



JA **Imple**MENTAL

JA on Implementation of
Best Practices in the area
of Mental Health



Co-funded by
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JA ImpleMENTAL, key objectives



Reinforce **capacity** to address **system transformation** (*citizen centered & integrated approaches, increase system efficiency, build & maintain healthy alliances, etc*)



Achieve a **strong involvement** of national/ regional **governmental actors** to enable such practices to be **embedded** in health systems.



Support MS to improve & promote MH via innovative & sustainable (MHS) change.



Support the transfer & pilot implementation of two (2) best practices



Establish sustained cooperation of relevant MS authorities in the area of MH & involving a wide variety of stakeholders to share a common & global vision about MH

Original best practices

- ▷ Mental health reform in **Belgium** (Participating 14 countries, piloting 11)
- ▷ Austrian Best Practice on **Suicide Prevention (SUPRA)** (Participating 17 countries, piloting 14)



Participants

	ETHNIKOS ORGANISMOS DIMOSIAS YGIEIAS
	GESUNDHEIT ÖSTERREICH GmbH
	NATSIONALNI CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI
	HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO
	MENTAL HEALTH SERVICES
	MINISTRY OF HEALTH
	SOTSIAALMINISTEERIUM
	TERVEYDEN JA HYVINVOINNIN LAITOS
	MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE
	BUNDESZENTRALE FÜR GESUNDHEITLICHE AUFKLÄRUNG
	ORSZAGOS KORHAZI FOIGAZGATOSAG
	EMBAETTI LANDLAEKNIIS
	REGIONE LOMBARDIA
	LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA
	MINISTRY OF HEALTH – GOVERNMENT OF MALTA
	STICHTING TRIMBOS – INSTITUUT, NETHERLANDS INSTITUTE OF MENTAL HEALTH AND ADDICTION
	THE NORWEGIAN MINISTRY OF HEALTH AND CARE SERVICES
	INSTITUT ZA JAVNO ZDRAVLJE SRBIJE "DR MILAN JOVANOVIĆ BATUŠIĆ"
	NACIONALNI INSTITUT ZA JAVNO ZDRAVLJE
	SERVICIO MURCIANO DE SALUD
	FOLKHÄLSOMYNDIGHETEN

Work packages of the Project

- ▷ Work Package 1 – Coordination and Management
- ▷ Work Package 2 – Dissemination
- ▷ Work Package 3 – Evaluation
- ▷ Work Package 4 – Sustainability
- ▷ Work Package 5 – Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services
- ▷ Work Package 6 – Transfer and pilot implementation of (selected elements of) of the Austrian Best Practice on Suicide Prevention (SP) “SUPRA”

Lithuanian experience

- ▷ MH data were analyzed (coverage, number of inpatient beds, availability of rehospitalization, outpatient services, etc.).
- ▷ Key problems were identified.
- ▷ Preparatory work for reform planning has been completed.
- ▷ Consultations were held with municipalities and social partners regarding reform guidelines and planning of new services.
- ▷ Selected elements of good practice that we will implement in Lithuania.
- ▷ The concept of transformation of PS services has been prepared.



