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JA on Implementation of Best Practices in the area of Mental Health

JA2015 - GPSD [705038]

START DATE: 01/10/2021

END DATE: 30/09/2024

DURATION: 36 month(s)

CURRENT STATUS: Ongoing

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Direct Grants for Joint Actions with Member State's Competent Authorities under the Annual Work Programme 2020 of the 3HP

TOPIC: • Joint Action to Support for Member States' implementation of best practices in the area of mental health

EC CONTRIBUTION: 5398424.04 EUR

KEYWORDS: Mental Health Reform, Suicide Prevention. Best Practices

Project abstract

Mental disorders are one of the greatest public health challenges in terms of prevalence, burden of disease and disability and they cause major burden to economies, demanding policy action. More than one in six people across EU countries had a mental health issue in 2016, equivalent to about 84 million people. Moreover, in 2016, 165,000 deaths were attributed to mental and behavioural disorders, including self-harm, in EU. The burden of mental illness in the European WHO region is estimated to account for 14.4% of years lived with disability (YLDs) and 5.8% of disability-adjusted life-years (DALYs), placing thus mental illness as the second biggest contributor to YLDs after musculoskeletal disorders and as fourth in terms of DALYs in the WHO European region. Total costs pertaining to ill mental health have been gauged at more than 4% of GDP- or over 600 billion- across EU in 2015.

Many European countries have in place policies and programmes to address mental illness at different ages. Nevertheless, much more can be done to manage and promote mental health. Delivery of MH care services takes various forms across EU. Some countries still rely on big psychiatric hospitals, while others are delivering the care for MH mostly in community settings. This need for prioritizing mental health becomes more imperative, in light of the ongoing COVID-19 pandemic. Converging evidence substantiate emerging mental health needs and difficulties faced by the mental health care systems to tackle them.

Building upon 15+ years of EU efforts including the Joint Action for Mental Health and Well-being the European Framework for Action and the EU Compass, the Members of the SGPP have selected two best practices (i) the Mental health reform in Belgium and (ii) Suicide prevention form Austria to be implemented during the new Joint Action on mental health, with an aim to extend the benefits of these best practices to participating countries.

Work package

Work Package 1: Coordination and Management of the JA

Start month: 1

End month: 36

Work Package Leader: NPHO

WP1 - Coordination and management of the project [Months: 1-36] NPHO

The wide coverage of the Action brings to the fore the challenging task of addressing the diversity across member states. The three-phase implementation strategy, described in the means and methods section, will be followed by the JA overall as well as each implementation site to promote the systematic uptake of the two best practices by the services and policies of the implementing countries, and hence improving the population health. A Project Handbook will be developed to summarize the project objectives, the monitoring framework and management tools, the selected approach to achieve the goals, including project governance roles and responsibilities, the implementation strategy, the key controlling process, communication management plan, conflict resolution, policies, rules and project mind-sets. The systematic monitoring of the activities will help to check whether they are implemented according to the plan, whether results, deliverables and milestones are delivered on due dates, if there are obstacles or difficulties which may prevent the project from delivering, and to assure the overall quality of the project implementation.

Task 1.1: Establishing, maintaining and managing the organisational structure and the relevant directing, management, performing layers and advisory bodies of the Consortium to ensure the implementation of the action and compliance with the Grant Agreement.

Structure Leader: NPHO-Coodinator/ Contributors: Directing, managing performing layers and advisory bodies of the Consortium;

Start date: M1 End date: M36

Task description:

Task 1.1a. Roles and responsibilities of the Coordinator for the Grant Agreement and Consortium Agreement.

