



for mental health

NATIONAL MENTAL HEALTH PROGRAMME



MIRA for mental health

National Mental Health Programme

Editors: Jožica Maučec Zakotnik, Vesna Švab, Marija Anderluh, Mojca Zvezdana Dernovšek, Nuša Konec Juričič, †Davor Dominkuš, Marjeta Ferlan Istinič, Nadja Čobal, Agata Zupančič, Matej Vinko, Irena Makivič

Publisher: Nacionalni inštitut za javno zdravje, Trubarjeva 2, Ljubljana

Place and year of publication: Ljubljana, 2020

Design: Uvid.si d.o.o.

Digital edition

Website: www.njz.si

Free copy.

1st edition.

Kataložni zapis o publikaciji [CIP] pripravili v Narodni in
univerzitetni knjižnici v Ljubljani
COBISS.SI-ID=63381507
ISBN 978-961-6945-31-8 (PDF)



for mental health

NATIONAL MENTAL HEALTH PROGRAMME



REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

NIJZ Nacionalni inštitut
za javno zdravje

Table of contents



Preface	6
Introduction	7
Mental health in Slovenia	8
National Mental Health Programme	14
Purpose, vision and challenges	16
Principles	24
Priority areas and measures	26
Priority Area 1	
Community-based approach to improving mental health	28
Priority Area 2	
Mental health promotion and the prevention and destigmatisation of mental illness	30
Priority Area 3	
Mental health network	36
Priority Area 4	
Alcohol and mental health	42
Priority Area 5	
Suicide prevention	36
Priority Area 6	
Education, research, monitoring and evaluation	48



Managing implementation	52
Supporting implementation	54
Financing implementation and management	58
Benefits of implementation	60
Appendices	64
Abbreviations	65
Glossary	66
Organisational structure	70
Sources and references	74



Preface

Mental health is one of the basic pillars of general health and well-being for every individual and their loved ones. The National Mental Health Programme is an attempt to improve the mental health – and therefore the general health and well-being – of individuals and of society as a whole. It incorporates activities and measures aimed at promoting good mental health and well-being, preventing mental illness, safeguarding human rights, and ensuring that people experiencing mental health problems get the comprehensive care they need. The World Health Organization states that one fifth of adolescents are affected by mental health problems, with figures showing that depression is one of the leading causes of incapacity to work and that roughly half of all mental disorders begin before a person reaches the age of 14. Suicide is the second most common cause of death among young adults aged between 19 and 25. People with serious mental illness die, on average, 10 to 20 years sooner than the general population. Mental illness is responsible for significant economic losses through reduced productivity, with thousands of billions of dollars lost globally every year through depression and anxiety alone.

The National Mental Health Programme was passed by parliament on 27 March 2018 with cross-party support. It is the first time in its history that Slovenia has attempted to address this vital area in a comprehensive and integrated manner. The programme lays down the fundamental principles of support and care for the mental health of the individual (and, indirectly, of society as a whole), and sets strategic goals for the ten-year period leading up to 2028. The goals we have set ourselves are ambitious. They require intersectoral cooperation and political support, backed up by measures aimed at protecting vulnerable individuals, children, adolescents, adults and older people, as well as their families, and involving all stakeholders and representatives of local environments in the process. A key component of the National Mental Health Programme is its attempt to expand mental healthcare from treatment alone, to encompass activities and measures aimed at preventing mental illness. It emphasises the importance of promoting mental health as a key aspect of health – one that fosters the well-being and prosperity of the individual, their loved ones, their immediate environment and society as a whole – and incorporates into mental illness treatment the key principles of swift, local access and high-quality integrated care provision based on multidisciplinary approaches. It encourages professionals working in the field to gather their expertise around the individual needing help, as well as their families, and to prioritise the provision of effective, evidence-based health and psychosocial approaches to treatment. It includes programmes that already constitute examples of good practice, opening a path towards the creation of the new practices that will have to be introduced and developed over the next decade.

This attempt to understand the importance of maintaining and improving mental health in an integrated and comprehensive manner through a national-level programme makes Slovenia one of the most developed countries in this regard. We would like to deploy active policy-making processes and intersectoral cooperation to create the conditions for holistic early-years development, supportive school environments and healthy work environments, and to ensure that individuals suffering from mental illness get the right care.

Paying proper care and attention to the mental health of children and adolescents is an investment in the future, as equal access to timely, high-quality, integrated care is part of the process of ensuring that vulnerable groups in our society enjoy the same human rights and the right to a life of dignity as everyone else. By reducing health inequality, involving support groups and linking local communities together, we aim to promote the values of solidarity, compassion and help and, consequently, to steer individuals' creativity and productivity towards ensuring that everyone is included in society and is able to enjoy a high quality of life. All of us, in our local and work environments, can begin this process today: of working together to improve the mental health of the whole population.

Dejan Židan,

Speaker of the National Assembly of the Republic of Slovenia

Introduction



We can define perfect mental health as having a positive attitude towards ourselves and others, the ability to meet challenges successfully, a positive self-image and high levels of self-respect, a feeling of power and optimism, and the ability to deal with problems.

Mental health is the result of a number of different factors, the main ones being those, at the levels of the individual, community, environment and society, that strengthen, protect or indeed threaten our mental health and well-being. Alongside individual factors such as sex, age, heredity, personal characteristics and lifestyle, the **risk factors** for mental health problems and mental illness include early childhood stress and other factors in the environment around us. The most important of these are poverty, social exclusion, discrimination, isolation, old-age deprivation and unjust inequality, as well as the fast pace of life and the heavy expectations that we place on ourselves. The important **safety factors** that can guard against mental illness include economic and social security, a supportive social network, a safe family environment, good physical health, and the ability to employ social skills and effective strategies to good effect when confronting problems.

Regularly published health statistics and other research in Slovenia indicate that there is an increased awareness of mental health issues and of certain forms of mental illness. Mental illness places a heavy burden on the individual, their loved ones and the wider community. Poor mental health is responsible for a loss of between 3 and 4% of GDP, mainly as a result of lost productivity (some 65% of the costs connected with mental illness lie outside the health sphere, in things like absence from work and incapacity to work) and early retirement. In addition to the burden of the disease itself, people suffering from mental illness (and their loved ones) are discriminated against in different areas of their lives, with the stigma attached to mental illness significantly reducing their access to care and assistance.

Good mental health is the basis of good general health and therefore of social, family and economic stability, social prosperity and quality of life. The mental health of society is based on the good mental health of children and adolescents. Half of all mental illness begins before the age of 14, with this figure rising to three quarters before the age of 24. As the Resolution on the National Mental Health Programme 2018–2028 [hereinafter referred to as the National Mental Health Programme, the National Programme or the NPDZ] points out, ensuring a safe and nurturing environment that prevents mental health problems in childhood is an investment in the future. Effective measures and approaches to improve and protect mental health are key to social progress and economic growth: only an individual with good mental health is able to develop their abilities, manage stress in their everyday lives, work efficiently and profitably, and contribute to society.

A photograph of two people sitting on a stone pier by the water at sunset. The sun is low on the horizon, creating a bright reflection on the water and casting long shadows on the pier. The pier is made of large, rectangular stone tiles. In the background, there are several sailboats on the water and a distant shoreline with trees. The overall mood is peaceful and contemplative.

Mental health in Slovenia

The results of studies carried out in Slovenia show that in 2016 approximately **one quarter of the Slovenian adult population experienced stress on a daily basis and had problems managing it** (Figure 1), that more than 7% had been diagnosed with depression, and that around 7% of adults used sedatives and sleeping pills and 5% used anti-depressants. Between 2008 and 2015, in addition to a rise in the use of medication to treat mental illness and behavioural disorders, there was an increase in the number of visits to primary and secondary healthcare institutions (Figure 2). Figure 3 shows the most common mental illnesses at different stages of life.