Country Context-Current Mental Health Strategy

Mental health reform is ongoing now

Number of psychiatry inpatient beds **-30%**
From 2413⁽²⁰²⁰⁾ to 1664

Re-hospitalizations **-33%**
From 33.6 percent.⁽²⁰¹⁹⁾ down to 22.3 percent

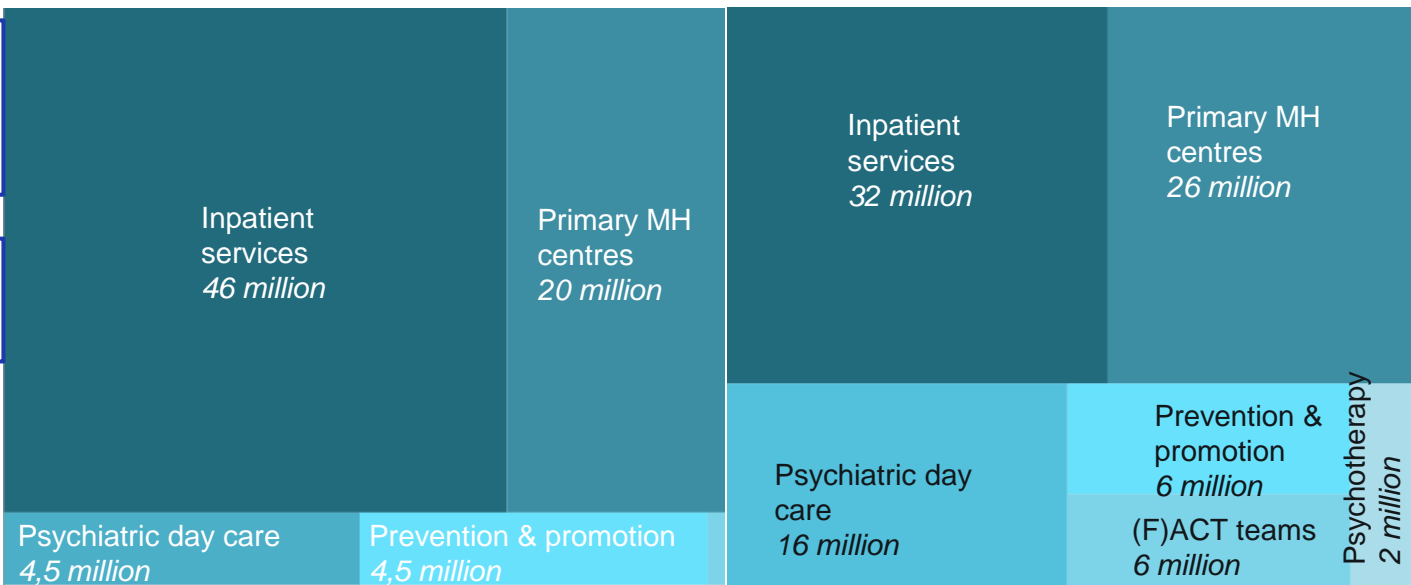
Number of suicides per 100,000 people **-40%**
From 21.6⁽²⁰¹⁹⁾ to 13

2020...

2030... (expected)

