



NOVEMBER 23-24 2021

ONLINE KICK-OFF MEETING OF JA IMPLEMENTAL

Project Partners from 21 EU Member States and European countries, as well as their stakeholders, gathered online for the kick-off meeting of the Joint Action on Implementation of Best Practices in the area of Mental Health (JA ImpleMENTAL).

The new Joint Action, with a health system reform to develop and strengthen community-based services, and a multilevel national suicide prevention programme, will promote better mental health and prevent mental disorders, which will lead to significant benefits over time, for individuals and their families, and for society at large. The aim is to extend the benefits of these best practices by transferring and implementing these as a pilot in the participating countries.

- STELLA KYRIAKIDES, EUROPEAN COMMISSIONER FOR HEALTH AND FOOD SAFETY

"Mental health problems were already a great cause of concern before 2020, affecting more than one in every six people in Europe. Of course, the pandemic has multiplied this problem a thousand fold. COVID-19 has reminded us all just how precious, fragile, and significant our mental health is. In this context, today's Joint Action has the potential to deliver real change and concrete benefits to citizens across the EU."

DECEMBER 2021

WP KICK-OFF MEETING

WP5 - Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services

WP6 - Transfer and pilot implementation of (selected elements) of the Austrian Best Practice on Suicide Prevention (SP) "SUPRA"

VIRTUAL "STUDY VISIT" TO BELGIUM

JANUARY - MARCH 2022

One of the first activities of WP5. The aim was to gain an in-depth insight into the Belgian best practice and discussing various aspects of the mental health (MH) care delivery reform with Belgian stakeholders and experts involved in the set-up and the implementation of the reform.

First session (January) - the preparation and set-up of the MH services' reform and the general approach chosen, construction of community-based networks at regional/local level, financing, participation of users and families (peer support), target groups, training and capacity building, barriers and success factors for the reform, as well as reactions and opposition to the reform process.

Second session (**February**) - issues linked to the MH information system and the reform of MH service delivery for children and adolescent

Third session (March) - practical organization and operation of community-based networks for (adult) MH care delivery

The virtual study tour allowed the WP5 partners to become familiar with the Belgian model of community-based MH care, and supports them in identifying elements of the Belgian best practice that will be transferred and piloted in their own country context during the Joint Action.





WP6 FIRST WORKSHOP

FEBRUARY 2022

The first workshop regarding suicide prevention of the JA ImpleMENTAL, aimed at creating strong common foundations for suicide prevention activities across partners, as well as promoting (first) tangible steps towards more robust suicide prevention activities at national/regional level. Nearly 60 participants from 16 European countries – inspired by SUPRA – discussed what might be their first, quick and feasible actions for suicide prevention and how to establish a strategic and long-term cooperation of actors promoting these actions on a regional and national level. The Austrian team shared their practical experience with formulating and supporting implementation of a national strategy on suicide prevention.

A part of the workshop was also dedicated to exchanging experience and providing first guidance on how to conduct a situation analysis and needs assessment (SANA) in relation to suicide and suicide prevention, which should help countries to assess and describe current challenges as well as defining priorities for action, based on needs and actual resources available.

WP6 SECOND WORKSHOP

MAY 2022

The workshop focused on the Situation and Needs Analysis (SANA), a mandatory for all countries participating in the JA Work Package 6 "Suicide Prevention".

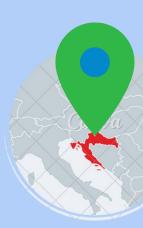
The SANA is a key process within this JA - its results provide the basis for the development of national/regional suicide prevention strategies.

It allows countries to assess and describe current challenges, as well as defining priorities for action, based on needs and actual resources available in their respective environment.

FIRST ANNUAL CONSORTIUM MEETING

OCTOBER 17-18 2022 ZAGREB, CROATIA





FIRST ANNUAL CONSORTIUM MEETING

OCTOBER 2022

In Zagreb, Croatia, a total of 150 project participants and collaborators, both on site and on-line, with the participation of DG Santé and HaDEA, took part in the 1st Annual Consortium meeting and advisory body meetings of Joint Action ImpleMENTAL.

The 1st Annual Consortium meeting was the first opportunity for all partners to meet in person, to be informed about the JA ImpleMENTAL progress during the 1st year of the project implementation and to deep dive in the challenges and opportunities/success stories generated by the national activities across the 20 countries that are benefiting from the ImpleMENTAL Joint Action.





