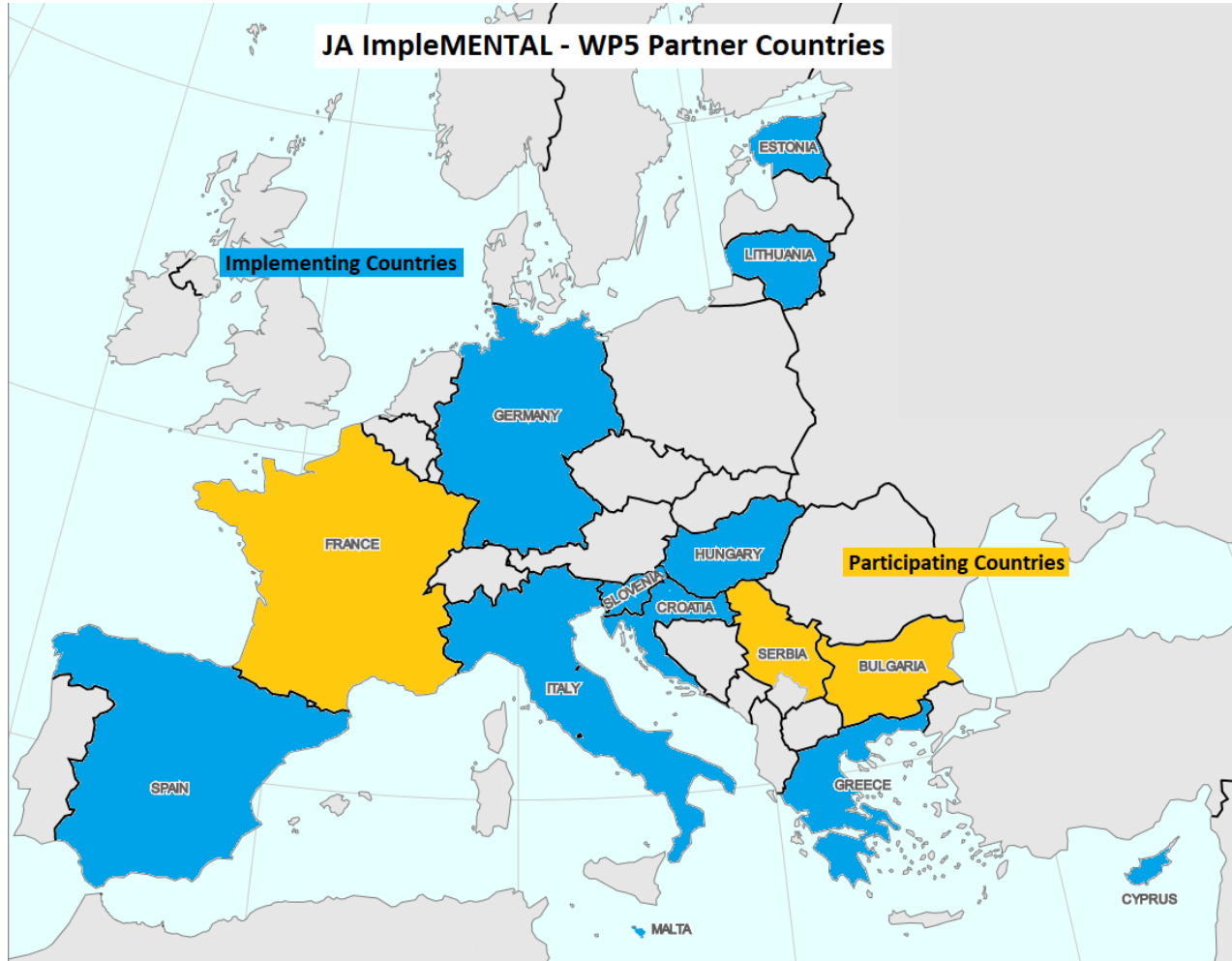




**IMPLEMENTING BEST PRACTICES AIMED AT COMMUNITY
CARE IN 11 EUROPEAN COUNTRIES:
WHAT WE LEARNED SO FAR FROM THE JOINT ACTION
IMPLEMENTAL**

