




JA ImplementAL

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



Co-funded by the European Union's Health
Programme under Grant Agreement
No. 01035669/JA-02-2020 [HADEA]



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 from 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.

Participants

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- BUNDESMINISTERIUM FUER ARBEIT, SOZIALES, GESUNDHEIT UND KONSUMENTENSCHUTZ (Austria)
- NATIONALEN CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI (BG)
- HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO (HR)
- MENTAL HEALTH SERVICES (CY)
- MINISTRY OF HEALTH (CZ)
- SOTSIAALMINISTEERIUM (EE)
- TERVEYDEN JA HYVINVOINNIN LAITOS (FI)
- MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE (France)
- BUNDESZENTRALE FUR GESUNDHEITLICHE AUFKLARUNG (DE)
- ALLAMI EGESZSEGUGYI ELLATO KOZPONT (Hungary)
- EMBAETTI LANDLAEKNIS (IS)
- REGIONE LOMBARDIA (IT)
- LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA LT
- MINISTRY OF HEALTH – GOVERNMENT OF MALTA (Malta)
- STICHTING TRIMBOS- INSTITUUT, NETHERLANDS INSTITUTE OF MENTAL HEALTH AND ADDICTION (NL)
- THE NORWEGIRAN MINISTRY OF HEALTH AND CARE SERVICES (NO)
- INSTITUT ZA JAVNO ZDRAVLJE SRBIJE “DR MILAN JOVANOVIC BATUT” (RS)
- NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (SI)
- SERVICIO MURCIANO DE SALUD (ES)
- FOLKHALSOMYNDIGHETEN (Sweden)

Overview of Work Packages (WPs)

WP.1 Coordination - Actions undertaken to manage the project and to make sure that it is implemented as planned.

WP.2 Dissemination - Actions undertaken to ensure that the results and deliverables of the project will be made available to the target groups.

WP.3 Evaluation - Actions undertaken to evaluate JA ImpleMENTAL and evaluate the impact of JA ImpleMENTAL on the target group and in mental health policy in Europe, including a synthesis evaluating the implementation across good practices in WP5 and 6.

WP.4 Sustainability - Actions to identify opportunities for sustaining the results and outcomes from JA ImpleMENTAL, with a particular focus on transfer of results from JA ImpleMENTAL into processes needed for embedding knowledge into policy and practice.

WP.5 Pilot - Implementation of the Belgian best practice on reform of the mental health (MH) services. Transfer and pilot implementation of (selected elements of) the Belgian best practice example “Towards better mental health (MH) services through mental healthcare networks and pathways” in participating European countries.

WP.6 Suicide - Prevention (SP) Transfer and pilot Implementation of the Austrian best practice on suicide prevention SUPRA.