MAIN ACHIEVEMENTS - 1ST YEAR OF THE PROJECT

- A JA ImpleMENTAL consortium team of more than 135 members has been established across Europe, with involvement from a large number of national stakeholders for country level activities in advisory, implementing and disseminating roles based on country decisions.
- 25 pilot implementations of the two best practices are being organized across 18 countries.
- Belgium Best Practice is implemented 27% at national level, 36% at regional level and 36% at local level.
 Core elements of the best practices that are prioritized for implementation involves are: introducing or
 enhancing the role of network coordinator, forcing on capacity building and establishment of mobile
 units, up scaling rehabilitation teams and focusing on recovery, primary prevention and early
 detection, improving Institutional Care with aim of shortening hospital stays and Housing.
- Supra Best Practice: is implemented 100% at National level, but with a 23% of countries reporting
 further Regional/Local Level implementation. Implementing countries are drafting new or updated
 suicide prevention strategies and focus on interventions such as gatekeeper training, hotlines,
 continuity of care after suicide attempt, outreach units for target populations, postvention services,
 restriction of access to mean such as railways, media awareness raising activities and in improvement
 of data registries.
- 12 organizations are participating in the Stakeholder Forum EUCOMS, EUFAMI, Eurohealthnet, GAMIAN-Europe, IASP, MHE, EAAD, EUPHA Public mental health section, ENUSP, EPA & international organizations WHO Europe and OECD
- 19/20 countries have nominated participants in the Member State Policy Committee

10 KEY MESSAGES FROM THE MEMBER STATE POLICY COMMITTEE MEETING

- The IA ImpleMENTAL is aligned with the national mental health strategies
- We are given the opportunity to plan and structure new actions to implement new programs and services in the community for citizens
- We look forward to the support of JA ImpleMENTAL to review our programs and through the
 exchange of experiences, to promote the improvement of our services, policies and the health
 system, adapting best practices, which have been applied by other European countries
- Knowledge gained within the JA ImpleMENTAL will contribute to the improvement of menta health care both at country level and at the level of the European Union
- MS benefit and require training by IA ImpleMENTAL
- Bring all stakeholders together at one table, creating networks, structures and encourage
 cooperation. Engaging experts by experience has shown their huge potential toward improving
 & making services more responsive to users' needs. Active collaboration throughout the process
 of change: Nothing about us without us
- We need better data for mental health prevention and promotion:
- We must strengthen positive mental health
- The JA ImpleMENTAL best practices are used as justification for our politicians. More generally, international activities are used to justify the importation of international standards to overcome resistances and to lead change
- JA has the power to strengthen advocacy, and increase collaboration. Continue and strengthen
 the advocacy for mental health system transformation at European level





10 KEY MESSAGES FROM THE STAKEHOLDER FORUM

KICK-OFF MEETING IN MALTA

Mental Health Services within the Ministry for Health organised a Kick-Off meeting as part of the JA ImpleMENTAL. The participants included stakeholders from the Health sector and also from entities outside health. NGOs and service users.

During the seminar, an overview of JA ImpleMENTAL was given, with special focus on the technical work packages that Malta is participating in and implementing (WP and WP).

Experts by experience, involved in Work Package 5, have conducted focus groups with service users. The suggestions emanating from these focus groups were presented during the seminar.

SEPTEMBER 2022

"THE SUICIDE RISK CODE – MODEL OF CONTINUITY OF CARE IN SPAIN"

At the first training within the ImpleMENTAL's WP6 (Suicide prevention) which took place online, Spanish multilevel suicide secondary prevention program Código Riesgo de Suicidio (Suicide Risk Code) was presented to the participants – not only JA impleMENTAL members, but also other mental health professionals, peer experts, researchers and etc.

Intervening in suicide attempts or suicidal ideation through primary and secondary suicide prevention programs, as well as follow-ups after discharge, represent one of the most important factors in preventive medicine.

The Suicide Risk Code procedure includes a set of measures aiming to improve the continuity of care of patients with high suicidal risk and to assure the linking of these patients to the mental health system. The final objective of the Suicide Risk Code is to reduce mortality by suicide and to avoid i.e., reduce the number of future attempts.

