



Joint Action on Implementation of Best Practices in the area of Mental Health

Mental disorders are one of the greatest public health challenges in terms of prevalence, the burden of disease and disability and they cause a major burden to economies, demanding policy action. More than one in six people across EU countries had a mental health issue in 2016, equivalent to about 84 million people.

Moreover, in 2016, 165,000 deaths were attributed to mental and behavioural disorders, including self-harm, in EU.

The burden of mental illness in the European WHO region is estimated to account for 14.4% of years lived with disability (YLDs) and 5.8% of disability-adjusted life-years (DALYs), placing thus mental illness as the second biggest contributor to YLDs after musculoskeletal disorders and as fourth in terms of DALYs in the WHO European region.

Total costs pertaining to ill mental health have been gauged at more than 4% of GDP- or over 600 billion across EU in 2015. Many European countries have in place policies and programmes to address mental illness at different ages.

Nevertheless, much more can be done to manage and promote mental health. Delivery of MH care services takes various forms across the EU. Some countries still rely on big psychiatric hospitals, while others are delivering the care for MH mostly in community settings. This need for prioritizing mental health becomes more imperative, in light of the ongoing COVID-19 pandemic.

Converging evidence substantiate emerging mental health needs and difficulties faced by the mental health care systems to tackle them. Building upon 15+ years of EU efforts including the Joint Action for Mental Health and Well-being the European Framework for Action and the EU Compass, the Members of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) have selected two best practices:

(i) the reform of mental health services' organisation and delivery in Belgium and
(ii) suicide prevention from Austria to be implemented during the new Joint Action on mental health, with an aim to extend the benefits of these best practices to participating countries.

 Visit the [official website](#)

JA ImpleMENTAL

Overview of Work Packages (WPs)

WP1 Coordination - responsible for overall, coordination and management of the JA ImpleMENTAL, ensuring that the JA work plan is executed as planned or according to changes agreed during the executing phase and that progress is consistently monitored against project objectives and deliverables, making adjustments where necessary to the work plan, congruent with decisions made within the General Assembly.

WP2 Dissemination - responsible for all actions undertaken to ensure that the results and deliverables of the project are available and visible to the target groups.

WP3 Evaluation - covers both internal evaluation of JA's process and achievement of outcomes against the specified objectives as well as an evaluation of the impact of JA on the target group and on mental health systems and policy in Europe.

WP4 Sustainability - responsible for undertaking actions to identify opportunities for sustaining the results and outcomes from JA ImpleMENTAL, with a particular focus on the transfer of results from JA ImpleMENTAL into processes needed for embedding knowledge into policy and practice.

WP5 Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services - aims to support adaptations in the management and organisation of mental health (MH) services from institutionalised MH care towards the (sustainable) establishment of intersectoral, community-based, client-centered and integrated local MH promotion, care and prevention networks and services in the participating countries.

WP6 Transfer and pilot implementation of (selected elements of) the Austrian Best Practice on Suicide Prevention (SP) "SUPRA" - aims to support improvement in knowledge and quality of suicide prevention services in the participating countries.



JA ImpleMENTAL

Participants

-  Greece - ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS
-  AUSTRIA - GESUNDHEIT ÖSTERREICH GMBH
-  Bulgaria - NATSIONALEN CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI
-  Croatia - HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO
-  Cyprus - MENTAL HEALTH SERVICES
-  Czech Republic - MINISTRY OF HEALTH
-  Estonia - SOTSIAALMINISTEERIUM
-  Finland - TERVEYDEN JA HYVINVOINNIN LAITOS
-  France - MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE
-  Germany - BUNDESZENTRALE FUR GESUNDHEITLICHE AUFKLARUNG
-  Hungary - ORSZAGOS KORHAZI FOIGAZGATOSAG
-  Iceland - EMBAETTI LANDLAEKNIS
-  Italy - REGIONE LOMBARDIA
-  Lithuania - LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA
-  Malta - MINISTRY OF HEALTH – GOVERNMENT OF MALTA
-  Netherlands - STICHTING TRIMBOS- INSTITUUT
-  Norway - THE NORWEGIAN MINISTRY OF HEALTH AND CARE SERVICES
-  Serbia - INSTITUT ZA JAVNO ZDRAVLJE SRBIJE “DR MILAN JOVANOVIĆ BATUT”
-  Slovenia - NACIONALNI INSTITUT ZA JAVNO ZDRAVJE
-  Spain - SERVICIO MURCIANO DE SALUD
-  Sweden - FOLKHALSOMYNDIGHETEN



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