Proportion of people experiencing stress and having problems managing it

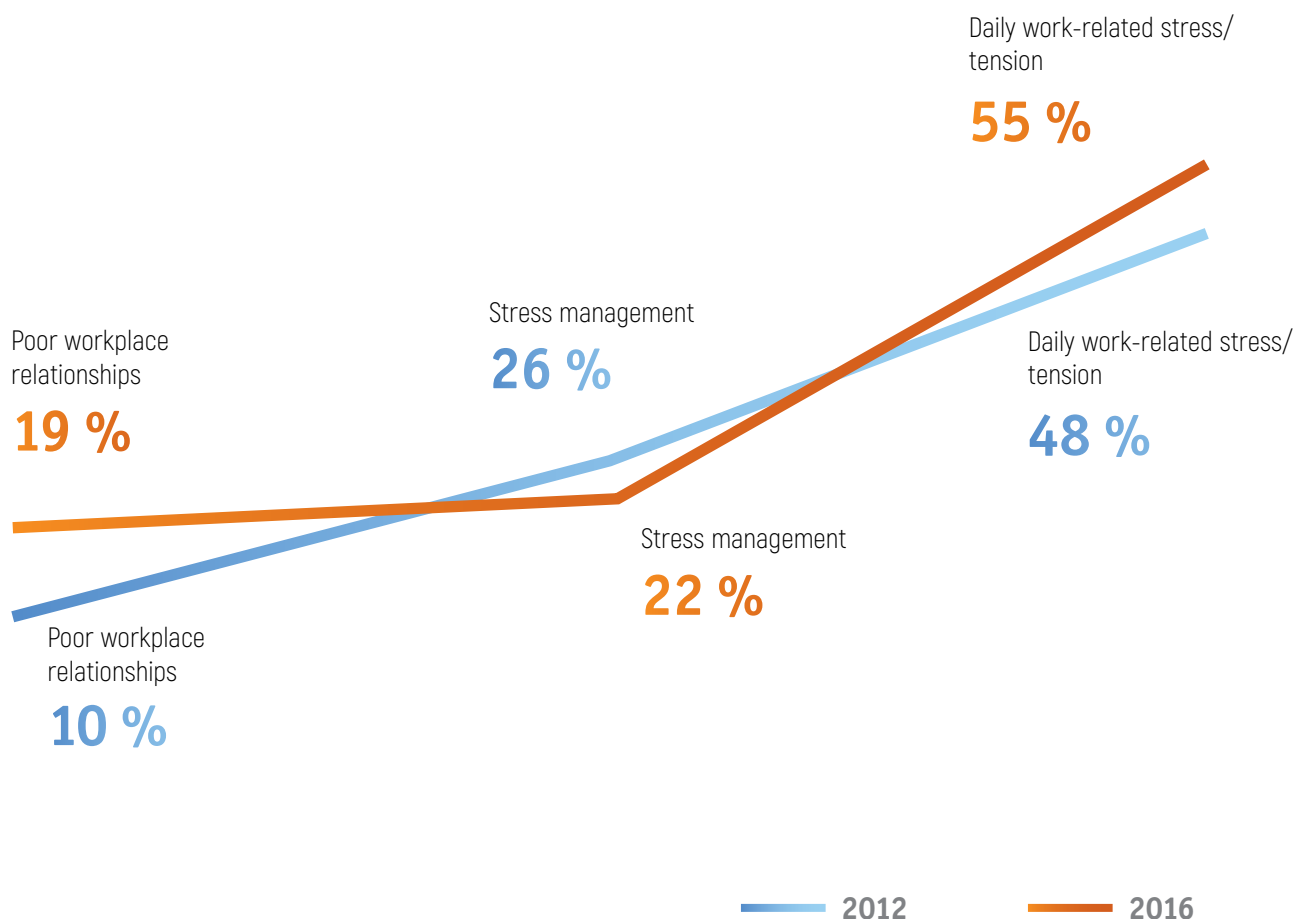


Figure 1 Study of health-related behaviour 2012 and 2016. Proportion of people experiencing stress because of poor workplace relationships, having problems dealing with stress and experiencing work-related stress/anxiety on a daily basis.

Number of first visits by children and adolescents

(on account of mental and behavioural illnesses)

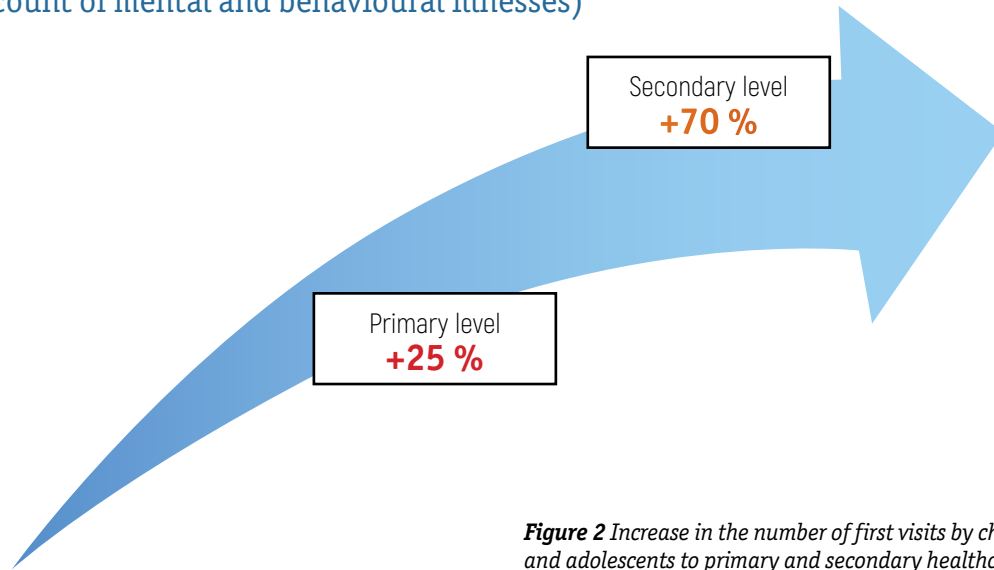


Figure 2 Increase in the number of first visits by children and adolescents to primary and secondary healthcare services on account of mental health problems 2008-2015 (NIJZ, 2018)

Mental health problems are common among children and adolescents as well, with survey figures indicating that between 20 and 40% show some signs of mental illness or mental health problems. Mental illness among children and adolescents (Figure 3) places a heavy social and financial burden on society, with several assessments suggesting that an individual with behavioural issues in early childhood has cost society ten times more than their peers by the time they reach the age of 27

Most common mental illnesses at different stages of life

Young children (up to 5)	Older children (6-14)	Adolescents (15-19)	Adults (up to 65)	Elderly (over 65)
Developmental disorders	Emotional disorders	Response to severe stress and adaptive disorders	Anxiety-related disorders	(Unspecified) dementia
Emotional disorders	Conduct disorders	Other anxiety-related disorders	Depressive episodes	Depressive episodes
ADHD	Hyperkinetic disorders	Depressive episodes	Stress-related and adaptive disorders	Anxiety-related disorders
	Developmental disorders (minor)	Eating disorders	Alcohol-related problems	Stress-related and adaptive disorders
			Schizophrenia	

Figure 3 Most common mental illnesses at different stages of life (NIJZ health statistics 2008-2015 and Merikangas et al., 2009)

Slovenia is a country of very high **alcohol** consumption, which is one of the major mental health risk factors (Figure 4). Since 2008 an average of 881 people have died every year of a disease directly attributable to alcohol, with mental and behavioural disorders caused by alcohol consumption being the second most common cause of alcohol-related mortality.