The Coordinator will fulfill the roles and responsibilities described for the Coordinator in the Grant Agreement The coordinator must:

- (i) monitor that the action is implemented properly
- (ii) act as the intermediary for all communications between the beneficiaries and the Agency
- (iii) request and review any documents or information required by the Agency and verify their completeness and correctness before passing them on to the Agency
- (iv) submit the deliverables and reports to the Agency
- (v) ensure that all payments are made to the other beneficiaries without unjustified delay

The Coordinator will also be responsible for developing and implementing the Consortium Agreement. The Consortium Agreement describes the internal arrangements and agreements among beneficiaries (and their affiliated entities), the consortium management procedures, settlement of internal disputes, and any other critical aspects such as liability and confidentiality, and will be signed by all competent authorities at the start of the project.

The Consortium Agreement must not contain any provision contrary to the Grant Agreement.

Task 1.1b. Setting up and coordination of the Consortium

This task involves setting up, coordinating and managing the relevant governing management, performing and advisory bodies which will ensure the relevance of the activities the Consortium in line with the work plan and national strategies.

- The Consortium is composed of the beneficiaries of the Grant Agreement (Competent Authorities) and their affiliated entities. According to the Grant Agreement the beneficiaries are jointly responsible for implementing the Joint Action. By signing the Agreement or the Accession Form, the beneficiaries accept the grant and agree to implement it under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out. The beneficiaries are jointly and severally liable for the technical implementation of the action.

- DG SANTE, HaDEA, WHO and user's representatives will be invited to participate in meetings and advisory bodies of the Consortium.

A Kick-off meeting (online in M1) will ensure that project stakeholders are aware of the scope of t

Work Package 2: Dissemination

Start month: 1

End month: 36

Work Package Leader: CIPH

T2.1: Development Of The Visual Identity of the Project

(LEADER: CIPH, MAJOR CONTRIBUTOR OKFO, PARTICIPANTS: ALL)

(M1-M6)

A project website will be created at the beginning of the project to showcase information about the project (including work packages), news and updates, and information about mental health. The website will be published in English. The project will also be featured on the websites of each of the partner organisations. The JA website can serve as an important repository of relevant information about mental health (e.g. links to previous JA:

<https://www.mentalhealthandwellbeing.eu/> and relevant ongoing EU projects: <http://www.magnet4europe.eu/> etc.), which will be continuously updated with the latest content during the whole duration of the JA.

All the dissemination related material, such as project logo, templates for internal and public documents, leaflet format, etc., will be defined at the very beginning of the project in order to establish the project image as soon as possible. The

corporate identity and communication tools will be developed for the project in line with what will be developed by JA to ensure consistency. A temporary “Landing” page of JA Website will be launched with limited content and simplified layout to support early communication with stakeholders and the general public before the delivery of the final website.

T2.2: Stakeholder analysis

(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)

(M1-M6)

This task aims at mapping the stakeholders involved in mental health in all MS/partners involved in the JA including existing networks and EU-funded or international projects. This task will take place at the beginning of the project. The objective is to identify all categories of the population who could directly benefit from the project (professionals, population groups, patients, citizens), who could be the best advocates (policy makers, Member States governments, health managers, private sector) or who could develop resistance to the implementation of the JAs at the very beginning. In addition the analysis will offer information about stakeholder groups who may have an impact on potential barriers/enablers to the implementation. Each country has been asked to provide a detailed list of key stakeholders before the beginning of the project. Templates for the stakeholder mapping will be developed (M3) and distributed to all partners involved in the JA and stakeholder analysis should be completed by M6. Complementary to the groups provided by JA partners, collaborating stakeholders will be also chosen through an open call that will be conducted based on the experiences of JA TEHDAS. This method will also contribute to collecting information for the stakeholder analysis through the learnings of processing stakeholders’ interest and need.

T2.3: Development of the Dissemination strategy

(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)

(M1-M7)

This strategy is to specify the dissemination aims and objectives, making an analysis/mapping of stakeholders and specific target groups and plan communication and dissemination activities, detailed activity planning, stakeholder mapping and identification of the tailored target groups, messages catered towards various target groups (final targets and multipliers, including decision makers and journalists), the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description of the JA internal and overall communication. Specific needs of the 2 technical WPs will be taken into account. The strategy will be based on the analysis implemented in Task 2.2 and it will be updated on an annual basis.

