

Joint Action MENTOR Mental Health Together

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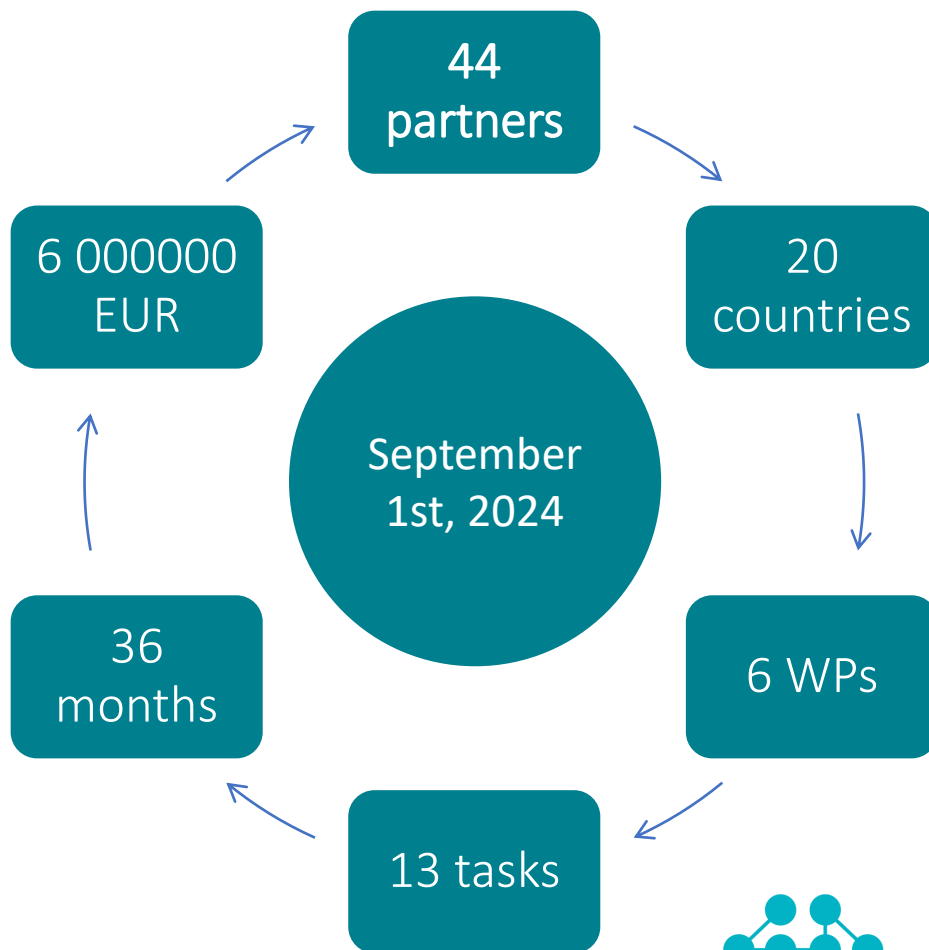


This presentation is part of the action "NFP4Health" which has received funding from the European Union's Health Programme (2014-2020) under grant agreement No 101035965.



MENTOR at a glance

MENTOR aims at promoting mental health by sharing experiences from the political to the clinical professional sphere, incorporating best practices and adapting initiatives to achieve long-term sustainability of promoting mental health and well-being both at personal and population level.



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MENTOR Specific objectives:

- 1. Ensure** efficient dissemination of MENTOR activities/outcomes.
- 2. Promote** the sustainability and implementation of MENTOR outcomes through the different mental health care systems across the Europe region.
- 3. Strengthen** the capacity of mental health literacy by developing policy recommendations and intervention tools targeted to vulnerable groups and fighting stigma.
- 4. Contribute** to increasing access to evidence-based practices and innovative approaches of mental health monitoring, promotion and prevention to manage mental health conditions in communities.
- 5. Improve** monitoring systems of mental health to heighten awareness for mental health problems and ensure earlier detection of individuals at risk and address data driven decisions.
- 6. Reduce** social inequalities in population targeting people with mental health issues.
- 7. Foster** methods to evaluate and implement MHIAP approaches at national and regional levels.



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Lessons learned I

- Project development requires a lot of work:
 - The more experience, the easier
- First must learn about the project artefacts:
 - Different structures – General Assambley, Stakeholders, MS Policy Committee
 - Roles – BF, AF, AP
 - Project "history"
- Getting partners involved:
 - Very long process – invitations, first gatherings
 - Selecting roles – who wants to take on the responsibility?
 - How many is enough?
- Selecting topics, tasks
 - Project proposal preparation – everyone has a lot of ideas, but who will write them on paper?
 - Different work styles, changing partners
 - Internal deadlines not respected by many



Lessons learned II

- No tools to "sanction" partners
- Budget estimations:
 - Partners expect to receive their personal budget breakdown
 - WP/task leaders should estimate PMs required
 - Cut budget for each of WPs
 - WP leaders have different abilities to work with budget development
 - Personnel costs differ among EU countries enormously 2 000-11 000 EUR
 - The more "high earning" countries participate, the faster budget shrinks
- Do not forget the call document!
- A lot of data required to submit proposal
- Developing project during summer months - very high challenge
- The leading force should be prepared that human resources will be devoted only for project (not paid by project budget)



What can be done to improve

- Sharing experience:
 - Learning from other projects, partners, seeking guidance
 - Close collaboration with HaDEA officer can save the day
 - Strong partners in the management team is crucial
- Prepare coordinator/WP leaders with learning workshop at the start of the project
- Clear responsibilities, accountability
- Proactive involvement, responding reasonably fast
- Provide coordinator with additional funds
 - During project development phase
 - During project implementation phase (e.g. higher funding rate)
 - responsibilities,
- Develop a Joint Action Repository (web pages, resources)

Thanks to all who shared their insight and allowed us to learn from their knowledge!



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Methodological center (MC) of Latvia in psychiatry

- 2023 a pilot of MC in psychiatry – first pilot in Health Sector
- A plan to create a MC in 9 specialties to ensure the development, quality and efficacy in public sector of medicine
- MC team consists of public health specialists, economists, legal forces and medical professionals
- RPNC right now has a second pilot going on with an aims of **increasing methodological standards** and apply them in **all Latvian psychiatric hospitals** for providing a patient equal quality service (also availability to service) in all regions of Latvia
- 2nd pilot of MC has several clinical tasks (initiatives in psychiatry- best practice to bring in everyday life of practitioners:
 - Psychiatric on-call phone
 - Mobile teams in psychiatric care for patient who has challenged adherence to treatment
 - Transition from child/adolescent psychiatry to adult psychiatry
 - Methodone bus for opiate substitute therapy



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Advanced nurses in psychiatry

- Research and education department started an in-house training for nurses

Aims:

- For psychiatrist: to reduce waiting time for the first time patients
- For psychiatrist: to get more time for complicated patients
- For patient: to not lose the connection with the specialized help
- For nurses: more interesting and involving job in the clinic

- 8 theoretical lectures:
 - Basic psychiatric pathology
 - Medication (benefits and risks)
 - Treatment options (non-pharmacological interventions)
 - Compliance in psychiatry
 - Psychoemotional support
 - Psychoeducation
 - Consultations with relatives
- Work in teams (psychiatrist- nurse)
 - Patient consulted by nurse and then nurse got feedback from psychiatrist
 - Legal changes – nurses should be allowed to prescribe drugs for patients for maintenance therapy



Thank you for your attention!

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