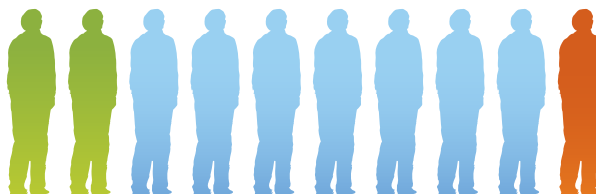
In 2015 alcohol consumption per capita in Slovenia

(persons aged 15 and over) was:



Drinking habits of the Slovenian population

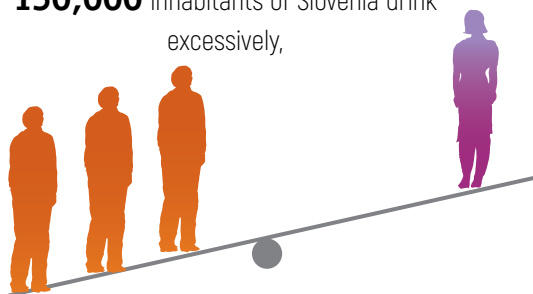
(aged 25–74)



For every ten inhabitants of Slovenia, **two** are teetotal, seven indulge in less-risky alcohol consumption, and **one** drinks excessively.

Excessive alcohol consumption:

150,000 inhabitants of Slovenia drink excessively,



Men are three times more likely to drink excessively than women.

High-risk alcohol consumption:

47 % of the population engage in high-risk alcohol consumption at least once a year

36 % of women



58 % of men

Figure 4 Alcohol consumption per capita (NIJZ, 2015)

Every year between 400 and 450 people commit **suicide** in Slovenia, with the average suicide rate standing at 25 per 100,000 people between 1996 and 2016. This is above the European average, which was 11 per 100,000 people in 2014. Approximately four times as many men commit suicide as women, with older people at greater risk. One very concerning statistic is that suicide is the second most common cause of death for young people aged between 15 and 19, behind road accidents. There are also marked regional differences, with the eastern areas of the country having a suicide rate higher than the national average (Figure 5).

Suicide mortality rate

by municipality, 2013–2017

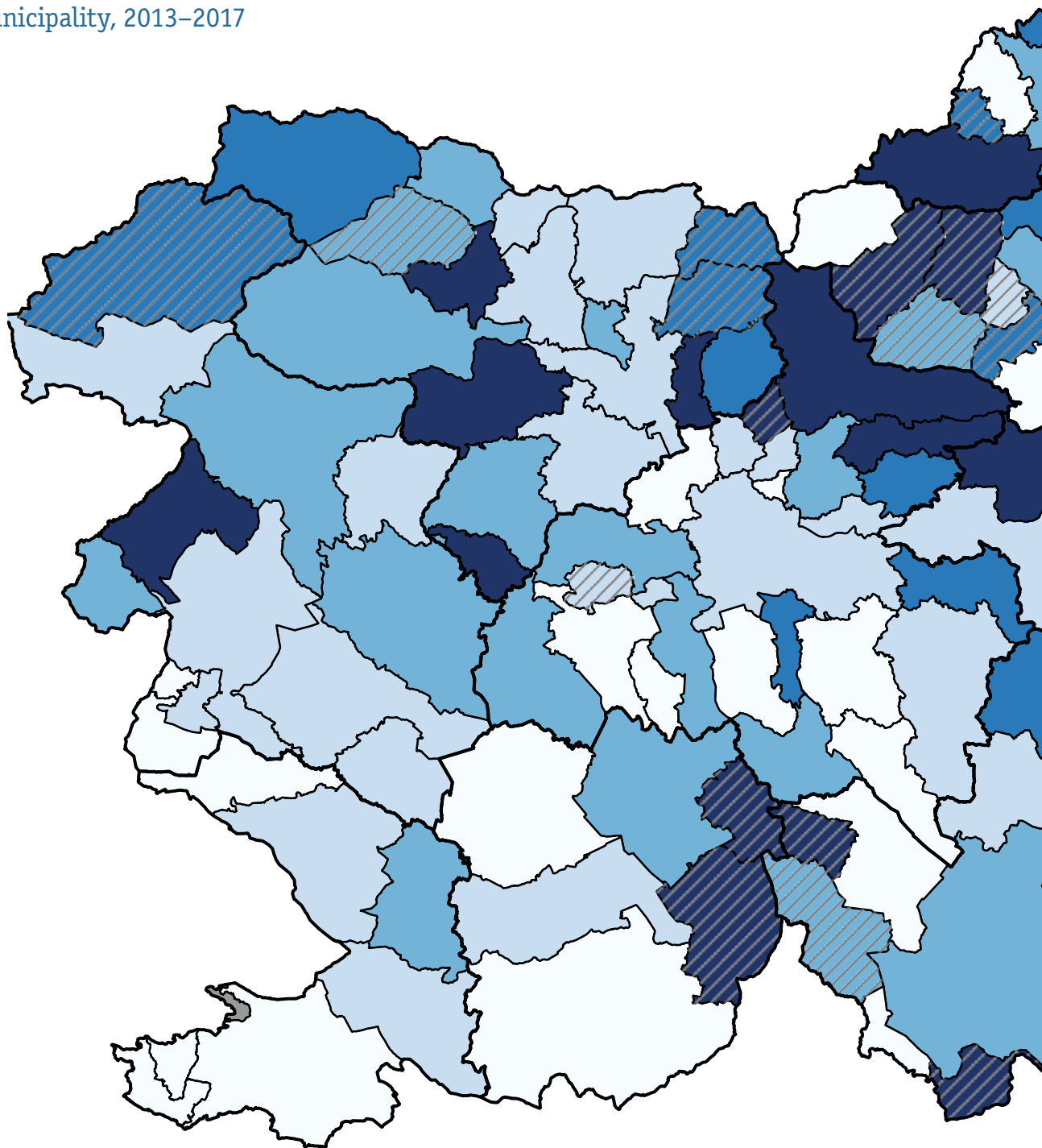
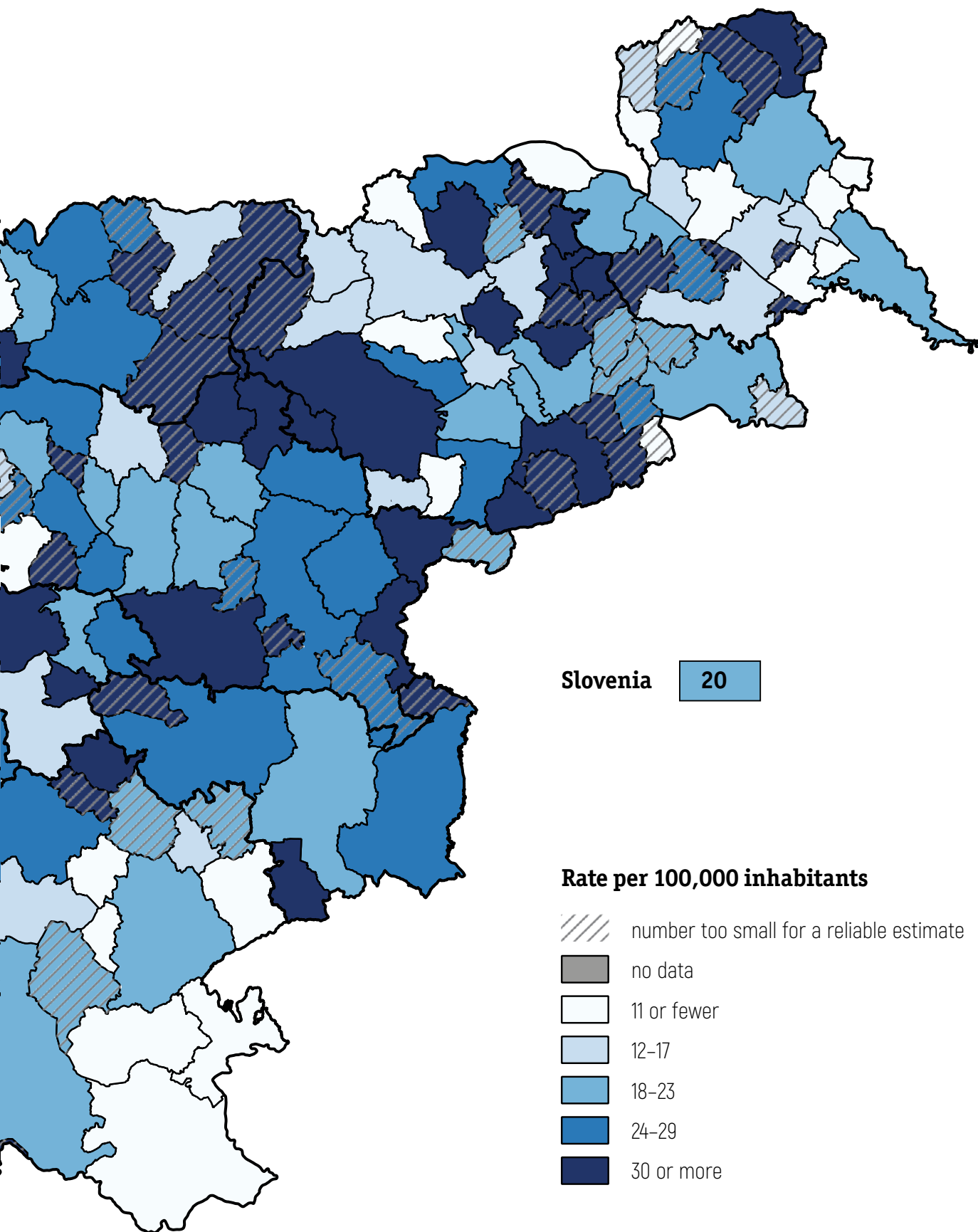