T2.4: Identifying Dissemination Channels and Networks

(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)

(M6-36)

This task consists of identifying communication channels (e.g. websites, news updates, media, social media, events) and networks (building on existing networks), in agree

Work Package 3: Evaluation

Start month: 1

End month: 36

Work Package Leader: TRIMBOS

Task 3.1 Develop an evaluation strategy for evaluation of the JA, to assess the output from all WP's

Task lead: Trimbos

Co-lead: Fundación para la Formación e Investigación Sanitarias de la Región de Murcia (FFIS)

PARTICIPANTS: ALL (M1-M12)

This task involves the development of an evaluation strategy to monitor and evaluate the output from all work packages. This task involves close cooperation and input from WP1 as well as from the Executive Board to this JA, governed under WP1. This includes developing an evaluation approach, reviewing indicators across WPs based on the overall and specific objectives, and developing tools to conduct the evaluation. The evaluation plan will assess both the process and impact of the horizontal and vertical WPs of the JA through a systematic appraisal in terms of results (if the JA achieved its objectives) and in terms of quality (whether the outcomes meet the needs of the target groups and mental health policy priority areas). This includes developing an evaluation approach, reviewing indicators across WPs based on the overall and specific objectives, and developing tools to conduct the evaluation. Evaluation will pay specific attention to the sustainability of activities, e.g., inclusion of activities at the national levels and if they are embedded in organizational structures/services and/or policies.

Task 3.2 Evaluate the Joint Action (all WPs)

Task lead: Trimbos

Co-lead: Fundación para la Formación e Investigación Sanitarias de la Región de Murcia (FFIS)

PARTICIPANTS: ALL (M1-M36)

This task involves conducting an evaluation of all actions undertaken to assess if the project is being implemented as planned and reaches its objectives. Coordination with the monitoring processes of WP1 is essential to avoid overlap and duplication of work. The evaluation will consist of a process evaluation, which will include different components including self-evaluation (per WP), review of progress on (content) indicators per WP. The evaluation will culminate in a report with recommendations to suggest how the implementation of the JA could be improved to optimise processes in the JA.

Task 3.3 Evaluation of the implementation of pilot practices in WP5/6

Task lead: Trimbos

PARTICIPANTS: ALL implementing countries (M1-M36)

This task is concerned with creating an evaluation strategy for assessing the implementation of pilot practices in the technical work packages (WP5 and WP6). This strategy will provide options for technical WP's and MS in assessing the implementation process and outcomes. The evaluation strategy will be developed at the beginning of the project, via a consultative process with endorsement and active involvement of WP1, 5, and 6 leaders.

Activities include:

1) Development of a common evaluation strategy. It is anticipated that evaluation

of the implementation process and some implementation outcomes may be feasible to assess within the timeframe and resources of the JA; however, a full impact evaluation will not be feasible. Choices will need to be made early in the JA as a Consortium about a strategy (developed in this WP, in close collaboration with WP1 and technical WP's) on how to reflect the diversity of practices implemented across MS in a meaningful evaluation. The evaluation strategy will therefore:

- a) Reflect evaluation options to capture the diversity of approaches to implementing the 2 good practices across MS
 - b) Determine methods and tools (in collaboration with WP5, particularly task 5.4)
 - c) Determine research/evaluation priorities/questions and developing/agreeing on a set of (process, output and outcomes) indicators
 - d) Develop common tools (e.g., questionnaires, general guidelines for evaluation, forms/logbooks, checklists)
- 2) Member States will develop a pilot-specific evaluation plan on the basis of the aforementioned evaluation strategy developed by the WP3 team. The plan will be tailored to pilot organization and context, and describe the evaluation

Work Package 4: Sustainability

Start month: 1

End month: 36

Work Package Leader: OKFO

Throughout this WP, collaboration with the dissemination, evaluation and the technical WPs is essential to ensure data and findings are translated into policy lessons, and that considerations and ingredients for sustaining the good practices and mental health policies are identified. This WP will also work closely with the JA Member State Policy Committee in WP1 (consisting of governmental experts) to maximise opportunities for sustaining the results of the JA and implementing good practices beyond the lifespan of the JA in national policies and programs.

