

Speech by **Vasileia Konte JA ImpleMENTAL Coordinator** on behalf of the consortium leader, the Greek National Public Health Organization at the HaDEA showcase event on **Synergies between EU-funded Projects on Mental Health** managed by the Agency, **9<sup>th</sup> October 2023**.

Title: **“Synergies at Member State Level in Implementing Best Practices on Mental Health”**

**Dear Ladies and Gentlemen,**

It is great pleasure and honour to be invited to talk about synergies at Member State level in implementing best practices on mental health

It is well known that Mental health problems affect more than one in six people across the EU and Suicide is the 2nd leading cause of death among the young. This highlights the importance of mental health as an integral part of health and the need to focus on early diagnosis and prevention of mental health issues as well as to the provision of care and services for those in need.

Joint Action on Implementation of Best Practices in the area of Mental Health (JA ImpleMENTAL), is a major programme initiated on the request of Member States, on October 2021 with a duration of three years and is co-funded by the European Union 3rd Health Programme (2014-2020) by 80%.

It aims to

- Support MS to improve & promote MH via innovative & sustainable (MHS) change.
- Reinforce capacity to address system transformation by citizen centred & integrated approaches, increase of system efficiency, build & maintain healthy alliances, emphasis on user's and families participation etc.)
- of course it specifically aims to support the transfer & pilot implementation of two (2) best practices the Belgium Best Practice on community mental health system reform and the Austrian Best practice “on Suicide Prevention”, This project strongly helps to enhance the reform of the national mental health systems. National Authorities of course will tailor and customize these best practices according to their actual needs, finances and human resources.
- a strong involvement of national/ regional governmental actors is envisaged.
- finally the last objective is the sustained cooperation and involvement of a wide variety of key stakeholders

### **We are implementing 25 pilots in 20 countries**

More specifically using the **Belgian Best Practice**, 14 countries are piloting and implementing changes in their community mental health services. In the 11 countries implementing the Belgian model, pilots action plans have been developed with a selection of prioritized measures from one or more of the 5 key strategic areas namely - the development of regional/local networks with a network coordinator, based on inter-sectoral, multidisciplinary and recovery-oriented approach with active involvement of all key stakeholders, - the strengthening of mental health service delivery based on human-rights and user-centred approach -the application of training & capacity building programmes, - the-Introduction of information and awareness raising activities among/towards stakeholders and -the strengthening data collection through a standardized set of indicators (dashboard) but also through monitoring & evaluation of our pilots.

In total 167 activities/measures under this best practice are currently implemented across Europe

By using the **Austrian Best Practice** 17 new or updated suicide prevention plans across Europe will be formulated in 14 countries implementing SUPRA pilot action plans based on country needs are developed by prioritized measures chosen under 6 strategic areas namely -coordination of suicide prevention at national and regional level, -support and treatment for risk groups - restrictions of access to means of suicide,- increase of awareness and knowledge, --integration of suicide prevention programmes into other health promotion activities and - improvement of expertise and data registries

In total 142 measures under this best practice are currently implemented across Europe. As you understand this is a huge effort, in which 39 organisations from 21 countries and more than 200 persons are participating.

We should not underestimate the effort it took us to create the Network during the COVID-19 pandemic when health services were re-allocating staff to other services in response to the crisis

This is the strength of JA ImpleMENTAL the core critical mass of dedicated and motivated personnel that works together in the Network sharing knowledge and experience

Improving mental health is a team effort and synergies across member states and their key stakeholders are necessary. JA ImpleMENTAL is a very good example of that.

In this effort JA ImpleMENTAL core team is not alone. We seek the active involvement of all key stakeholders both on project level and on country level through a variety of actions

#### **JA ImpleMENTAL project has two advisory bodies**

**A Stakeholder Forum** with 10 key European organisations in the area of Mental Health and 2 International Organizations, **WHO Europe** and **OECD** also contributing to the JA progress, by bringing in their views, interests & expectations and disseminating our activities and results.

**The Member State Policy Committee (MSPC)** ensures the involvement of ministries across the participating countries with the aim to support the pilot implementations and enable the practices to be embedded in health systems and/or policies at national/regional/local level. The MSPC is our way of creating synergies on policy level. From the beginning of the Joint Action MSPC provides an important contribution to the impact JA ImpleMENTAL

It is well known that in order to achieve a successful transfer and implementation of a best practice in a new environment as well as to achieve positive outcomes for the population in need, JA ImpleMENTAL utilises the implementation strategy, tools and methods previously developed by other EU Joint Actions like CHRODIS plus and JADECARE and will adapt them to our needs.

#### **We are currently in the implementation phase**

During the Pre-implementation phase we studied the two selected best practices thoroughly and we have established a core team identified and engaged our stakeholders; we conducted national meetings and events, created the scope and purposes of the pilots, executed a situation analysis and conveyed assessment of needs by using SWOT. Countries selected and adapted prioritized measures from the chosen best practice that fit their country needs and developed pilot action plans. Of course, this effort was supported by a careful preparation and guidance from all Work Package Lead teams, who created frameworks and tools to support countries during the process.

Implementation Science teaches us that we should place an extremely high importance to the steps of the pre-implementation phase. Careful preparation will not only help the implementation of the pilots, but also enable the sustainability of these activities.

Our advisory bodies, during our 2nd Annual Consortium meeting in Murcia, Spain one week ago, also highlighted and warned us that the duration of our project is short and such a large scale project takes more time and effort to show results. We should not underestimate their wise advice that the implementation of these type of activities would need to be continued for a longer period of time. We should work hard to identify opportunities for sustainability of national and Network activities.

**let's see what are the main points that our country teams are sharing so far from the transfer and pilot implementation process.**

Key challenges are the resistance to change the effort and process to engage stakeholders, the availability of reliable data, the shortage of mental health staff and the sustainability of funding and resources.

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Positive outcome to highlight so far is the fact that the project has created an improved collaboration with stakeholders. The Management tools and methods provided can be extended to other regions, sites, etc. The project helped in the community-based service development and improvement and the application of “quick wins” (activities that produce quick results to demonstrate)

### **Key Lessons Learned**

The need to customize to local needs is crucial for the success of implementation. Inter-professional and inter-sectoral collaboration is also key to successful implementation. A realistic action plan must be designed, based on activities which are focused, feasible and practical.

### **Key Gains from JA ImpleMENTAL Network**

Member States are sharing experiences, they increase knowledge sharing, create strong international network, there is an opportunity for change.

This is the end of my presentation and I would like to thank you very much for your attention! I will be happy to answer any questions now.

For more information visit our website <https://ja-imental.eu/>