Antonio Lora

**on behalf of WP5 JA (co)-leaders (Nathalie Belorgey , Teresa di Fiandra, Gabriele
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- **Two best practices to implement:**
 - WP6: Suicide prevention (Austria)
 - WP5: community-based MH service (Belgium MH reform)
- **WP5 focus** on de-institutionalisation and implementation of community mental health care
- **WP5 Countries:** 14 countries (11 implementing) / 26 institutions
- **WP5 Lead:** BZgA (Federal Centre for Health Education) /Germany, Co-Lead: Lombardy Region /Italy => division of tasks

WP5 TASKS



Elaboration of an **“Analytical Framework”**: the main purpose of the framework is to provide a common frame concerning community care for the WP5 activities



Supporting capacity building of stakeholders through **training**



Adaptation, development and pilot implementation of (selected elements) of the Belgian best practice in contexts of 11 implementing countries



Situation Analysis and Needs Assessment (SANA): analysing the main building blocks of the national/regional MH system, identifying needs & gaps, resources & opportunities for development of community-based MH service



Supporting the use of MH information, data and indicators through a **dashboard** to monitor, evaluate and improve community-based MH services

COUNTRY	CONTENTS
CROATIA	Multidisciplinary MH Mobile Teams
CYPRUS	Transition between CAMHS and AMHS
GERMANY	Supporting children and adolescents with parents mentally ill
GREECE	Supporting establishment & coordination of community-based MH networks and the definition of standardised care pathways
HUNGARY	To promote employment model to the Hungarian model of the Individual Placement and Support
ITALY	Evidence based psychosocial interventions for conduct/borderline personality disorders in Adult/Child Adolescent mental health services
LITHUANIA	Community-based case manager services for severely ill patients
MALTA	Enhancing collaboration with experts by experience and developing transition from inpatient to community-based care
SLOVENIA	Formation of intersectoral Mental Health Network (MHN) that includes service providers, patients, carers and relatives and other relevant stakeholders in pilot areas
SPAIN	Integral and community-based care to people with SMI within the development of autonomous living project
ESTONIA	Community-based mobile mental health service for patients with severe mental disorders.

The focus and the extent of the pilot actions planned by the WP5 implementing countries widely differ from country to country.

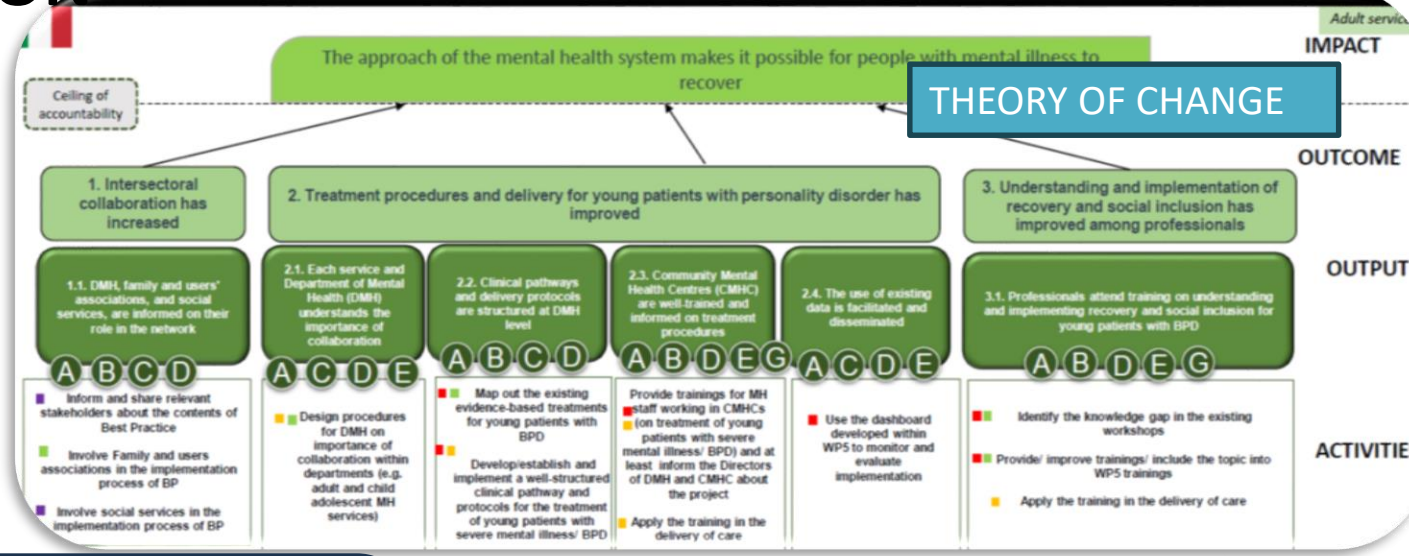
THE TOOLS FOR THE IMPLEMENTATION

SANA 1 & 2 AND COUNTRY PROFILE



Country Profile Italy

Community-based Mental Healthcare Networks: Key Facts and National Priorities



Do not underestimate & invest in pre-implementation, it will facilitate implementation

