

# LA JOINT ACTION IMPLEMENTAL

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**Consulente Regione Lombardia**

**18 marzo 2025**



# JA IMPLEMENTAL

## 2021-2024:

### DA DOVE NASCE?

- La **JA ImpleMENTAL** è stata caratterizzata dall'**approccio focalizzato sull'implementazione di buone pratiche**, emerse dalle esperienze europee in vario modo collegate ai risultati della prima JA sulla salute mentale (*JA Mental Health and Well-being 2013-2016*)
- La **selezione delle buone pratiche** è avvenuta attraverso un approfondimento delle esperienze di settore, presentate in un «marketplace» organizzato della Commissione Europea ad Ispra (VA) nel 2018 e successivamente **votate dai componenti del Governmental expert group on MH** dei Paesi membri dell'Unione Europea
- Il **coordinamento generale della JA** è stato affidato alla **Grecia**



# JOINT ACTION IMPLEMENTAL



**WP1 Coordinamento**



**WP2 Disseminazione**



**WP3 Valutazione**



**WP4 Sostenibilità**



**WP5 Best practices territoriali**



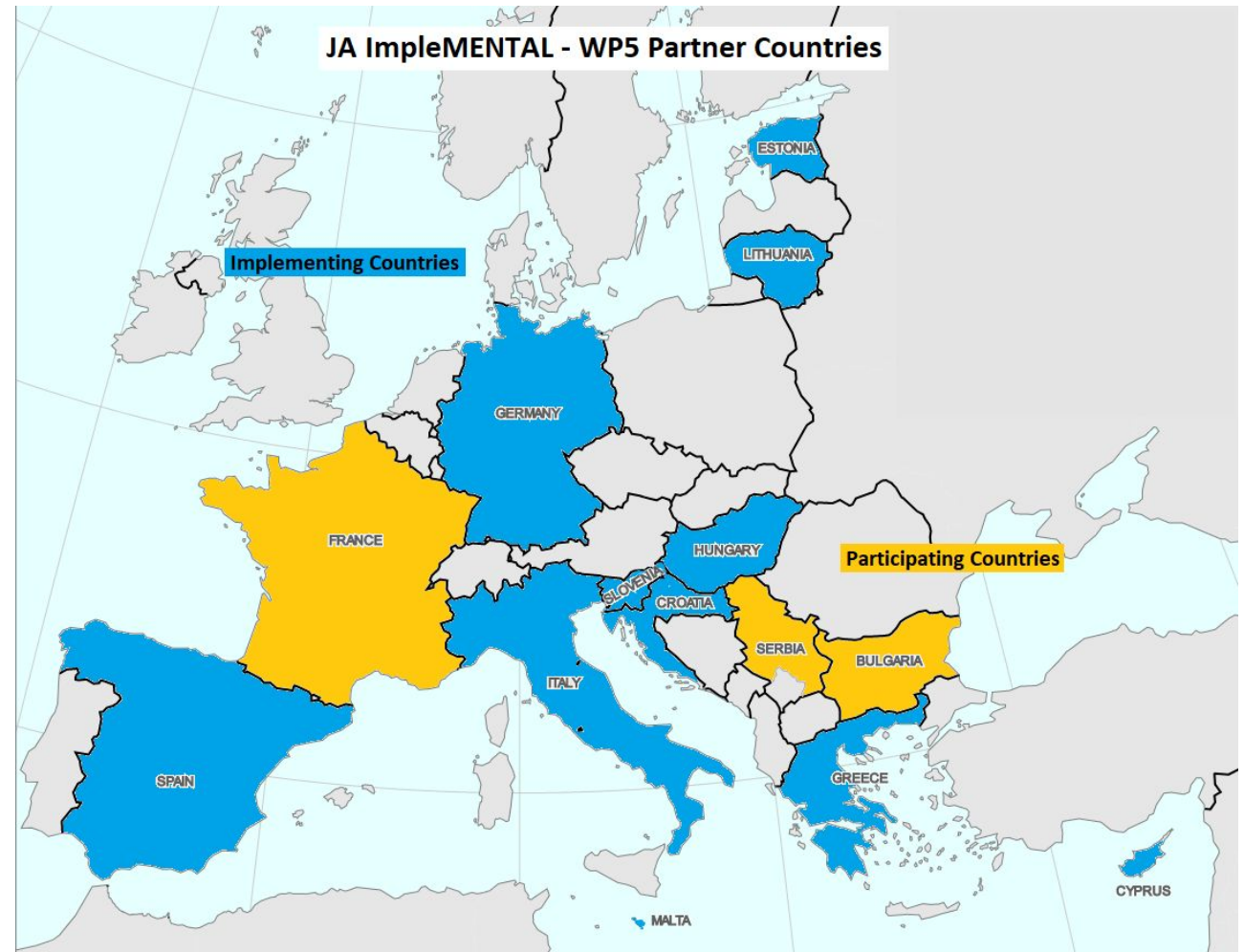
**WP6 Prevenzione del suicidio**

- **4 WPs trasversali**
- **2 best practice** da implementare :
  - WP6: Prevenzione del suicidio (SUPRA Austria)
  - WP5: riforma dei servizi di salute mentale in chiave comunitaria (riforma del Belgio)
- **WP5** è incentrato sulla deistituzionalizzazione e lo sviluppo della “community mental health care”
- **Paesi partecipanti al WP5** : **14** Paesi (di cui **11** implementano best practice) / **26** Istituzioni
- **WP5 Leader:** BZgA (Federal Centre for Health Education) /Germany, **Co-Lead:** Regione Lombardia/Italy

## WP5:

# 14 PAESI PARTNER

(11 IMPLEMENTANO  
BUONE PRATICHE,  
3 COLLABORANO  
SOLO ALLE ATTIVITÀ  
SCIENTIFICHE)



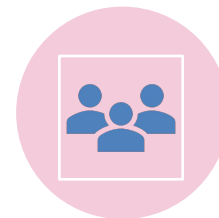
Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat  
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eurostat

# COMPITI DEL WP5



Elaborazione di un **“Analytical Framework”**, con lo scopo di fornire una base comune rispetto alle attività di community care nel WP5