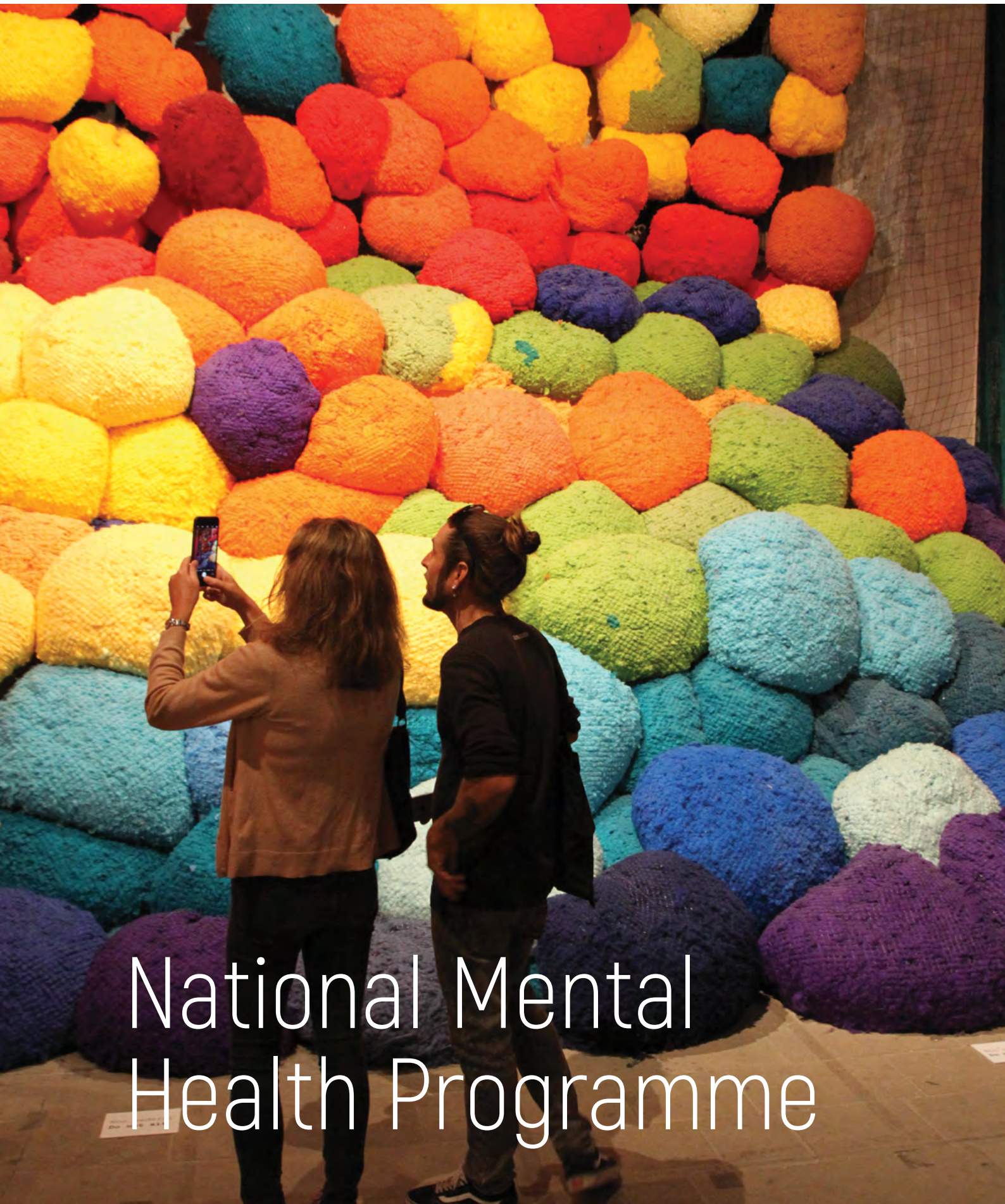
Figure 5 Suicide rate by municipality (NIJZ, 2011–2015)



Slovenia 20

Rate per 100,000 inhabitants

- /// number too small for a reliable estimate
- no data
- 11 or fewer
- 12-17
- 18-23
- 24-29
- 30 or more



National Mental Health Programme

The National Mental Health Programme 2018–2028 is the first strategic document to be published in Slovenia that comprehensively

addresses the issue of mental health. The programme brings together existing structures, and adds urgently required new ones, and organises them in an integrated, interdisciplinary and intersectoral way aimed at improving mental health promotion, prevention, treatment and rehabilitation. It is based on the inclusion, integration and cooperation of all services and stakeholders involved in mental healthcare for individuals and groups within local communities and at all levels of provision.

It is possible to respond to the significant public health problem presented by mental illness through systemic measures to strengthen emotional and social development in childhood and by deploying an established and interconnected network of institutions, services and activities that respond to the needs of individuals, communities and the population as a whole. Only an approach such as this is able to ensure that **mental health is strengthened and maintained, and that mental health problems are prevented, detected and treated on time and sufficiently early enough.** These activities will be successful only if, at the same time, we ensure that people are able to exercise their rights to social inclusion, employment, economic security, a safe living environment, rehabilitation and destigmatisation.