Coherence between the different tools

TABLE 3. SWOT Analysis for CAMHS

Factor	Contents				
Strengths	1. a well structured	2. CAMHS sensible to different elements	3. well developed intergration with educational and social services	4. specialized staff with expertise in the treatment of young patients with conduct disorders	5. investment training
Weaknesses	1. shortage of CAHMS staff	2. few experiences in structured long-term implementation projects	3. lack of specificity of clinical pathways for these patients	4. insufficient/aspecific training	5. lack of MH CAMHS
Opportunities	1. more attention after COVID-19 to mental health of young people	2. improving collaboration with AMHS	3. JA is an opportunity for learning about implementation	4. awareness of the need to integrate clinical and social aspects	5. collaboration with pediatric department
Threats	1. stigma related to adolescents with behavioural problems and drug use	2. limited intersectorial collaboration between CAMHS and social services	3. limited funding for CAMHS, AMHS and Substance Abuse Services		

SWOT ANALYSIS

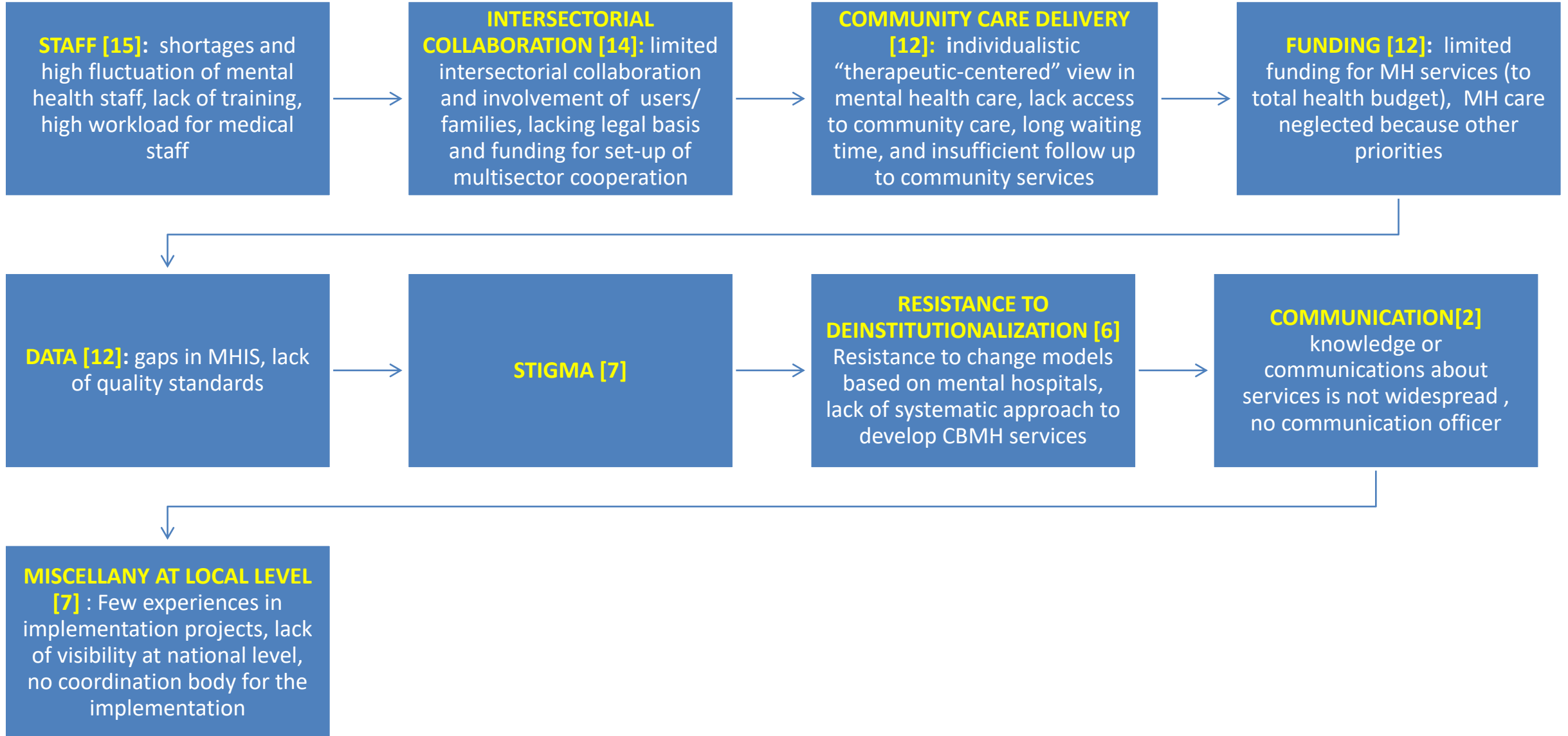
STRATEGIC AREA: Ensure (strong) governance structures/mechanisms (strengthening or extending) and sustaining networks based on intersectoral, multidisciplinary and recovery-oriented approaches