Increased patient satisfaction with services

Better quality of life for patients

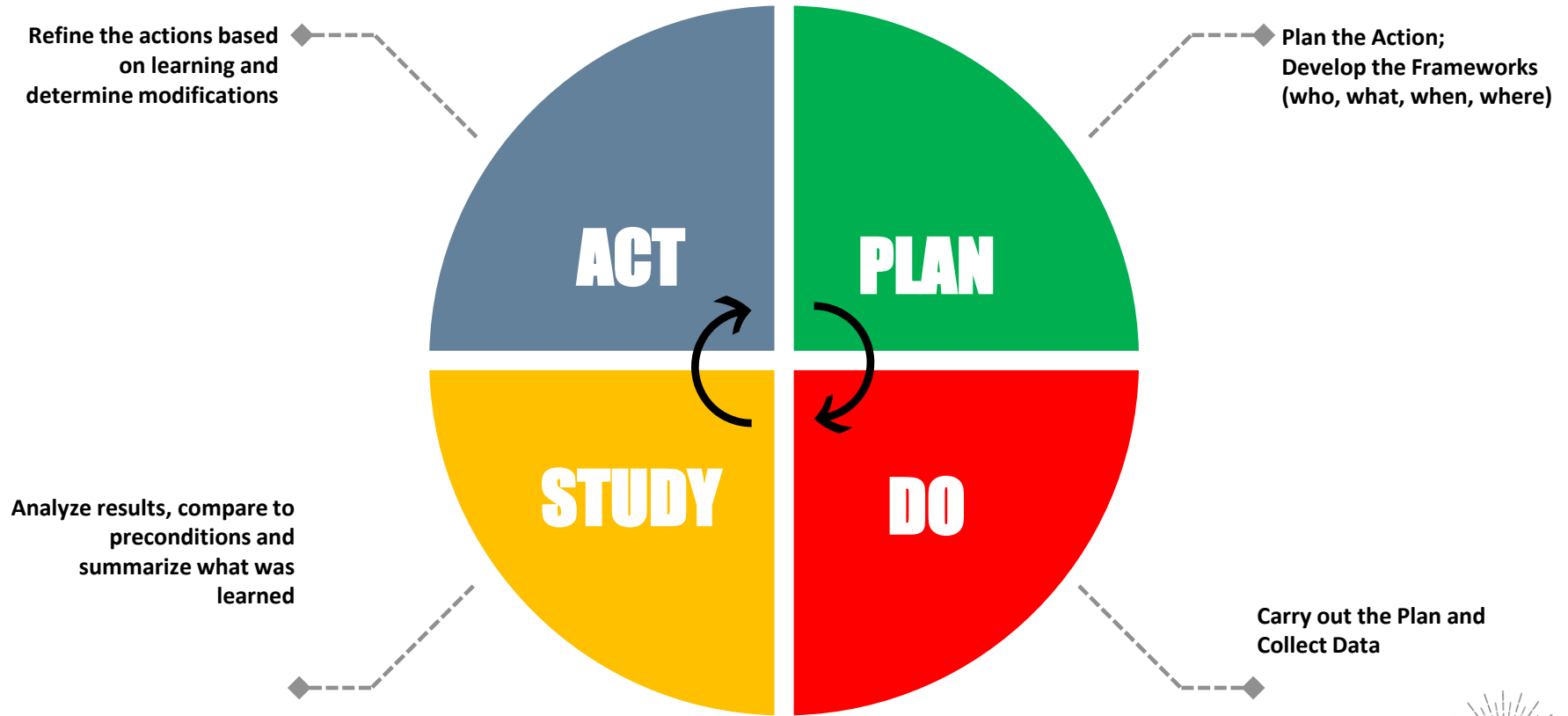


Piloting elements from Belgium best practice

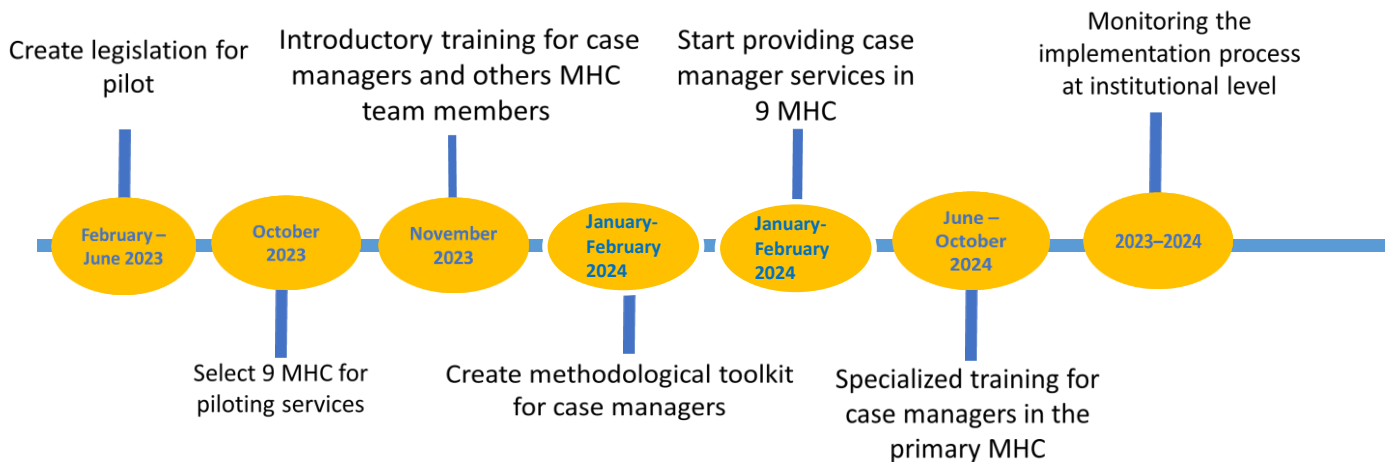
General Purpose

- to move from hospital-based services toward community-based services – create conditions for service providing and pilot 2 new type of services:
 - Case Management in Primary Mental health centers
 - ACT teams

