



**Athens Mental Health Summit Declaration**  
**actions required to address the impact of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region**  
**Athens, Hellenic Republic, 22–23 July 2021**

We, ministers of health and representatives of the Member States of the World Health Organization in the European Region, have gathered in Athens, the Hellenic Republic, on 22 and 23 July 2021 to discuss implementation of actions aimed at addressing the impacts of the COVID-19 pandemic on mental health in the WHO European Region. In so doing, we reaffirm our commitment to existing resolutions at all levels related to mental health and resolve to strengthen our contribution to the United Nations Sustainable Development Goal target of universal health coverage by 2030, Leaving No One Behind. Notwithstanding the damage COVID-19 has caused, we should recognize the opportunity to take meaningful action for mental health at individual and societal levels across the WHO European Region. Such action is in line with the WHO European Programme of Work 2020–2025, “United Action for Better Health”, and promotes delivery of its three core priorities: moving towards universal health coverage, protecting against health emergencies and promoting health and well-being.

1. We recognize that the COVID-19 pandemic has exposed our communities to considerable mental health challenges, including increased risk of developing a mental health condition and reduced mental well-being. These impacts are due to the effects of the disease itself (including post-COVID-19 conditions), the mitigation strategies used to combat its spread, such as home confinement, school closures and reduced social contacts, and individuals’ concerns about job security and income reduction.
2. We acknowledge that people with pre-existing mental health conditions are more susceptible not just to the mental health impacts of COVID-19, but also to increased risk of infection and associated mortality. We are concerned about the potential long-term mental health impacts on children and young people, on older people and those in society already deemed vulnerable. Population groups who have been identified as having higher risk of experiencing negative mental health impacts will require specific and targeted attention and support.
3. We see that the pandemic has exacerbated pre-existing gaps in mental health care provision due to significant disruption to mental health services, coinciding with an increase in mental health needs and an overstretched health workforce.
4. We acknowledge that the current crisis presents a unique opportunity to address longstanding systemic problems and deficiencies in mental health services. Grasping this opportunity will require increased investment in mental health, particularly to promote accessible, good-quality community-based mental health services, and to strengthen primary health care to ensure early recognition of mental health conditions and provide low-threshold support to renew our efforts to prevent institutionalization. The current context also presents the possibility to accelerate the implementation of innovative interventions at individual and societal levels, including appropriate use of digital technologies and interventions targeted to reach those who are most vulnerable.

5. We recognize that the COVID-19 pandemic has uniquely propelled mental health to the top of the policy agenda. We call for this to be a redefining moment in the history of mental health, with stigma and discrimination being tackled through integration of mental health into the mainstream health-care agenda.

6. We call for mental promotion and support to be at the heart of the post-COVID-19 recovery agenda to prevent the emergence of chronic mental health conditions as a result of the pandemic. We acknowledge the structural and environmental elements that contribute to poor mental health and well-being and seek to develop appropriate strategies to build resilient individuals and communities and improve our ability to protect the mental health and well-being of our populations in future crises and health emergencies.

7. We appreciate the ongoing efforts of the WHO Regional Office for Europe to raise the profile of mental health under the European Programme of Work even before the onset of the COVID-19 pandemic, and we welcome the proposal for a new European Framework for Action on Mental Health and support the setting up of a Pan-European Mental Health Coalition. Going forward, we commit to working with the WHO Regional Director for Europe and the WHO Secretariat in these initiatives to ensure that mental health gains the prominence and attention it requires in the WHO European Region.