Intersectoral collaboration has increased: Departments of Mental Health, family and users' associations are more involved in the network

WHO	WHERE	WHEN		Stakeholders engaged	OUTPUT	Target Population	End beneficiaries
Who will carry out the concrete activities?		Date of Start	Date of Finish	(*)1-4			
country coordinator	at level of Lombardy Region	July 2023	September 2023	1, 2, 3	decision body, coordination	other stakeholders members of the family associations and experts	mental health professionals working in the implementation on teams at local level (Department of Mental Health - DMH)
Network coordination function 1.1.1b	in each DMH of Lombardy Region	October 2023 -	November 2023	4	team in charge of the process of implementation and the network building at local level	patients, families, mental health professionals and other stakeholders	young patients and their families

ACTION PLAN

CHALLENGES FROM THE SWOT ANALYSIS



COUNTRY	TOPICS OF THE TRAINING	Date 1	Date 2
Malta	Peer support	1 March 2023	
Malta	Collaborative care and integration with GP	7 March 2023	
All countries	General training on community care	14, 15 March 2023	
Cyprus	Continuity child/adolescent and adult services	23 March 2023	
Croatia	Flexible assertive community treatment based on a recovery oriented outreach	17 May 2023	
Estonia	Outreach community services and mobile teams	26 May 2023	<i>Oct/Nov?</i>
Slovenia	Community coalition and network building	8 June 2023	
Hungary	Individual Job Placement and Support	7 September 2023	
Italy	Harmonization and implementation of care pathways for persons with borderline personality disorders aged 18-30	16 June 2023-26 Jan 2024 (5 sessions in three sets)	
Italy	Improving the quality of MH care for adolescents with conduct/emotional dysregulation disorders cared in CAMHS	<i>January-March 2023</i>	
Spain	Individualized care plan and role of care management	16, 17 October 2023	
Lithuania	Case management and prevention of hospital (re)- admissions	<i>7, 8 November 2023</i>	
Germany	Community coalition and involvement of professionals in addressing the needs of children of mentally ill parents	<i>January 2024</i>	
Greece	To be defined	<i>To be defined</i>	