- Good practices are often not fully replicable we need to ensure the prerequisites are in place; alongside a strong political drive, a set timeframe is neccessary;
- More involvement of the beneficiaries patients, families, professionals, decision makers
- Putting the patient/person at the center, by embracing the Human Right Framework;
- Putting community at the center, highlighting (a) the need to establish a "common understanding" of what community-based services are and how they can best deliver the care service:
- Use existing developed tools and training to assist and support IA ImpleMENTAL network
- Strong focus on social inequalities in health and improving the underlying determinants of people's health
- A strong focus must be on prevention with individuals, families and on the workplace
- Solutions need to come from inter-ministerial coordination and Ministries of Health need to liaise efficiently with government sectors beyond Healthcare
- Mental Health services must be EETL: Effective, Efficient, Timely, Localized
- Keep strengthening the JA ImpleMENTAL advocacy platform to accompany the change at national and European levels

WORKSHOP "SUICIDE PREVENTION HOTLINES"

The second training within the WP6, "Suicide prevention hotlines" offered an opportunity to exchange experiences from various countries in this field. The workshop was intended for everyone interested (not only JA ImpleMENTAL participants), such as policy-making-institutions, service providers (e.g. regional hotline providers), researchers, peer workers, and any other interested parties

The aim of the workshop was to exchange experiences from different countries (Slovenia, Serbia, Spain, Iceland and Greece) on running crisis hotlines (telephone or chat) with a special focus on dealing with somebody being acutely suicidal and also on the topic of merging several hotlines into one. Participants reflected on what works/worked and what does not in their respective countries, how to promote implementation of suitable measures and we seek for present perspectives from different fields – policy, practice and research.

NOVEMBER 2022





WORKSHOP ON SUICIDE PREVENTION ON RAILWAYS

WP6 Lead Team organized a Workshop on Suicide Prevention on Railways. The aim of the training was to share experiences from countries that have established suicide prevention measures on railways with colleagues from countries that would like to start action in this area.

After brief introduction and welcome from JA ImpleMENTAL coordinator, Vasileia Konte, Derek de Beurs from Trimbos Institute gave a lecture on experiences with suicide prevention measures on railways from Netherlands. Second session was held by Timo Partonen from Finnish Institute for Health and Welfare about cost-effectiveness of different suicide prevention measures on railways.

MILAN, ITALY

A JA ImpleMENTAL meeting was held regarding Best practices in Community Mental Health Care, at the Istituto di Ricerche Farmacologiche Mario Negri IRCCS in Milan, Italy.

Over two days, ImpleMENTAL partner countries and guest speakers shared their knowledge regarding different topics of interest regarding community mental health care, with the key point being deinstitutionalization and mental health care models across Europe (differences and similarities between partner countries, as well as challenges and barriers encountered during the implementation of these models).

MARCH 2023

NOVEMBER 2022



A transnational hybrid meeting offered an opportunity to discuss and analyze the national implementation of the Belgian best practice on mental health system reform, within the Framework of the JA ImpleMENTAL, aiming to facilitate the smooth transition from children's and adolescents' mental health services to adult services in Cyprus.





WP2 COORDINATION MEETING ON COMMUNICATION ACTIVITIES

MARCH 2023

WP2 Lead and Co-lead teams organized a WP2 coordination meeting on communication activities. The aim was to share dissemination activities, best practices and experiences from participating countries with their colleagues that would like to improve in this area, and also to present best ways of communication and dissemination. WP2 milestones and deliverables were also discussed, followed by presentations about Communication tools and Ideas for localized dissemination. Representatives from the EU Health Policy platform and experts from the JADECARE project (who presented the Method of co-creation) participated as guest speakers. Furthermore, all participating countries presented their work regarding dissemination so far.

SOME EVENTS WERE JA

SUPPORTED INITIATIVES AND PROGRAMMES

European Mental Health Week

EU4Health: Mental health assistance for displaced people from Ukraine

World Autism Awareness Day

Darkness into Light Initiative

An important discussion about the mental health of children and young people in Croatia

International Public Mental Health Conference "In and Out of Your Mind"

IASP Partnership for Life programme Pan-European Mental Health Coalition EUPHA 15th

European Public Health conference Nordic Summit on Mental Health World mental health day

Visit the official website