**Formazione** per lo sviluppo della best practice



**Implementazione delle best practices** a partire da specifici elementi della riforma belga negli 11 Paesi che implementano



**Situation Analysis and Needs Assessment (SANA):** analisi dei sistemi di salute mentale dei Paesi partecipanti e valutazione dei bisogni, delle aree critiche e delle opportunità per lo sviluppo della best practice



**Cruscotto di indicatori** per monitorare l'attività dei servizi e valutare la qualità erogata



# WP5 – OVERVIEW OF THE WP5 ACTIVITIES

**Pre-Implementation Phase**  
(M1-14)

**Implementation Phase (M14-29)**

**Post-Implementation & Evaluation Phase**  
(M25-36)

Preparatory  
Activities

Situation  
Analysis &  
Needs  
Assessment  
(SANA)

Prepare &  
carry out  
pilot  
implement-  
ation

Prepare &  
carry out  
evaluation of  
pilots  
(WP3)

Synthesis of  
findings from  
pilots  
& “post-JA”  
preparation

Meta-analysis of  
pilot evaluations  
→ Sustainability  
Plan (WP3 &4)

Development and (pilot) application of a dashboard of MH indicators

**Training and capacity building (M10 to 35)**

**SANA Country Profiles**

Indicators' Dashboard  
+ Synthesis Report

Training Kit

**Synthesis Report on Pilot  
Implementation  
+ Meta-Analysis**



# COMPITI DELLA REGIONE LOMBARDIA (COMPETENT AUTHORITY PER L'ITALIA) ALL'INTERNO DELLA JOINT ACTION



Regione  
Lombardia

- ▷ **COORDINAMENTO DEL PROCESSO DI IDENTIFICAZIONE e ATTUAZIONE** degli obiettivi del WP 5 nei paesi partecipanti, insieme alla Germania
- ▷ **FORMAZIONE AI PAESI PARTECIPANTI** finalizzata a supportare l'implementazione delle best practice (*Istituto di Ricerche Farmacologiche Mario Negri*)
- ▷ **SVILUPPO DI UN CRUSCOTTO DI INDICATORI** per monitorare l'attività svolta dai servizi di salute mentale nei Paesi partecipanti e per valutarne la qualità (*Università Bicocca e Politecnico di Milano*)
- ▷ **FORMAZIONE AI DSMD DI REGIONE LOMBARDIA**, finalizzato all'implementazione della best practice regionale nelle SC di Psichiatria (*Istituto Fatebenefratelli di Brescia*) e nelle UONPIA (*ASST Lecco*)
- ▷ **SVILUPPO DELLA IMPLEMENTAZIONE DELLA BEST PRACTICE A LIVELLO REGIONALE SIA NELLE UOP CHE NELLE UONPIA**