CHALLENGES

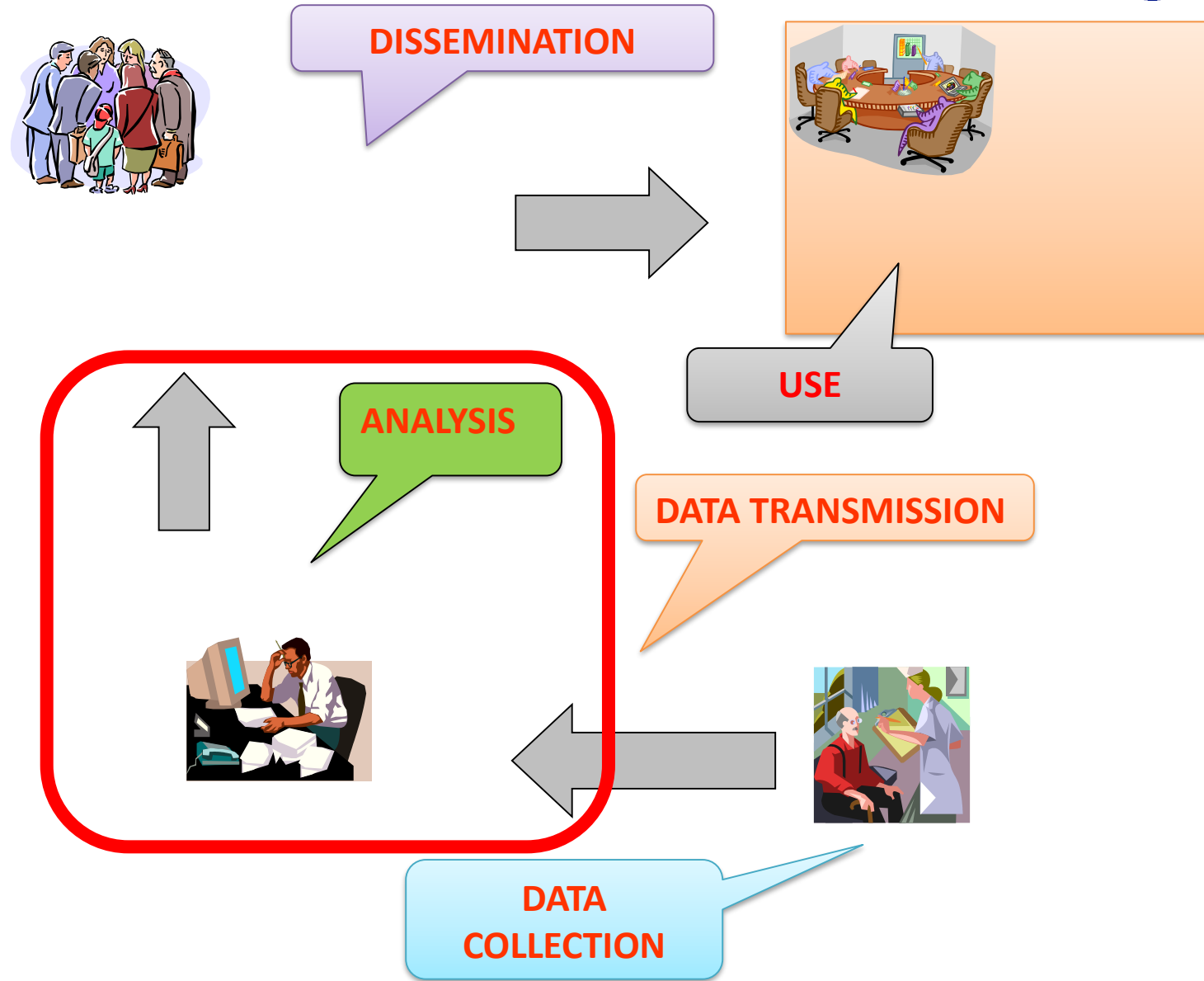
- No clear idea of **training needs** in some countries
- **Different mental health systems** caused some difficulties in mutual understanding between trainers and country partners
- The **connections with the pilot** and with the system level in some cases were weak.
- Participants have **little time available** for the training (no more than 4 hour sessions) and **few people attending the training** (with few exceptions).
- Trainees including diverse roles – but included **only (few) professionals working in community-based services** and almost never decision makers

