Deliverable 5.1 Country Profiles

A public summary report/executive summary of the SANA Country Profile Compilation of submitted documents

Author(s):	authors of introduction, summary: WP5-(co)lead-team (DE/IT) and WP1 team (GR) authors of country profiles of individual countries/partners: see cover page of respective profiles
Version:	1.0
Date:	30.10.2023

Contents

This report arises from the Joint Action on Implementation of Best Practices in the area of Mental Health, which has received funding from the European Union through the European Health and Digital Executive Agency (HaDEA) of the European Commission, in the framework of the Health Programme 2014-2020, GRANT NUMBER 101035969 — JA-02-2020. The content of this report represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the HaDEA or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Background

The EU-Co-funded "Joint Action on Implementation of Best Practices in the Area of Mental Health", short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project's website JA ImpleMENTAL (ja-implemental.eu). It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in two specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises six Work Packages (WPs), four horizontal WPs and one for each best practice. WP5 on community-based mental healthcare aims to implement elements from Belgian Mental Health Reform, which is based on the principle of deinstitutionalization, i.e., the transition from care primarily provided in institutions to community-based care in order to improve mental health outcomes and quality of life and avoid unnecessary hospitalizations. In addition, the reform is based on the principles of rehabilitation and social inclusion, decategorization, i.e., multisectoral cooperation, strengthening care in hospitals to render stays shorter, but with more intensive treatment, and the principle of consolidation, providing funds for pilot projects.

In order to achieve successful transfer and implementation of (selected elements) of the two best practices, JA ImpleMENTAL applies an **Implementation Strategy**, developed by WP1 including a series of methods and techniques to facilitate the assimilation, adoption, implementation and sustainability of practice. The implementation is carried out on both project and country-level and is divided into three phases: (1) pre-implementation, (2) implementation and (3) post-implementation.

This document represents deliverable 5.1, comprising **country profiles of all countries participating in WP5 community-based mental healthcare:** Bulgaria, Croatia, Cyprus, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Malta, Serbia, Slovenia, and Spain.

The **National Country Profiles** (CPs) present key facts and national and regional/local priorities for community-based mental health in a compact format. They summarize results of the national Situation Analysis and Needs Assessment (SANA), list lessons learned, recommendations, challenges and opportunities as well as outlining prioritised measures and next steps necessary to scale-up and promote national/regiona/local community-based mental health care services. The country profile is an integral part and output of the 5-step pre-implementation phase. The final step of the pre-implementation phase is the formulation of action plans for prioritized measures in the pilots. These action plans guide and promote successful transfer and pilot implementation of the best practice in the implementing countries in a structured and comprehensive way. The country profiles serve as a basis for the development of the abovementioned action plans, for national strategy formulation, decision-making and commitment

Development process

The country profiles are based on a situation analysis conducted in two parts and subsequent needs assessment. For the situation analysis, two questionnaires have been developed, one for the analysis of the situation regarding the overall health system and community-based mental health care at

national level, and another one for the analysis at implementational level. Following the data collection, a SWOT analysis was conducted by the countries to assess the needs in terms of community-based mental health care.

The **concept for the CPs** was developed in a co-creation-process by the WP5 lead team, the WP5 partners, and other WPs via email exchange and at partner meetings. The template was drafted in accordance to the template created by WP6, but adapted to the indicators and informational needs of WP5. A first concept paper was presented to the partners in November 2022 with a request for feedback. The few comments were taken into account for the creation of the final template. The final template was sent to the partners in February 2023 (Word template). All countries were asked to use the provided **template**, including a defined table of contents (incl. page numbers per section) as well as guidance on the layout for e.g. text, tables, graphs and references. Each CP included the following **sections**: introduction, situation analysis (country, health and social system at national level, mental health system at national level, health and social structure in pilot area, community-based mental health care at pilot level), needs assessment, reflection on SANA results, prioritised measures and next steps, references, and corresponding authors. Within the sections, countries were given guidance, which indicators of the SANA questionnaires to report on, but were free to decide on the content they wished to focus on and present, depending on their national context and current priorities.

Compilation timeline: the majority of partners produced their country profiles between February 2023 and May 2023. The documents were **checked by WP5 lead team members** in regards to completeness and formal adherence. Partner were asked to revise the documents if necessary. Afterwards the CPs were **forwarded to the JA-Coordinator for revision**. As a result of the review process, the Coordinator and WP5 team approached partners again and recommended to link prioritised measures and next steps to strategic areas of the Belgian Best Practice pilot implementation. In order to give the countries more time for revision, the **deadline for submission was extended** from end of May to end of October2023. Of 11 implementing countries, 10 CPs were updated according to the Guidance. At the end of August, the CPs were finalized and reviewed by the JA-Coordinator. The **present document was submitted to HaDEA** on 31 of October 2023 for revision.

Summary

Overall, the national CPs produced by the partners of JA ImpleMENTAL WP5 were of high quality.

The CPs were compiled by all partners, regardless of the status of the countries in the JA being implementing or non-implementing countries.

They used the template provided by the WP5 lead team, resulting in comparably structured documents across all countries. The CPs summarize results of SANA very well and outline planned steps for implementation of prioritized measures for community-based mental health at pilot level.

The provided CPs comprise 11 to 23 **pages** and were elaborated by 2 to 8 **(co-) authors**. Countries were asked to make **gaps in or challenges with data** transparent, a few countries also **updated data** if this had been revised since filling in the SANA questionnaires.

Countries presented **results of the Needs Assessment** in a SWOT-analysis-table and listed prioritized **measures for the pilot implementations** in the section reflecting on the SANA results or in the section on priorities and next steps. Implementing countries listed between 4 and 23 **measures** prioritized for

implementation. For the revised CPs that linked these measures to strategic areas, between 3 and 5 areas were listed.

All countries provided information on **next steps**. Partially a very extensive number of **references** was used for the compilation of the CP. For some countries the compilation of CPs took place in collaboration with national **advisory boards or experts**.

Layout and structure of the document

The **country profiles** submitted by the partners of JA ImpleMENTAL WP5 **are included in this document unchanged** in order to present them exactly as what they are: the **products of the individual countries**. The WP5 lead team simply joined the individual PDF-Files in one document and added the sections above as well as a table of contents for better orientation.
Within the tables, some rates are stated per 100.000 of the population, some per 10.000 of the population. This is due to some of the piloting areas being smaller than a population of 100.000, hence the decision was left to the countries on how to report rates within their pilot area.

Annex – National Country Profiles in alphabetical order

Bulgaria, Croatia, Cyprus, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Malta, Serbia, Slovenia, Spain