# LE BEST PRACTICES DA IMPLEMENTARE

COUNTRY	CONTENTS
CROATIA	Multidisciplinary MH <b>Mobile Teams</b>
CYPRUS	<b>Transition</b> between <b>CAMHS</b> and <b>AMHS</b>
GERMANY	<b>Supporting children and adolescents with parents mentally ill</b>
GREECE	<b>Supporting</b> establishment & coordination of <b>community-based MH networks</b> and the definition of standardized care pathways
HUNGARY	To <b>promote employment</b> for people with severe mental illness, adapting the Individual Placement and Support model to the Hungarian health/welfare system
ITALY	<b>Evidence based psychosocial care for adolescent/young patients with conduct/borderline personality disorders in Adult/Child Adolescent Mental Health Services</b>
LITHUANIA	Community-based <b>case manager services</b> for severely ill patients
MALTA	Enhancing <b>collaboration with experts by experience</b> and developing <b>transition from inpatient to community-based care</b>
SLOVENIA	Formation of <b>intersectoral Mental Health Network (MHN)</b> 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 <b>development of autonomous living project</b>
ESTONIA	<b>Community-based mobile mental health service</b> for patients with severe mental disorders.



# STRUMENTI DELL'IMPLEMENTAZIONE

SANA 1 & 2 AND COUNTRY PROFILE



## Country Profile Italy

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

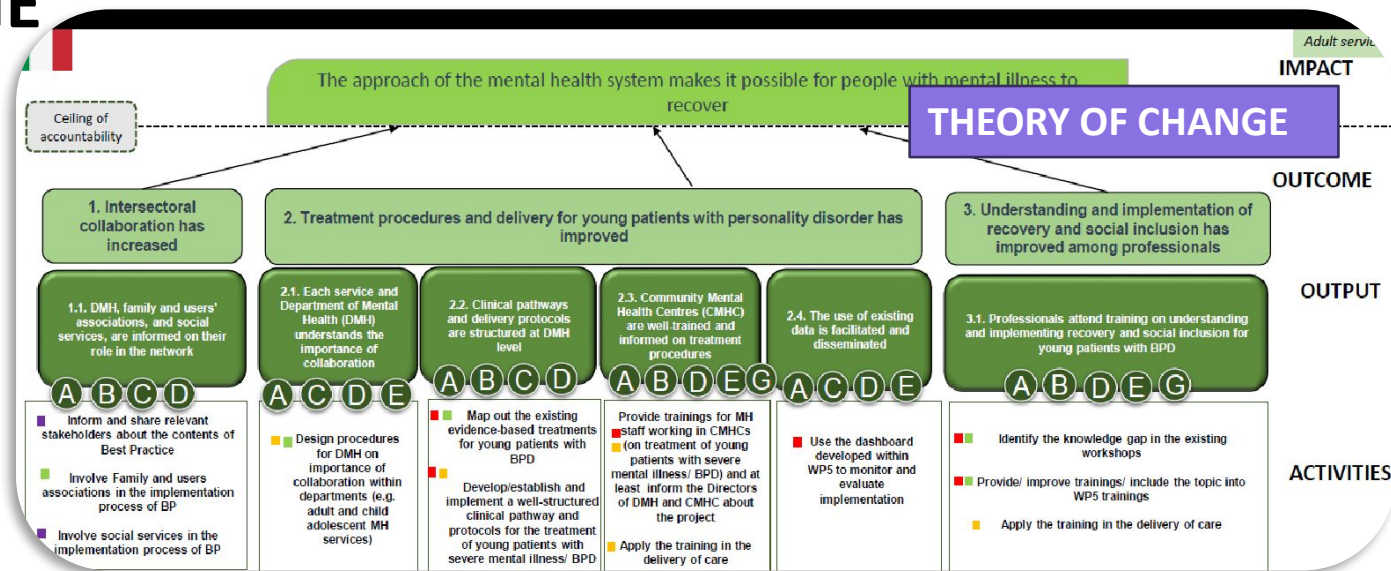


Table 5: SWOT Analysis for CAMHS

Factor	Contents				
<b>Strengths</b>	1. a well structured network of	2. CAMHS sensible to different developmental	3. well developed intergration with educational and social services	4. specialized staff with expertise in the treatment of young patients with conduct disorders	5. invest training
<b>Weaknesses</b>	1. shortage of CAHMS staff	2. unstructured long-term implementation projects	3. lack of specificity of clinical pathways for these patients	4. insufficient/aspecific training	5. lack of CAMHS
<b>Opportunities</b>	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 departments
<b>Threats</b>	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

## 1st selected STRATEGIC AREA: Ensure (strong) governance structures/mechanisms

Sub-strategic area 1.2: Building (consolidating or extending) and sustaining networks based on intersectoral, multidisciplinary and recovery-oriented approach (at pilot site)