For high-quality, timely, universal and accessible treatment of people suffering from mental illness, we need an intersectoral network of services and institutions, and the involvement of planners, providers, and service users and their families. This network will include municipalities, institutions at all levels of health and social care, employment services, services at all levels of schooling and education, informal and user-run organisations, organisations and associations operating in the field of mental health, and other local community-based organisations and associations. The process of preventing mental illness from arising, and of treating people already suffering from mental health problems at all stages of life, must be brought closer to the level of the community – that is, to the places where people live.

The National Mental Health Programme 2018–2028 has been aligned with various existing documents that emphasise the importance of maintaining and improving mental health and preventing mental illness from arising in the first place. These documents are:

- the Resolution on the National Healthcare Plan (2016–2025)
- the Slovenian Development Strategy (2030)
- the Strategy for a Long-Lived Society

- the Programme for Children
- the Resolution on the National Programme for Young People (2013–2020)
- the Resolution on the National Social Care Programme (2013–2020)
- the Strategy for Managing Dementia in Slovenia up to 2020
- the Integrated Early Treatment of Preschool Children with Special Needs Act
- the draft Long-Term Care Act
- the Family Code
- the Report of the WHO Mission on Mental Health in Slovenia (2015)
- the National Programme on Illicit Drugs (2013–2020)

In 2015 the World Health Organization proposed the following **strategic improvements** in response to the findings of the mission to Slovenia:

- transferring the focus of mental health institutions and services to the local level and making them more accessible
- setting up emergency children's services responsible for assessment and psychological first aid
- reducing the duration of hospitalisation and the number of readmissions to hospital through the community-based monitoring of people suffering from severe mental illness
- expanding the number and capacities of community-based teams on the basis of needs assessments
- providing further training to professional staff at the primary healthcare level and in social care
- planning, educating, training and employing professionals in line with national needs
- increasing the number of clinical psychologists
- providing trained professionals from recognised schools of psychotherapy with psychotherapy work in healthcare and social care services
- assessing the needs of residents of social care institutions and the options for their deinstitutionalisation
- reducing institutional capacities over the long term
- updating legislation and regulations on care for forensic patients who present a danger to the community
- setting up a secure unit for children and adolescents
- developing more sector-based psychosocial teams for children and adolescents
- supporting the gradual introduction of regional interdisciplinary centres to support children with learning difficulties

Purpose, vision and challenges





for mental health

NATIONAL MENTAL HEALTH PROGRAMME



Purpose

The aim of the National Mental Health Programme is to strengthen and maintain good mental health for all inhabitants of Slovenia and to prevent mental health problems and illness from arising, from childhood to old age. By improving the skills of specialist services in all areas relating to the maintenance of good mental health, we wish to establish an environment that supports good mental health. The aim is to bring mental health institutions and services closer to their users. By reducing the stigma and discrimination attached to people with mental illness, we aim to encourage people to seek help earlier and thereby reduce instances of institutionalisation for reasons of mental illness.

Vision

To provide all inhabitants of Slovenia with the right to enjoy the best possible mental and physical well-being, the best possible conditions for developing and realising their potential in their professional, social, private and family lives, and equal access to high-quality resources of care.

Key challenges

The three key challenges of the National Programme are described in detail below.

TO REDUCE MENTAL HEALTH PROBLEMS AND ILLNESS, AND THE BURDEN CREATED BY POOR MENTAL HEALTH



Poor mental health affects one in two people at least once in their lives.

The burdens created by mental health problems and illness are considerable (Figure 6), with the highest proportion of costs coming from loss of productivity, i.e. absence from work and early retirement resulting from mental illness. Mental illness accounts for 35% of the costs of all types of illness in Europe. In 2014 the costs of mental illness in Europe were estimated at EUR 240 billion a year, while brain disorders (psychiatric and neurological) alone were estimated to have cost the Slovenian economy EUR 2.4 billion (7% of GDP) in 2010.

COSTS

associated with mental illness

DIRECT COSTS

- medical care
- treatment costs

INDIRECT COSTS

- loss of productivity
 - early retirement
 - absence from work
- premature mortality



Figure 6 Indirect and direct costs associated with mental illness

Poor social conditions, poverty, unemployment and drug use are closely linked with the suicide rate. On average, people with mental health problems die 15 to 20 years sooner than the general population, chiefly as a result of a lack of care provision. One of the key challenges is therefore to strengthen the mental and physical health of the whole population, and to reduce mental health problems and illness in order to reduce the burden caused by poor mental health.

TO INCREASE MENTAL HEALTH LITERACY AND AWARENESS, AND REMOVE THE STIGMA FROM MENTAL ILLNESS

The feedback loop of mental illness, physical disease and exclusion can only be broken by means of integrated social measures. By increasing mental health literacy

(i.e. knowledge, beliefs and opinions regarding mental illness), we can aid recognition, treatment and prevention, strengthen awareness, and help people to seek help at the right time.

Studies in Slovenia show that men, single people, younger people, people with lower levels of education and those living in regions with a higher suicide rate are less inclined to seek help if they experience mental health problems.

Stigmatisation of and discrimination against people suffering mental illness are also evident in the fact that people delay seeking help, which worsens the outcome of treatment and rehabilitation and results in feelings of helplessness. Stigma appears at all levels of society and in all systems. It leads people to dismiss, play down or deny the seriousness of the issue, and to a shortfall in

resources for adequate, high-quality, accessible mental health programmes.

By tackling discrimination, we increase social power and help people with mental health problems to recover. Awareness-raising and anti-discrimination programmes are also aimed at the families of people suffering from mental health problems and dementia, as they also need well-timed, high-quality, specialist support.

TO IMPROVE THE ORGANISATION OF MENTAL HEALTH INSTITUTIONS AND SERVICES

Via a network of healthcare, social care, school and education institutions, services and programmes organised in an intersectoral and interdisciplinary way, and backed up by specialist services, we will be able to provide high-quality, timely and universally accessible improvements to mental health, along with the prevention and treatment of mental illness in all age groups, in the local environment.

By establishing a network of mental health institutions and services (Figure 7), we can create settings that enable and foster care for one's own mental health, support social care programmes and informal forms of community-based assistance, and integrate mental health institutions into primary care (community medical centres, social work centres, social care programmes), while striving to reduce the number of admissions (and involuntary admissions in particular) to psychiatric hospitals and social care institutions (deinstitutionalisation) and gradually rerouting funds from institutional to community-based forms of provision.

Access to mental health services, and the quality of those services, must be improved; this will enable us to prevent the development of mental health problems in the early stages of a person's life and in adulthood, reduce the duration of mental illness, prevent the development of comorbidities and reduced capacity, and ease the burden on families.