LESSONS LEARNED

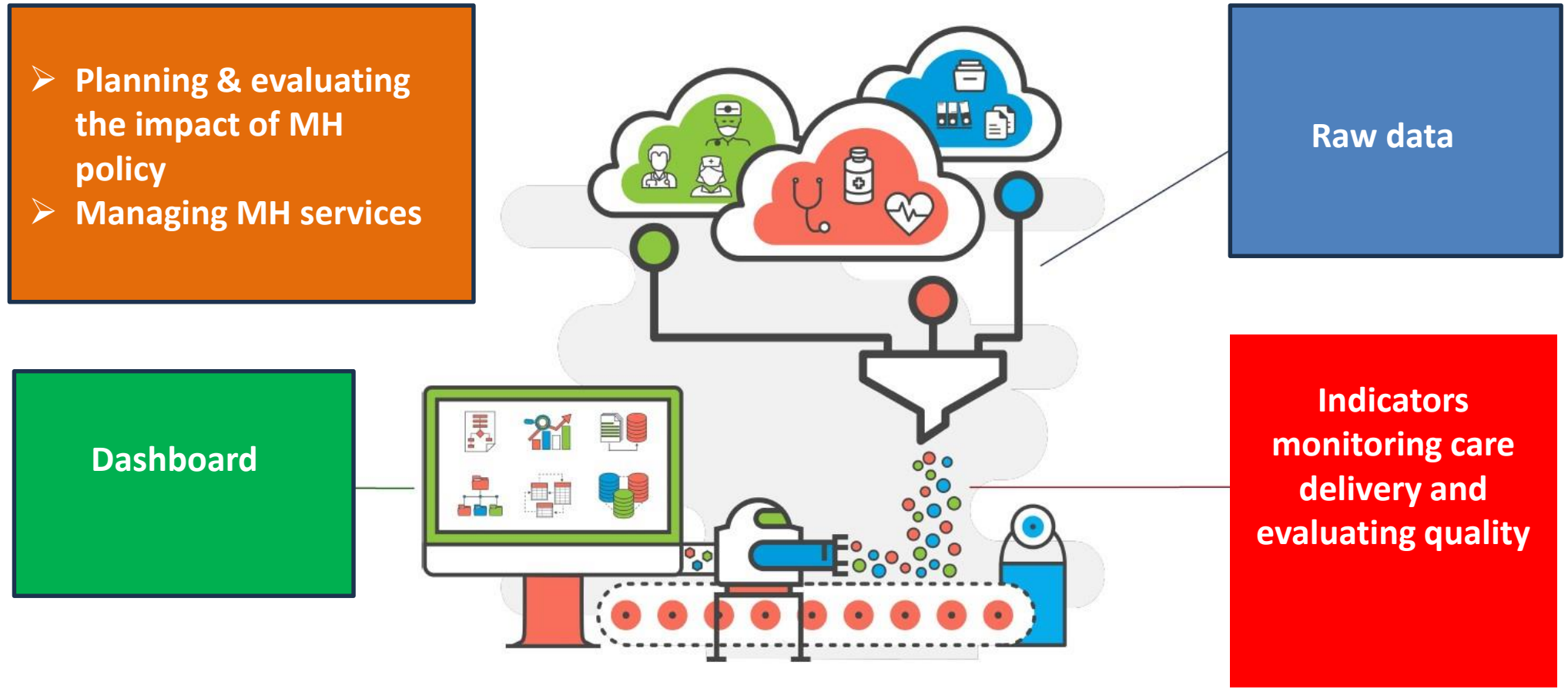
- **Importance of the shared preparatory work** (better definition of the objectives and focus of the training, building a trusting and close relationship with team coordinators and members, gaining a better understanding of the mental health services in the area).
- The goal should be not only to implement a single best practice, but also **to frame the community-based practices into an improved community-based system**, and connecting it to address *system changes* more directly.
- Using more examples and experiences – **not be too theoretical**.
- To prepare the ground, also **giving training responsibilities to local stakeholders** and identifying country coordinators with more connections with decision makers.



THE USE OF THE DATA IN MH



THE MENTAL HEALTH DASHBOARD



- Planning & evaluating the impact of MH policy
- Managing MH services

Dashboard

Raw data

Indicators monitoring care delivery and evaluating quality

The dashboard will be delivered by **AUGUST 2024**



BENEFITS/ADDED-VALUE OF COOPERATING IN WP5 FOR THE COUNTRIES

- **Exchange of experiences** and best practices with the other countries
- Possibility of **future cooperation** on relevant issues that are already emerging
- **Management tools** & implementation process used in JA may be a model for diffusion of future best practices in MH services
- Keeping up with the **latest developments** regarding MH across Europe

LESSONS LEARNED

- **To define better best practice** to be implemented
- The **link between best practice and mental health system** is important : to frame community-based best *practices* into the community-based *system*, and to address *system changes* more directly.
- Ensuring further **funding** for the pilot is a **core element for sustainability of the pilot**
- Overloaded staff or staff shortage: **task sharing/shifting** and prioritize **manageable tasks** with clear short & long-term goals
- Need for MHIS enabling **real-time statistical data & indicators** on AMHS & CAMHS
- Pushing MH system towards social inclusion & recovery-oriented approach is a long process BUT implementation of **pilots may provide an effective leverage** for improving MH care
- **Intersectoral collaboration** is key to the development of comprehensive and integrated care and to identifying user needs & ensuring support systems during and after treatment
- Participation & expertise of **experts by experience (patients, family members)** is crucial & adds value to MH service provision



Gracias!



Any questions?

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