

Implementation of Elements of the Belgian Best Practice in Slovenia

BACKGROUND

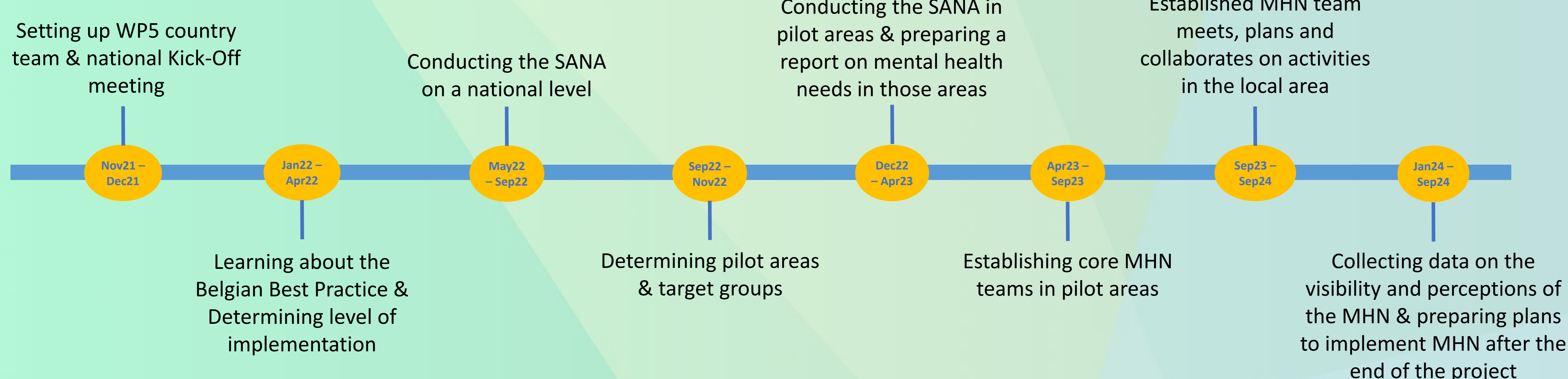
Mental health care in Slovenia is predominantly hospital-based; however, over the years, Slovenia has endeavoured to establish conditions for deinstitutionalization and shift to new models of community-based care. In 2018, the National Assembly passed the National Mental Health Programme 2018–2028 that covers multiple principles of community-based care: deinstitutionalisation, user-centredness, recovery orientation, participation of users and families in decision-making, intersectorality, multidisciplinary, integrated care, local networks and health promotion.

Since 2018, 16 Community Mental Health Centres (CMHC) for Adults and 19 CMHC for Children and Adolescents were established - they operate at the primary health care level and do not require referrals for access to specialist services.

General Purpose of the Pilot: Formation of **intersectoral Mental Health Network (MHN)** that includes service providers, patients, carers and relatives and other relevant stakeholders in pilot areas; emphasize community engagement and community focused approach

Level of Implementation: Local (2 pilot locations: Murska Sobota & Nova Gorica)

Timeline of Implementation Process



PILOT ACTION PLAN

SA1.2 Building and sustaining networks based on intersectoral, multidisciplinary and recovery-oriented approach – In both pilot areas, a core MHN team is established and functional; the impact of the MHN is accurately recorded and recognized by stakeholders and the expansion of the pilot is mapped out

SA3 Training & capacity building programme of stakeholders (in support of the reform & cultural change in service provision) – By providing capacity trainings, seminars and workshops, the MHN team has the capacity to provide quality support

SA5: Data collection, monitoring & evaluation – Within WP5, the indicator dashboard on mental healthcare performance is developed

KEY LEARNINGS

Challenges and solutions

- Differences in pilot areas (e. g. geographical, socio-demographical) require a tailored approach to MHN establishment and functioning
- Formal participation in MHN can be a constraint – opportunity to be attentive and customize collaboration for stakeholders' needs
- Widespread staff shortages make implementing new tasks challenging – prioritize manageable tasks with clear short-term and long-term goals

Positive outcomes

- Local stakeholders are interested in intersectoral collaboration
- Cooperation already exists among some mental health services, offering a foundation for community cooperation based on good examples

Key lessons learned

- Local stakeholders recognize the significance to increase user involvement
- Local stakeholders wish to collaborate effectively and support the establishment of MHN

GAINS FROM JA ImplementAL NETWORK

- Harmonizing national activities with international – building on the experiences of others
- Introducing innovative and effective practices to Slovenian mental health care system
- Collaboration and networking opportunities