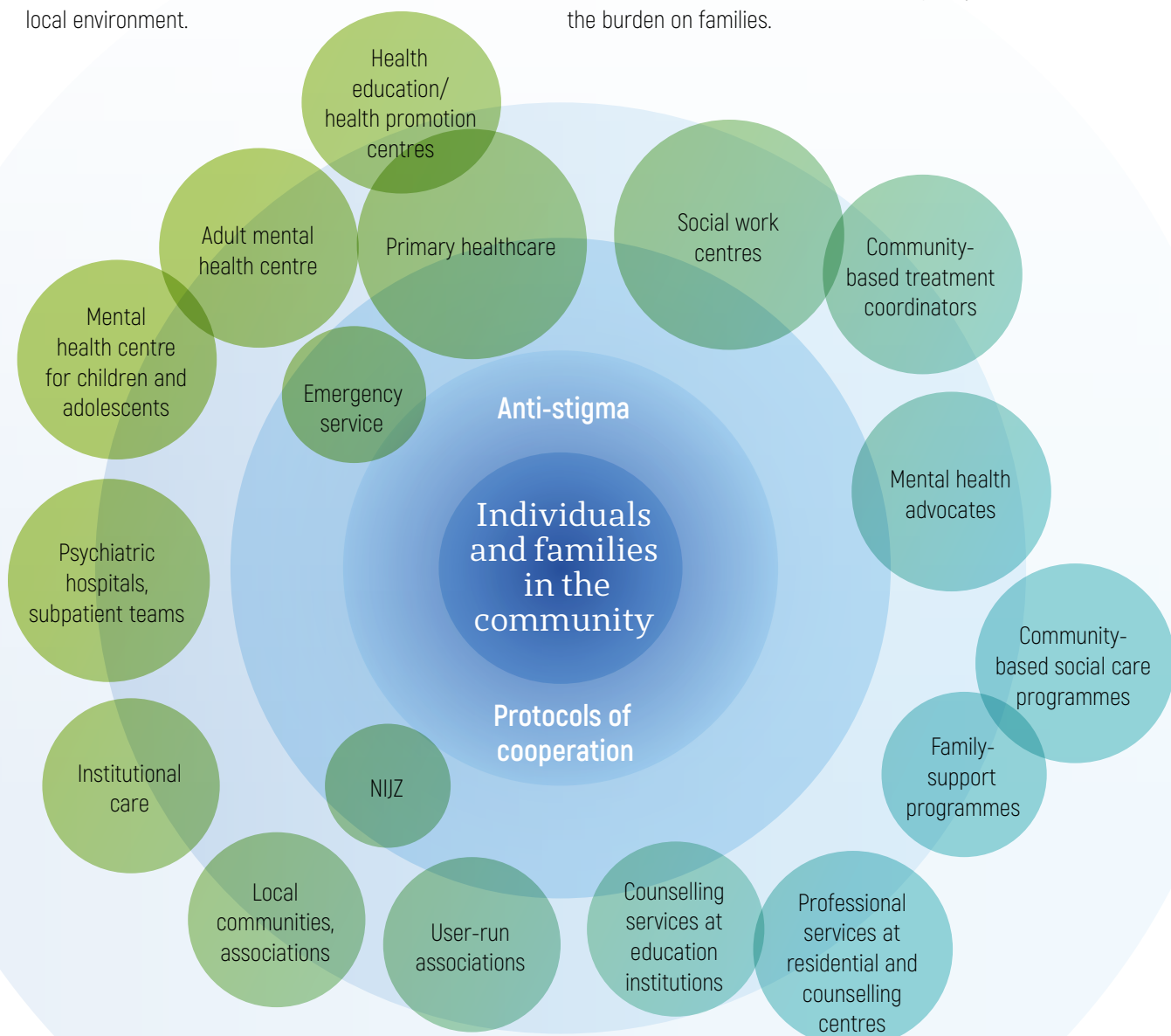


Figure 7 Integrated mental health network at regional level

Strategic objectives



The National Mental Health Programme contains the eight strategic objectives that we wish to meet over the ten years of the programme.

Strategic Objective 1

Continuous and effective implementation of policies and measures to support the mental health of the whole population, and particularly of vulnerable groups, and of measures to safeguard the rights of people suffering from mental health problems

Mental health is not only an issue for the health sector but for other sectors and policies as well. It represents a form of 'national capital' that must be improved by pooling the efforts of the entire community and all sectors, including service users, their associations and their families. Mental health is also formed within families, schools and the workplace, and is also the consequence of how we treat ourselves and how others treat us. The principle of inserting health into all policies emphasises the effect public policies have on determinants of health, tends to reduce inequality, highlights the benefits of promoting health across a range of different areas, and encourages policy-makers to think about the effects their policies have on health. One fundamental measure for improving mental health at the level of the population as a whole is therefore the implementation of support policies and measures for mental health across all sectors.

Strategic Objective 2

Development and implementation of evidence-based intersectoral and interdisciplinary promotional and prevention programmes in the field of mental health

We will introduce and strengthen evidence-based programmes of destigmatisation, mental health promotion and mental illness prevention. These programmes will be aimed at a range of population groups and be organised in all environments in which we spend significant parts of our everyday lives.

Stigma, and the social exclusion it creates, places a heavy burden on sufferers of mental illness and their families, while the stigmatisation of people with mental illness is the most severe obstacle preventing individuals from seeking help. This is evident in all areas of life, has systemic effects (on planning, policy, funding), and irrevocably damages the self-respect and life opportunities of the individuals exposed to it. Stigmatisation reduces access to and the quality of care and assistance. Discrimination against people with mental illness also manifests itself in social exclusion and greater exposure to poverty, patronising attitudes and other daily humiliations.

Preventive mental health work focuses on reducing the incidence and prevalence of mental illness and mental health problems. Activities to prevent mental illness focus on minimising the risk factors and strengthening those protective factors that safeguard the individual against mental illness.

Mental health promotion focuses on improving quality of life and strengthening the power of the individual – and not only on reducing mental health problems and illnesses. In addition to reducing the prevalence of mental illness, one important goal of mental health promotion is to move towards a situation where individuals and communities enjoy high levels of mental well-being and a high quality of life; this can be achieved by creating environments that enable every individual to enjoy good mental well-being and by bolstering their own internal psychological resources.

Strategic Objective 3

Reduction in the number of suicides and alcohol-related mental illnesses

Suicide is a preventable phenomenon. Slovenia is a country with a higher suicide risk than many others, and one in which suicide is a major public health concern from late childhood on. Other forms of suicidal behaviour, such as attempted suicide, self-harming and suicidal thoughts, also constitute a public health problem. The fall in suicide mortality in Slovenia in recent years should spur us on to continue to work to prevent people from taking their own lives; and while any measure that improves people's mental health is important, there are also several other measures that have been proven to work effectively, such as raising people's awareness and mental health literacy, identifying suicide risks early on, providing at-risk individuals with easy access to help, restricting access to the means of suicide, and reducing alcohol consumption.

Risky and harmful alcohol consumption is one of the main preventable risk factors for chronic diseases, injuries, accidents, violent behaviour, murder and suicide and is, across the globe, one of the main risk factors for morbidity, incapacity, disability and mortality. Slovenia is above the EU average and the average for the European region of the WHO for health consequences resulting from causes directly attributable to alcohol. The National Mental Health Programme will address harmful alcohol use by organising awareness-raising activities, developing a critical approach to alcohol consumption, and by integrating and proving training to those specialist services best able to identify problems related to alcohol consumption at an early stage. An accessible network of services for dealing with alcohol dependence must be set up.

Strategic Objective 4

Guaranteed access to comprehensive and high-quality community-based mental health provision

Under the National Mental Health Programme, the principle of a community-based approach means that we will bring healthcare, social and other services closer to people in their natural environments, and ensure that people's needs are addressed by means of tried-and-tested forms of provision in all settings. By strengthening and expanding existing local initiatives and assistance networks, we are also aiming to remove the stigma from mental illness, placing people experiencing mental health problems to the fore and learning from their experiences. By formulating the National Mental Health Programme, we have committed ourselves to a respectful, needs-adjusted, timely and high-quality approach and to a gradual reduction in long-term institutionalisation in 'alien' environments. We will prevent institutionalisation, which leads to apathy, hopelessness and withdrawal, by means of early, well-timed treatment, uninterrupted monitoring and the strengthening of networks of assistance in the local environment. The community-based approach requires partners in local environments to overcome obstacles and develop competences, skills and methods of implementation in a coordinated and collective manner. It will encourage and mobilise local structures and partners to establish the conditions for improved health by working in a coordinated manner in the name of a collective mission.