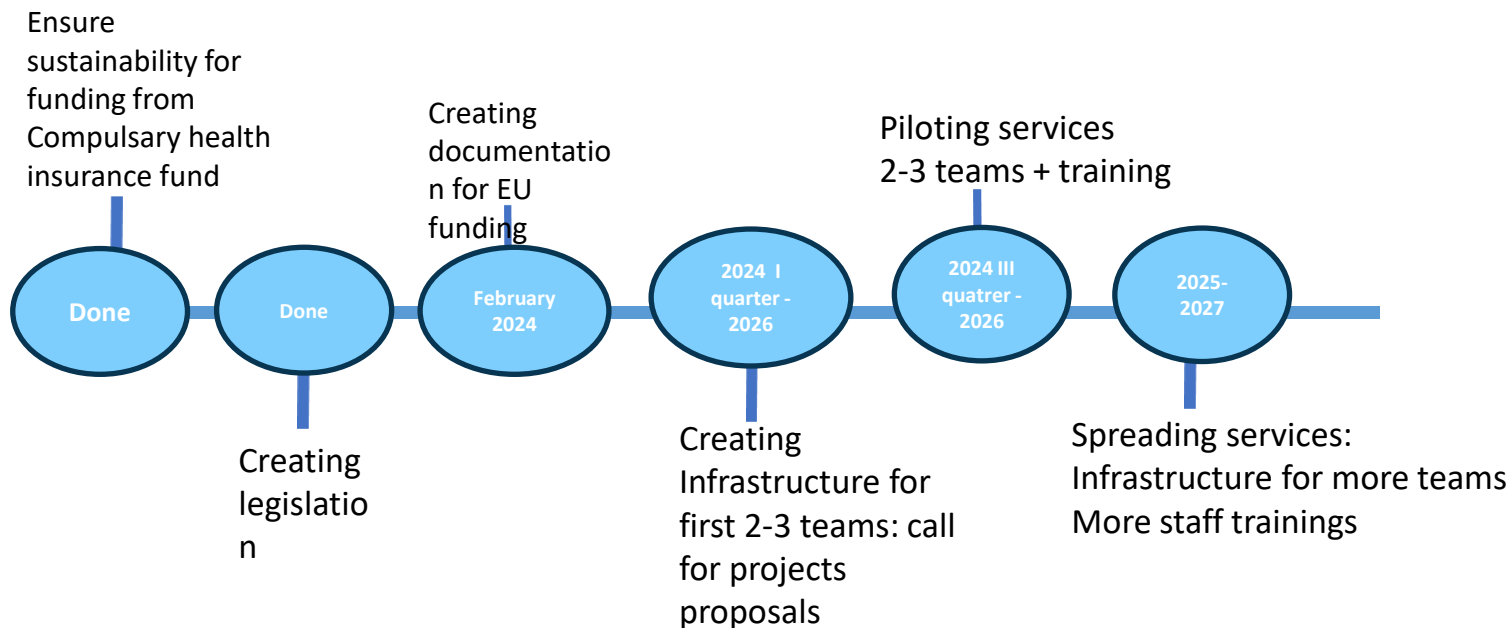
PDSA Cycles; Vital element of the implementation process”



Timeline of Implementation: Case management



Timeline of Implementation: ACT teams



Approach: level of implementation

- ▶ **Case Management:** piloting started in 2024 January in 9 selected PMHC. Methodological toolkit has been developed.
- ▶ **ACT teams:** legislation is created, sustainable funding form HNIF is ensured. Mental health institution selection procedure for future infrastructure projects is completed.
- ▶ **Ensuring human-rights application/enforcement in service delivery ACT TEAMS:** all service providers will be required to train using WHO Qualityrights e-training platform. This requirement is adapted in the description of the procedure for the order of the ministry of health.



Challenges

1. Human resources (especially in the regions) ;
2. Limited funding;
3. Prejudice and fear of change;
4. Low awareness between health care institutions on ACT services (therefore long negotiations procedure with Health care institutions);
5. QualityRights e-training material is not available in Lithuanian;
6. Limited time resources and long negotiation process with stakeholders.



Solutions

1. Dialogue with NHIF to recalculate monthly budget fee for ACT teams ensured bigger funding;
2. Using EU funding for attracting specialists to the regions;
3. Corrected the order of MoH for less requirements for act teams staff (to have less experience);
4. Donation for WHO was paid and translation process has already begun;
5. Consulted almost each mental health care institution separately on ACT teams and case management services in order to ensure collaboration;



Experiences

- ▶ Better understanding about case management and ACT teams functions;
- ▶ Improved mental health literacy and reduced stigma;
- ▶ Ensured collaboration with mental health care institutions for current and future projects;
- ▶ Political support for reform.



First results

- ▶ Ensured funding for both, case management services and ACT teams;
- ▶ Necessary legal acts and a methodological toolkit have been created;
- ▶ 9 MHCC piloting case management services;
- ▶ As the perception of new services increases - institutions are interested in newly developing services and become more involved.



Findings and Lessons learned

- ▶ The high importance of trainings that are provided;
- ▶ The biggest finding and lesson learned was the importance of how much interinstitutional (**with politicians, mental health care centers, stakeholders**) cooperation is needed;
- ▶ Very important to prepare legal acts and guidelines to define service provision requirements at national level .



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JA Implemental

JA on Implementation of Best Practices in
the area
of Mental Health

Highlights

Contact

Objectives

To improve and promote
mental health

Thanks!

Any questions?

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