	-	-
	A8, A5, A6, A9	**24**	400	-	-	-	-
	A9	**25**	-	-	-	-	-
	A15	**28**	-	240	820	260	260
	Total team hours		3836	3672	5560	5000	4596
	Team members		4	4	5	5	4
	Total expenses		**185.898 €**	**177.951 €**	**269.446 €**	**242.308 €**	**222.729 €**
Others	**Action**	**Sub-objective**	**Semester 6**	**Semester 7**	**Semester 8**	**Semester 9**	**Semester 10**
	A0	**0**	-	-	-	-	-
	A1	**1**	-	4.500 €	-	-	-
	A2	**2**	-	-	-	-	-
	A15	**5**	-	1.000 €	-	-	-
	A9	**8**	-	-	-	-	-
	Total expenses		**0 €**	**5.500 €**	**0 €**	**0 €**	**0 €**
Global floating costs			**495.277 €**	**319.725 €**	**354.157 €**	**553.818 €**	**412.989 €**

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