We are setting up a network of mental health centres at the primary healthcare level that will, with the help of new, well-qualified staff, improve access to and the quality of services. We have undertaken to ensure direct and immediate access to services without payment or surcharges, in accordance with health insurance rules. We have been successful in involving specialist staff from various professions in mental health provision on an equal basis and in line with their competencies, and ensured a high level of commitment to the work on the part of these specialists. Our work is overseen by service users and their families, whom we consult on a continuous basis.

Strategic Objective 5

Strengthening of knowledge, competencies and evidence-based interventions, and the sharing of good mental health practices

Mental health issues must be adequately inserted into all levels of education and training in order to raise awareness of and remove the stigma from mental illness. It is important to educate and raise the general public's awareness of mental health. The relevant knowledge and skills must also be provided to all specialists and professional staff who encounter people experiencing mental health problems.

Strategic Objective 6

Social care programmes and programmes to support families, integrated with healthcare programmes, to be upgraded with services and programmes for addressing people with associated mental health problems

The state is committed, in parallel with the process of strengthening healthcare resources, to strengthening the social assistance network, laying the groundwork for improved opportunities for supported, settled living for vulnerable groups, and putting in place a network of centres and services that will provide people with paid work that supports their efforts to live a life of dignity. It has ensured that the country will, at the end of the ten-year period of the programme, have a network fit for the needs of groups of adapted rehabilitation and recovery centres and programmes that strengthen study and work capacities and reduce exclusion.

Strategic Objective 7

Promotion and strengthening of horizontal and vertical sectoral and intersectoral cooperation to achieve development in the field of mental health

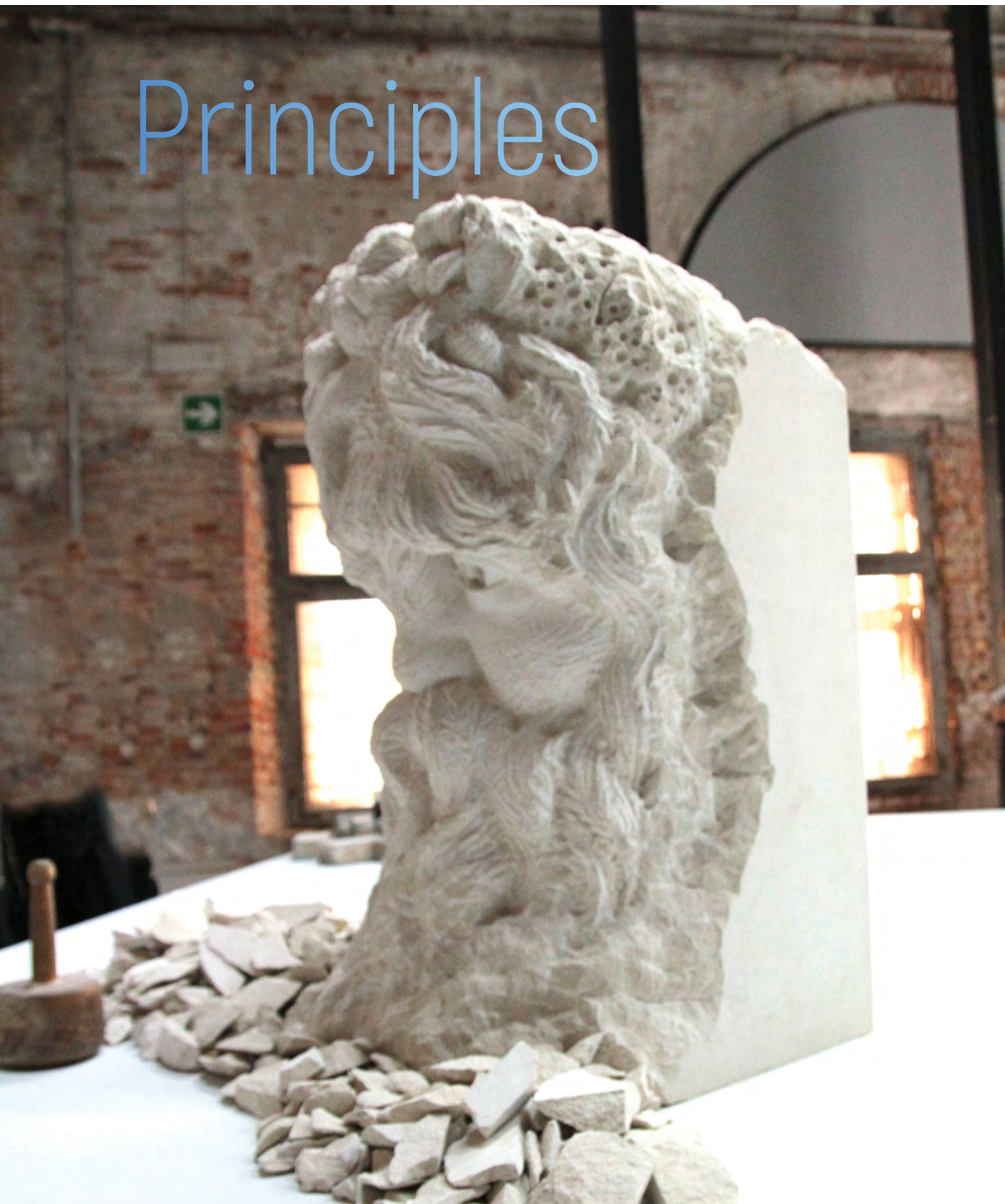
Only by working in an interconnected way can we begin to tackle the numerous factors that affect mental health. In order to provide an adequate basis for good mental health, intersectoral policies and programmes must be formulated and be based on the needs of the population. Integrated policies and programmes must be implemented at the local level by employing vertical forms of cooperation; this will enable us to reduce unjust inequalities and ensure that the resources at our disposal are allocated in line with the specific needs of the relevant population groups.

Strategic Objective 8

Reduction in the shortage in the number of people working in professions dedicated to improving the population's mental health

As we have to lay adequate foundations if we are to ensure good mental health and reduce unjust inequalities, providing for an appropriate number of staff from all mental health-related professions and helping them to improve their skills is an important strategic objective of the National Mental Health Programme.

Principles



The principles applying to the work of providers and stakeholders are described below.

Integrated action

Planning and implementation are based on and prioritise comprehensive, systemic, evaluated measures for the population as a whole and for specific population groups in line with their needs.

Mental health in all policies

All strategic documents must consider their impact on mental health.

Reduction in health inequality

The planning and implementation of the National Mental Health Programme will aim to reduce preventable and unjust differences in mental health provision for different population groups.

Interdisciplinary and intersectoral cooperation in the planning, implementation and evaluation of policies, legislation and services

Implementation of the National Mental Health Programme is based on the notion of strengthening cooperation between all line ministries, professions and civil society in the planning, implementation and monitoring of mental health policies, legislation, services and programmes.

Alignment with the needs of Slovenia's population, accessibility, decentralisation and cost-effectiveness

The planning and implementation of the National Mental Health Programme is based on ensuring cost-effectiveness, guaranteeing equality of access to institutions and services regardless of the socio-economic, demographic, health-related, cultural and other characteristics of individuals or population groups, and ensuring that provision is accessible and uninterrupted.

Community-based treatment and rehabilitation of people with mental health problems

People with mental health problems in all stages of life will be provided with community-based treatment and rehabilitation.

Involvement of users and their families in the planning, implementation and supervision of institutions and services

Users and their families will be involved in the planning, implementation and supervision of mental health institutions and services.



Priority
areas

and
measures



for mental health

NATIONAL MENTAL HEALTH PROGRAMME



The activities set out by the National Mental Health Programme are divided into six priority areas, with each containing the specific objectives and measures that will make achievement of the priority possible. The priority areas of mental health promotion, the prevention and destigmatisation of mental illness, the mental health network, and education, research, monitoring and evaluation are further broken down into sub-areas.