Specific activities include:

Task 4.1: Develop a unified conceptual model to guide the process of translating knowledge into policy & practice.

Task lead: Trimpos Co-lead: OKFO (HU)

PARTICIPANTS: ALL (M13-M36)

This activity is concerned with selecting a knowledge to policy translation model and adapting it to the context of the JA. This model will be validated with the JA consortium and used as a framework for consolidating information for policy dialogues, and the sustainability plan. This task is linked to D.4.1 (M18), and follow-up activity will be performed till M36.

Task 4.2: Support the process of embedding knowledge gained from the implementation of the good practices through thematic workshops to facilitate networking, and support stakeholders in understanding how changes/results from pilots can be sustained

Task lead: Trimpos

PARTICIPANTS: ALL (M01-M36)

These workshops will not only facilitate the development of a network focused on mental health system development, but also provide a platform to make the case

for why mental health transformations are important now, and what envisaged outcomes of these transformations can be in the short and long-term. Delivery of workshops with MS/C will start once there are already lessons learned in WP5 and WP6 that can be identified from implementation. Preparatory work to design the workshops and detail a strategy for it will be done during M01-M13.

Where possible, a stakeholder analysis (potentially developed in the other WPs) will be used to assist with identification of stakeholders. Based on input from these networks, a policy toolkit will be developed containing all relevant information for individual MS to take the next steps in creating support among relevant stakeholders, specifically local and national policy makers. This task is linked to D.4.2 (M24), M.4.2 (M27), and follow-up activity will be performed till M36.

Task 4.3: Policy dialogues in MS/C to jointly develop a roadmap to advance mental health policy priorities in Europe beyond the JA

Task lead: OKFO (HU) Co-lead: Trimbos (NL)

PARTICIPANTS: ALL) (M01-M36)

This activity involves the design and execution of policy dialogue sessions, which generate possibilities/opportunities around a key policy question (e.g., how to finance community mental health teams for the next 5 years) with a corresponding action plan (with responsibilities, budget, communication channels). Policy dialogues will bring together decision-makers at local, regional and national level together in the MS/C implementing the good practices around the core issues needed for sustainable changes in mental health systems development. Priorities for key policy questions, needs and issues to be discussed in the policy dialogue sessions, will be mapped, and presented in an initial set of prioritised needs and challenges for sustaining good practices across member states. Information will be collected through online questionnaires to the advisory bodies of the Joint Action (the Member State Policy Committee and the Stakeholder forum), in collaboration with WP1, as well as inputs from other work packages, especially lessons learned from the SANAs that will be delivered in WP5 and WP6.

The policy dialogues - through events offering specific discussions on the different social, cultural and/or political contexts and gain information about the background of possib

Work Package 5: Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services

Start month: 1

End month: 36

Work Package Leader: BZgA

This WP aims in particular at identifying, transferring, pilot implementing and integrating selected elements of the Belgian best practice example at system and/or at service level in order to establish, improve or scale up intersectoral, community-based and client-centred MH promotion, care and prevention networks and services in a number of participating countries. The organisational model of the Belgian practice example of community-based and client-centred MH services

integrates intersectoral and multidisciplinary networks at local/regional level, based on three key pillars/elements. These networks provide integrated services tailored to the individual needs of the users/patients (children/adolescents, adults and the elderly) within five core functions/areas of services.

The WP will be structured around different tasks and cover both target groups of 1) children/adolescents and 2) adults (incl. the elderly).