Expected outcome 1.2.1: [Mid term result ] Intersectoral collaboration has increased: Departments of Mental Health, family and users' associations, and social services, are informed on their role in the network

	WHAT	WHO	WHERE	WHEN	Stakeholders engaged	OUTPUT	Target Population	End beneficiaries
<b>ACTIVITIES/Measures</b>	Concrete Activities to be carried out during the cycle	Who will carry out the concrete activities?		Date of Start	Date of Finish	(*)1-4		
<b>Strategic Network Committee as decision-making body 1.1.1a</b>	Building an implementation team and plan at regional level, representing the different stakeholders	country coordinator	at level of Lombardy Region	July 2023	September 2023	1, 2, 3	decision-making body, coordinating the implementation process at level of Lombardy Region	health professionals, other stakeholders members of the family associations and experts (Department of Mental Health - DMH)
<b>Network coordination</b>	Structure the local implementation process and implementation team at local level	implementation team at local level	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	patients, families, mental health professionals and other young patients and their families

## ACTION PLAN

# TASK 5.4 DASHBOARD

- ▶ **A dashboard is meant as a platform, implemented as a web service, aimed at interconnecting, managing and processing an information flow from health care data, also systematized in automatically computed health indicators**
- ▶ **The gap that exists is not only between data collected and data that are needed but not collected, but also in the process from data collection to the real use of information**
- ▶ **A large part of the data collected remains in the facilities or is forwarded to the national level without being analyzed and/or used**

# IL (DASHBOARD) CRUSCOTTO DI INDICATORI PER LA SALUTE MENTALE

GESTIONE DEI SERVIZI,  
ANALISI DELLA QUALITA'  
EROGATA E  
VALUTAZIONE DELLE  
POLITICHE

ELECTRONIC  
RECORDS DAI  
SISTEMI  
INFORMATIVI

COSTRUZIONE  
DEL CRUSCOTTO  
DI INDICATORI

SELEZIONE DI  
INDICATORI PER  
MONITORARE LE  
ATTIVITA' E  
VALUTARNE LA  
QUALITA'



IL CRUSCOTTO È STATO SVILUPPATO E TESTATO



<b>COUNTRY</b>	<b>Task 5.5 TRAINING and CAPACITY BUILDING</b>		
	<b>TOPICS OF THE TRAINING</b>		
Malta	Peer support		
Malta	Collaborative care and integration with GP		
All countries	General training on community care		
Cyprus	Continuity child/adolescent and adult services		
Croatia	Flexible assertive community treatment based on a recovery-oriented outreach		
Estonia	Outreach community services and mobile teams		
Slovenia	Community coalition and network building		
Hungary	Individual Job Placement and Support		
Italy	<b>Harmonization and implementation of care pathways for persons with borderline personality disorders aged 18-30</b>		
Italy	<b>Improving the quality of MH care for adolescents with conduct/emotional dysregulation disorders cared in CAMHS</b>		
Spain	Individualized care plan and role of care management		
Lithuania	Case management and prevention of hospital (re)- admissions		
Germany	Community coalition and involvement of professionals in addressing the needs of children of mentally ill parents		

# QUALI VANTAGGI DALLA JOINT ACTION PER IL SISTEMA DI SALUTE MENTALE ITALIANO?

**KIT PER LA FORMAZIONE**

**STRUMENTI PER LA GESTIONE DEL PROCESSO DI  
IMPLEMENTAZIONE (SWOT analisi, Theory of Change, Piano di  
Azione, ecc.)**

**BEST PRACTICE RIVOLTA A GIOVANI CON DISTURBO  
BORDERLINE E ADOLESCENTI CON DISTURBI DELLA  
CONDOTTA/DISREGOLAZIONE EMOTIVA**

**STRUMENTI DI VALUTAZIONE DELLA BEST PRACTICE**

**CRUSCOTTO DI INDICATORI**



# ROADMAP

for continued implementation, scaling-up or extension after the Joint Action ImpleMENTAL





# GOALS AND PILLARS OF SUSTAINABILITY

- ❑ **Embedding knowledge into policy and practice**
  
- ❑ **2. Recommendations to Member States to identify and overcome local/specific obstacles and to turn pilot results into permanent policy**
  - **Funding stability**
  - **Political support**
    - **Partnerships**
  - **Organizational capacity**
    - **Program adaptation**
    - **Program evaluation**
      - **Communications**
  - **Public health impacts**





# COME PROMUOVERE SINERGIE PER LA TRASFERIBILITÀ...

**Di questo possiamo discutere oggi**