

Implementation of Belgium best practice – in Greece

BACKGROUND

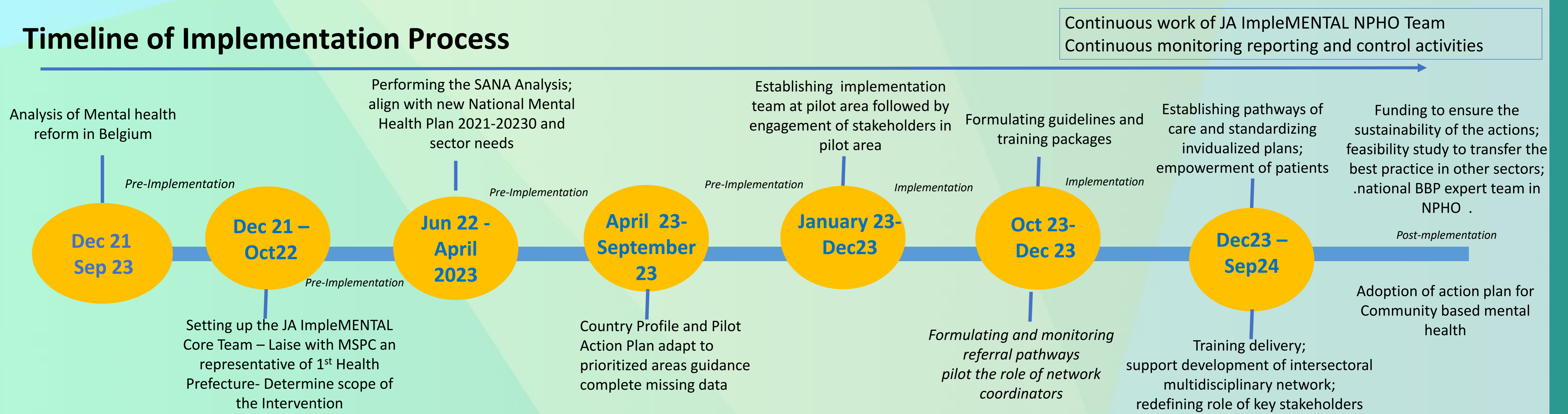
Greece is a presidential parliamentary republic, with population of 10 459 782. In 2011-2020, the third National (Action) Plan for Mental Health led to the development of division of services in the community, (ToPSY), including currently nationally 37 Sectors Adults, and 17 Children and Adolescent Regions. Based on the 2021 needs assessment organized by the MH with support by WHO Europe, a new National Mental Health Action Plan has been drafted in 2021 -2030. The 10 axes that make it up reflect the spirit of the psychiatric reform, with special care for all population groups, de-stigmatization, empowerment of the mentally ill and timely response to crisis situations.

General Purpose –

- Support the development of intersectoral, multidisciplinary community based mental health services; redefining the role of key players; enhance the role of the network-coordinator; create standardized procedures with regard pathways of care and referrals.
- empowerment of patients and protection of human rights
- provide capacity building interventions to primary health care professionals and mental health professionals and other key professionals
- Use the results to extrapolate to community based services across the country

Level of Implementation – The pilot area for the implementation of the Belgian Best Practice is the 5th Adult Mental Health Sector of Attica Region. In total there are 88 hospital beds in the sector, 5 outpatient departments, 3 day centers and 20 housing units **Target Population** – 439,887.

Timeline of Implementation Process



SA1 Ensure (strong) governance structures/mechanisms – establish JA ImplementAL national implementation team; formulating draft protocols for pathways of care at national level; design the role of network coordinator establish a network of representatives of stakeholders in the 5th sector of the 1st Prefecture;

SA2 Development or transformation of MH services and interventions (incl. multidisciplinary approach) – establishing standardized pathways of care, including referral protocols, for ensuring continuity of care and interconnections among (mental) health services, social welfare services and third sector; enhance case management; standardize individualized service plans, including joint crisis plans, in the pilot area.

SA3 Extensive global training program of stakeholders – Training MH staff primarily on the recovery model and quality assurance methods; gatekeepers on mental disorders, psychosocial interventions and pathways of care; patients and their families on their rights and advocacy

SA4 Intensive continuous communication, information and awareness raising among/towards stakeholders and users- dissemination at regional level about the project to the relevant stakeholders and to the general population; raise awareness activities in lay people

SA5 Data collection, monitoring & evaluation - monitoring of implementation of the best practice; homogenization of data collection among services in the pilot area.

CHALLENGES & SOLUTIONS SO FAR

Achieve clear understanding of the BBP -adapt to pilot needs - link to the national plan.

- ✓ **Solution:** Study (virtual visit, trainings, Analytical framework) , share experience and learning, availability national plan and risk assessment by MoH and WHO Europe with full engagement of national stakeholders , liaise with MSPC and Ministry, political support, follow implementation strategy, define strategic areas for BBP, PDSA cycle, give time to the pre- implementation process and time to understand

Create a strategy for transfer and pilot implement the BBP now in the pilot sector and in the future in other sectors

- ✓ **Solution** two level national teams JA ImplementAL NPHO Team to serve as BBP expert and pilot team to create the role of network coordinator at sector and identify sector needs and plan

POSITIVE OUTCOMES

- Increase intersectoral cooperation -mental health in all policies including strategic and operational framework and actions for other health issues – NCDs
- Awareness raising, creation of new national stakeholder networks- taking into consideration a broad spectrum of stakeholders and the involvement Public Health Sector (NPHO)
- Creation of a BBP national expert team

KEY LESSONS LEARNED

Don't underestimate the effort needed in pre-implementation phase. But it will help you during implementation /s

GAINS FROM JA ImplementAL NETWORK

- ✓ Network and exchange of ideas experiences with other countries
- ✓ Participation in capacity building activities and trainings
- ✓ the value of psychosocial care, social inclusion and recovery
- ✓ The value and importance if the JA ImplementAL advisory bodies including user's participation organisations

- ✓ "Coordination buddy" JADECARE
- ✓ Transformational Leadership
- ✓ Implementation Science/Strategy , it is not only the WHAT it is also the HOW