Task 5.1 Preparatory work: establishing WP structures and content (M1-8)

Leader: DE, Co-leader: IT, Participants: all WP countries, other WP leaders

5.1.1. Kick-off-session (virtual/online) (WP lead, co-lead, participating countries) within the frame of the JA kick-off

Presentation and discussion of the Belgian best practice example, planned WP activities, structures (Working Groups) and timetable, definition of working rules (meetings, communication formats, links with other WPs).

5.1.2. Set-up of two WP5 Advisory Groups of experts on MH promotion, care and prevention for 1) children/adolescents, 2) adults (incl. the elderly)

5.1.3. Conduct meetings and exchanges with regional and/or national ministries and other relevant national, regional and/or (other) institutions, affiliated entities or collaborating partners relevant to or taking part in the WP5 in each participating country, with the aim of mobilising resources and sharing information as a preparatory step to the implementation of WP5.

5.1.4. A preparatory (virtual) country "visit" to Belgium to better understand the context, the core elements, the functioning and the operation of the Belgian best practice example.

5.1.5. Elaboration of an Analytical Framework for the assessment and transfer (of elements) of the Belgian best practice example in relation to the contexts of each country.

The framework will guide the development and implementation of the WP tasks, frame common elements/topics identified and selected to be taken into consideration during the pilot implementation, for monitoring and evaluation (WP1 & WP3) and for cross-country thematic exchange (WP5 and 4).

5.1.6. Carrying out workshop(s) for cross-country exchange on selected common elements/topics and/or to prepare and agree with the Analytical Framework and/or questionnaire for the situation analysis & needs assessment.

Task 5.2 Conduction of a situation analysis and needs assessment (M7-14)

Leader: DE, Co-leader: IT, Participants: all WP countries, other WP leaders

5.2.1. Conducting a country-specific situation analysis & needs assessment (SANA) in each participating country.

In a first step, a general overview of the main building blocks of each country's MH system (i.e. policy and legislation, governance, financing, workforce, organisation and care delivery at MH service level, information system) will be provided, based on a simple template for country profiles developed jointly with the WP6 leaders (and with input from the WP1 and WP3 leaders). The second step involves carrying out a more specific analysis and assessment of the situation and needs at a level (national or regional or local) chosen by each country and relevant for pilot implementation.

5.2.2. Compilation of the results into country specific profiles/reports by each country.

Task 5.3. Adaptation, development and pilot implementation of (selected elements) of the Belgian best practice (M14-27)

Leader: DE, Co-leader: IT, Participants: WP countries, other WP leaders

5.3.1. Elaboration of a simple, logical transfer/ch

Work Package 6: Transfer and pilot implementation of (selected elements of) of the Austrian Best Practice on Suicide Prevention (SP) "SUPRA"

Start month: 1

End month: 36

Work Package Leader: BMSGPK

This WP aims in particular to develop or scale up a suicide prevention strategy on national/regional level based on the Austrian best practice example Suicide Prevention Austria (SUPRA). Selected elements of SUPRA should be pilot implemented in a defined number of MS for 1) children/adolescents and/or 2) adults (incl. elderly people) in the local contexts of the participating countries, based on the results of the situation analysis and needs assessment (SANA) as well as the priorities within the participating countries. Components of SUPRA include: (i) coordination and organization (aim: suicide prevention is organizationally embedded and co-ordinated). (ii) support and treatment of high risk groups (aim: people at risk of suicide are supported and treated as needed), (iii) restriction of access to means of suicide (aim: rendering access to means of suicide as difficult as possible), (iv) awareness and knowledge (aim: awareness and knowledge of suicidality and about coping with psychosocial crises are widespread among the general population), (iv) to integrate suicide prevention programmes in other health promotion activities (aim: the issue of suicide to be integrated into existing health promotion, addiction and violence prevention measures), (vi) quality assurance and expertise (aim: suicide prevention is quality assured on the basis of scientific expertise).

