

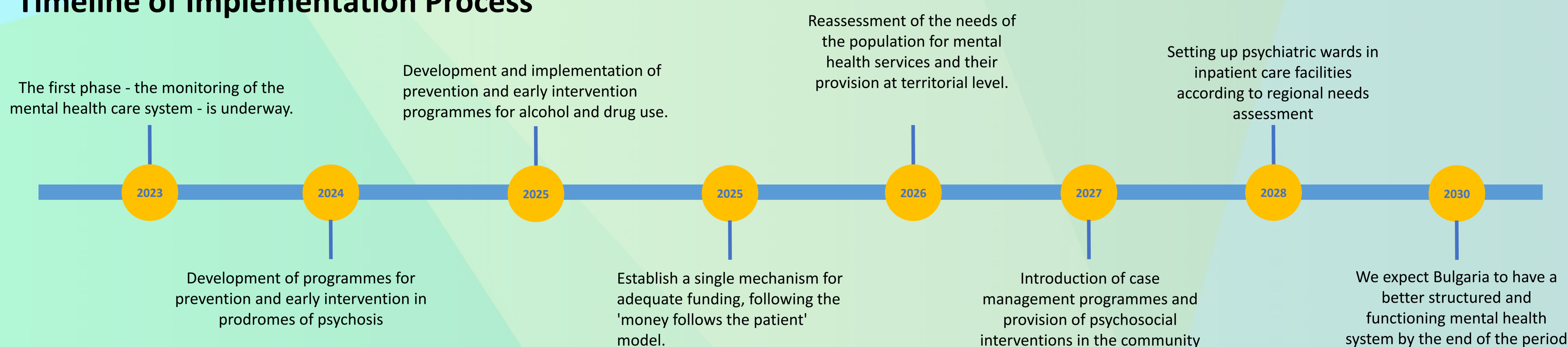
# Implementation of mental health reform in Belgium in Bulgaria

## BACKGROUND

The Republic of Bulgaria is a country in Southeastern Europe. It is bordered to the north by Romania, to the west by Serbia and North Macedonia, to the south by Greece, to the southeast by Turkey and to the east by the Black Sea. The capital of the country is Sofia and the country is divided into 28 districts. Bulgaria has 6 838 937 inhabitants distributed over 110,879 km<sup>2</sup> including small Turk /8.4%/ and Roma /4.4%/ populations, residents in cities

/78%/ predominate over those in rural areas /22%/ . Bulgaria joined the European Union (EU) in 2007 and ranks 71<sup>nd</sup> in the world by per capita GDP. The Health Act was introduced in 2005 for the first time although some efforts in that direction have been done before. The Health Act is a normative document that was adopted by the Bulgarian government before Bulgaria's accession to the European Union.

## Timeline of Implementation Process



Bulgaria does not actively participate in the implementation of best practice. However, a mental health strategy for the citizens of the Republic of Bulgaria is currently being implemented. It is linked to all the trainings we participate in, as well as the opportunity to compare the implementation of the strategy in Bulgaria with other countries that are actively implementing the psychiatric reform from Belgium.

To ensure the success of the Strategy, a broad social base needs to be built, which means involving different institutions and agencies. There is an urgent need for targeted coordination and convergence of all policies and available resources to achieve improvements in mental of the population in the Republic of Bulgaria, as well as a diffusion from the "hard" to the "soft" measures to achieve optimisation of activities.

## KEY LEARNINGS

### Challenges and solutions

- Shortage of mental health staff
- Organization of AMHS still focused on psychiatrists
- Families not always involved

### Positive outcomes

- Awareness of the need to integrate clinical and social aspects

JA is an opportunity for learning about implementation

## Key lessons learned

- Good funding of the system is important, but not the only factor in its functioning
- Opportunities for change lie in creating a strong international network
- Multi-sectoral stakeholders must be involved

## GAINS FROM JA ImPLeMENTAL NETWORK

- To learn from the best practices
- To make networks especially with countries with similar background of organisation of mental care
- To highlight the topic of mental health in the current healthcare reform