

Dear Ladies and Gentlemen,

It is great pleasure and honor to be invited to present JA ImpleMENTAL and talk about synergies at Member State level in implementing best practices on mental health in this very important High level event.

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. Nine out of ten responders (89%) in the new Eurobarometer survey, consider that mental health promotion is as important as physical health promotion. 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 centered & 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 Belgian 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 and implemented
- finally the last objective is the sustained cooperation and involvement of a wide variety of key stakeholders both on national and European level
- We are implementing 25 pilots across Europe
- More specifically using the Belgian best practice, 14 countries are piloting and implementing changes in their community mental health services.
- By using the Austrian Best Practice 17 new or updated suicide prevention plans across Europe will be formulated
- In the 11 countries implementing the Belgium model, pilots action plans have been developed with a selection of prioritized measures from one or more of the 5 key strategic areas: 1. The development of regional/local networks with a network coordinator, based on intersectoral, multidisciplinary and recovery-oriented approach with active involvement of all key stakeholders, 2, strengthening , mental health service delivery human-rights based and user-centred 3. Application of training & capacity building programmes 4. Introduction of information and awareness raising activities among/towards stakeholders and users and of course 5, 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
- 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 this effort, 39 organisations from 21 countries, more than 200 persons are working 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

We should not underestimated 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

Improving mental health is a team effort and synergies across MS and their key stakeholders are necessary and 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 all of them contributing to the JA progress, by bringing in their views, interests & expectations and disseminating our activities and results

and the Member State Policy Committee that ensures the involvement of ministries across the participating countries 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 early in advance from the beginning of the Joint Action with 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 and achieve positive outcomes for the population in need it is not only the what (best practice) but also the HOW (implementation process) , For the implementation process, The JA ImpleMENTAL uses an implementation strategy with tools and methods previously used for other EU Joint Actions CHRODIS plus and JADECARE adapted to our needs

We are currently in the implementation phase

During the Pre-implementation phase we studied the best practice thoroughly , we established core team and engaged our stakeholders, we conducted national meetings and events, create the scope and purposes of the pilot, executed a situation analysis and assessment of needs using SWOT, selected and adapted prioritized measures from the best practice that fit our country needs and developed pilot action plan. Of course this effort was supported by a careful preparation and guidance from all WPLEadteams 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 as careful preparation will not only help the implementation of the pilots but also the sustainability of activities

But let's see what are the main challenges that our country teams faced so far in the transfer and pilot implementation process ? their key challenges are the Resistance to change the effort and process to Engage of stakeholders, the Availability of reliable data , the Shortage of mental health staff and the need for Sustainability of funding and resources,

Positive outcome so far are that the project created an Improved collaboration with stakeholders, the Management tools and methods provided can be extended to other region, 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 included, the need to Customization to local needs is crucial for the success of implementation. Interprofessional and intersectoral collaboration is 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 across MS are Sharing of experiences, Knowledge increase, Strong international network, Opportunity for change

Our advisory bodies, during our 2ⁿ Annual Consortium meeting in Murcia, also highlighted and warned us that the project duration is short and such projects takes more time and effort to show results. we should not underestimate their wise advice that the implementation of such activities would need to continue for a longer period **we should work to identify opportunities for sustainability of national and Network activities.**

Keep involving people with lived experience, families, professionals, decision makers in the good practice package because all have their perspective in a co-creation process; Fight Stigma embrace Human Right Approach

- document the barriers, challenges and facilitators
- sustainability includes securing financing, leadership and capacity building

From the advice from the Member State Policy Committee I will mention for the sake of time only two messages

1. The JA ImpleMENTAL is aligned with the national mental health strategies;
2. The results of country pilots can serve as a landmark for the future continuation of the work at national level

Finally areas for Synergies Sustainability and Scale up Project Results

- ❖ National Strategies
- ❖ New EU Communication on a Comprehensive Approach to Mental Health- with 20 flagship initiatives and EUR 1.23 billion in funding opportunities.

e.g

- The Commission will allocate 11 million euros under the EU4Health program to support Member States in building capacity on an approach that promotes mental health across all policies together with the WHO.
- main actions on promotion, prevention and early intervention
- ❖ Synergies with our key Stakeholders identified during the Murcia Meetings which will lead to further interactions during the 3rd year of implementation but which also contribute to sustainability and upscale of project results

You can find more on JA ImpleMENTAL in our website and social media. This is the end of my presentation and I would like to thank you very much. I will be happy to answer any questions.