Within this WP participating countries are supported to develop or refine national/regional strategies as well as to initiate (take first steps towards) pilot-implementation of selected SP-actions by e.g. workshops/trainings, webinars.

Task 6.1: Preparatory work: Establishing project structure and content (M1-8) --> link to WP1 and other WPs

Lead: AT, Co-lead: CZ, Participants: WP countries, other WP leaders

6.1.1. Web-based-Kick-off-meeting: (lead, co-lead, WP countries)

- Presentation of the overview of the WP 6 and key elements of the SUPRA practice
- Decide on the structure of work incl. project plan, committees, working groups, timetable;
- Define rules of work (meetings, communication format/s)

6.1.2. Establish national/regional working group and advisory board by each participating WP countries

Based on experiences from SUPRA and the Czech example

- Organise a national kick-off-meeting based on the EU-level-meeting with all key national stakeholders

- Presentation of the overview of the Joint Action and relevant technical WPs on suicide prevention and mental health reform depending on country's selection
 - Decide on the structure of work incl. project plan, committees, working groups, timetable;
 - Define rules of work (meetings, communication format/s)
- 6.1.3. (Online-) Workshop 1 (2 days); (lead, co-lead, WP countries) --> link to WP1
- day 1:
- presentation of WHO-Framework and use case / best practice model SUPRA with focus on potentially transferable modules (according to the 6 SUPRA-"columns")
- present an overview of potential SP-actions:
 - "Quick Win"-package (actions that can be implemented easily and without a big budget within 1 or 2 years - usually based on existing activities. Can act as motor for political commitment and implementation of further measures of JA)
 - Additional implementation packages
 - To get a first idea which SUPRA actions/packages could be suitable and a priority for participating countries;
- Development of a plan for the situation analysis
- day 2:
- Workshop/training on how to develop a (national/regional) SP strategy, open also for selected further interested experts from participating countries
- Discussion of reflections and ideas of participating countries so far, based on input from day 1 (WHO-Framework and experiences from SUPRA and the Czech example)
- 6.1.4. (Online-) Workshop 2 (lead, co-lead, WP countries) --> link to WP 3 (Evaluation) and WP 5 (health care reform)
- Compilation of a questionnaire for undertaking a comprehensive situation analysis and needs assessment (SANA) as well as compilation o

COORDINATOR



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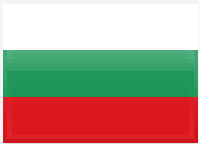
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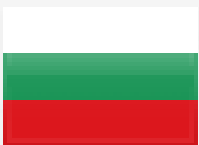
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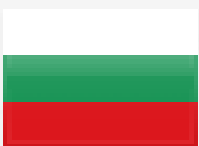
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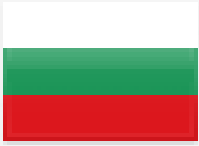
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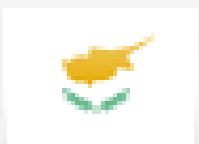
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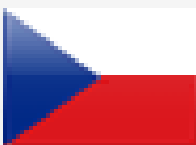
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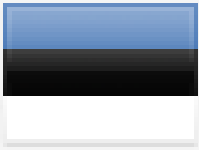
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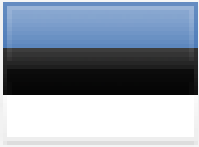
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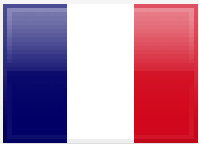
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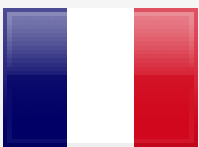
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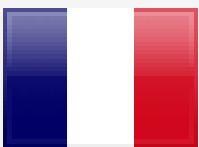
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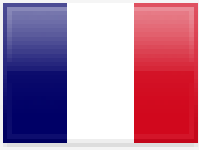
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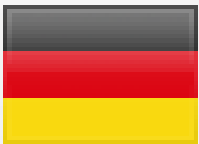
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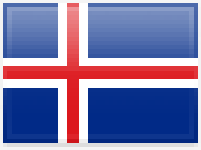
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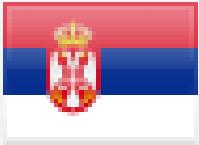
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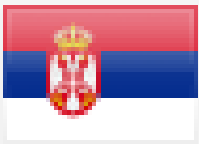
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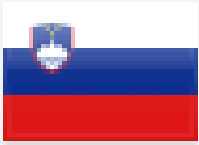
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Layman Version of the Final Report

CIPH

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2024

The report targets at a non-specialist audience and serves to inform decision makers and non-technical parties of the JA objectives and results.

Project Handbook

NPHO

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/11/2021

Report

Dissemination strategy

OKFO

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 31/03/2022

Specifying dissemination aims and objectives, mapped stakeholders and specific target groups as well as planning communication and dissemination activities

Mid-term report on Dissemination

CIPH

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 31/03/2023

Reports on the implementation of the dissemination activities and CDP

Final Report on Dissemination

CIPH

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2024
Key element of communication tools

Evaluation Strategy

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/06/2022

Report on the final evaluation of the JA based on the Strategy

Mid-term report on Evaluation

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 31/03/2023

Report on the progress, processes and outcomes, and recommendations for the remaining work period.

Meta-synthesis report

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2024

Meta synthesis on the results from the good practices based on the evaluation framework

Final evaluation report

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2024

The final evaluation report outlining the central outcomes and conclusions related to the objectives.

Conceptual model for translating knowledge into policy and practice changes selected and

applied in the JA

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 31/03/2023

A unified conceptual model to guide the process of translating knowledge into policy & practice (by Task4.1, M13-M36, and follow-up activity will be performed till M36)

Policy toolkit

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2023

Policy toolkit, including a roadmap for mental health system development for policymaker

Common sustainability plan

TRIMBOS

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/09/2024

Plan on how sustainable change can be promoted

A public summary report/executive summary of the SANA

BZgA

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 30/11/2022

Public summary report/executive summary of the main results of the situation analysis and needs assessment for each participating country

Analysis Report on the pilot implementation

BZgA

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 29/02/2024

An Analysis and Synthesis Report on the process and results of pilot

implementation based on (included) country-specific reports and the analytical framework elaborated under task 5.1. (this will include a public summary of the report)

A Synthesis Report on the results of the use of indicators for mental health and the developed dashboard of MH indicators is elaborated

LOMBARDY REGION

JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020)

Expected on: 31/01/2024

A Synthesis Report on the results of the use of indicators for MH, including a dashboard of indicators for assessing the delivery and quality of MH care and prevention

A "training kit" for use of and adaptation by interested countries is elaborated

LOMBARDY REGION

JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020)

Expected on: 31/08/2024

A "training kit" for community-based and client-centred MH prevention and care for the use of and adaptation (to local context) by interested countries/institutions

Situation analysis and needs analysis (SANA) profiles

BMSGPK

JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020)

Expected on: 31/05/2023

SANA country profiles on SP activities including list of common and EU MS specific implementation barriers and enabling factors

Drafted National / Regional suicide prevention strategies

BMSGPK

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Expected on: 29/02/2024

(Draft) National/regional strategies (describing prioritized SUPRA-actions which should be rolled out in the implementing countries) and compilation of these strategies (i.e. in a repository).

Project Website

CIPH

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Published on: 16/06/2022

Main tool to showcase information about the JA

SUPRA handbook

BMSGPK

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Published on: 15/06/2022

SUPRA national use case handbook based on WHO-framework and Czech example

Introductory leaflet

CIPH

JA on Implementation of Best Practices in the area of Mental Health
(JA-02-2020)

Published on: 08/06/2022

Report