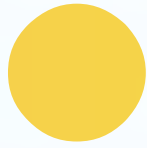
The area of mental health promotion and the prevention and destigmatisation of mental illness is therefore broken down into four separate sub-areas: mental health promotion and the prevention of mental illness for various target groups; mental health promotion and the prevention of mental illness for children, adolescents and their families in various settings; mental health promotion and the prevention of mental illness for adults at the workplace; and mental health promotion and the prevention of mental illness for older people.

The area covering the mental health network is similarly divided into sub-areas based on population groups and specific areas. The sub-area covering the mental health network for children and adolescents contains

the objectives of providing prevention services, early diagnosis and integrated treatment for children and adolescents and their families in local settings, and access to interdisciplinary services at the secondary and tertiary healthcare levels. The sub-area covering the mental health network for adults, including older people, contains the objectives of providing prevention services, early diagnosis and accessible, high-quality interdisciplinary treatment at the primary healthcare level, with an emphasis on community-based care; accessible and high-quality acute treatment at the secondary level; the rehabilitation of people with recurring mental health problems; long-term care for people with mental health disorders and mental developmental disorders; adequate integrated care for people with mental health problems accompanied by dangerous behaviour; and sub-areas addressing the specific mental health needs of older people, and psychological and psychotherapy activities.

The area covering education, research, monitoring and evaluation is divided into sub-areas that deal separately with education, research, and the monitoring and evaluation of the National Mental Health Programme.

I





Community-based approach to improving mental health

COMMUNITY-BASED APPROACH TO IMPROVING MENTAL HEALTH AND COMMUNITY-BASED PROVISION FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

SPECIFIC OBJECTIVE 1: COORDINATED INTERSECTORAL COOPERATION AND THE INVOLVEMENT OF CIVIL SOCIETY IN MENTAL HEALTH PROVISION AT NATIONAL, REGIONAL AND LOCAL LEVELS

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport, Ministry of Economic Development and Technology, Ministry of Public Administration

Measure 1: Coordinated intersectoral cooperation in the planning and provision of institutions, programmes and services at national, regional and local levels in order to improve mental health and the provision of mental health services to people suffering from mental illness.

Measure 2: Involvement of specialists working on social care programmes and user-run organisations in the planning, provision and management of institutions, programmes and services at national, regional and local levels in order to improve mental health and the provision of mental health services to people suffering from mental illness.

Measure 3: Reduction of stigma and discrimination using tried-and-tested programmes.

Measure 4: Establishment of regional mental health councils and local (interdisciplinary and intersectoral) groups for community-based (mental) health, to include the fields of health, education, social security and the family, societies and associations, social care pro-

grammes, municipalities, etc.) with the aim of improving (mental) health in the community.

Measure 5: Preparation of an assessment of the situation and needs in specific environments, the identification of vulnerable groups, and the production and monitoring of an action plan for implementation of the measures contained in the Resolution.

SPECIFIC OBJECTIVE 2: DEINSTITUTIONALISATION AND THE COMMUNITY-BASED PROVISION OF HIGH-QUALITY AND ACCESSIBLE SERVICES AND PROGRAMMES TO PEOPLE WITH MENTAL HEALTH PROBLEMS

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport, Ministry of Finance, Ministry of Economic Development and Technology, Ministry of Public Administration, Ministry of the Environment and Spatial Planning

Measure 1: Organisation and implementation of community-based intersectoral and interdisciplinary institutions and services with the aim of satisfying, to the greatest possible extent, the needs of people experiencing mental health problems, and the destigmatisation of mental illness.

Measure 2: Reduction in the administrative obstacles that hinder access to community-based services for people with mental health problems, older people and other vulnerable population groups.

Measure 3: Establishment of the foundations for the planned relocation of mental health patients from institutions to community-based care.







Mental health promotion and the prevention and destigmatisation of mental illness

MENTAL HEALTH PROMOTION AND THE PREVENTION AND DESTIGMATISATION OF MENTAL ILLNESS FOR DIFFERENT TARGET GROUPS

SPECIFIC OBJECTIVE 1: CREATION OF ENVIRONMENTS SUPPORTIVE OF GOOD MENTAL HEALTH AND THE INTRODUCTION OF PROGRAMMES TO PROMOTE MENTAL HEALTH AND PREVENT MENTAL ILLNESS THROUGH THE VARIOUS PERIODS OF AN INDIVIDUAL'S DEVELOPMENT

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport, Ministry of the Environment and Spatial Planning, Ministry of Public Administration, Ministry of the Interior, Ministry of Finance, Ministry of Economic Development and Technology

Measure 1: Raising of the awareness of decision-makers in all sectors of the importance of promoting mental health and preventing mental illness.

Measure 2: Coverage of an individual's basic needs and the establishment of a support environment that works to protect individuals, improve their mental health and that of the community or various target groups, and reduce inequality. This includes:

- the provision of social security to vulnerable population groups through:
 - the provision of an appropriate level of social and family benefits
 - inclusion in the compulsory social insurance system
 - access to high-quality social and family care services
- the implementation of active employment policy measures for various vulnerable groups

→ the strengthening of the network of housing groups and other forms of supported living

Measure 3: Provision of a safe and accessible environment that enables individuals to be involved in social (cultural, sports and other) activities to strengthen their mental health and fosters connections between different generations.

Measure 4: Implementation of activities and programmes oriented towards healthy lifestyles (exercise, healthy eating, healthy habits, socialising, maintaining capacities and independence, etc.).

Measure 5: Implementation of activities and programmes aimed at strengthening individuals' mental robustness and resistance (emotional and social skills, resistance to stress, positive self-image, problem resolution, communication, empathy, etc.).

Measure 6: Introduction of programmes and services to promote mental health and prevent mental illness for vulnerable groups and population groups with an increased risk of falling ill.

Measure 7: Use of the latest ICT and of innovative approaches to mental health promotion and the prevention of mental illness.

SPECIFIC OBJECTIVE 2: INCREASE IN MENTAL HEALTH LITERACY AND MENTAL HEALTH AWARENESS AMONG VARIOUS STAKEHOLDER COMMUNITIES, THE EDUCATION AND TRAINING OF PROFESSIONAL STAFF, AND DESTIGMATISATION

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport



Measure 1: Development and implementation of programmes that increase mental health literacy within various target groups and settings (family, workplace, school systems, etc.):

→ different forms of information-provision on mental health, mental illness and mental health problems and on the options available, including resources for help and care

→ continuous contact with the media in order to encourage them to report responsibly on mental health issues.

Measure 2: Continuous implementation of evidence-based destigmatisation campaigns (campaigns aimed at professionals, young people and the general public, etc.).

SPECIFIC OBJECTIVE 3: PROVISION OF EVENLY SPREAD AND EASILY ACCESSIBLE FREE-OF-CHARGE INFORMATION, COUNSELLING AND ONE-TO-ONE ASSISTANCE SERVICES AIMED AT PEOPLE IN NEED IN THE LOCAL ENVIRONMENT

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Development and implementation of different tried-and-tested forms of assistance to people in need (e.g. problems at the workplace, at school, in the family, with partners, during childhood). The aim is to ensure that contact is established immediately with people in need, and with their families, and that they are given support to resolve their problems and, where necessary, referred to appropriate forms of specialist help. These forms of support may be organised in local settings or by governmental and non-governmental organisations. This will enable us to prevent mental health problems from developing into mental or physical illness.

Measure 1: Counselling services for adults that provide timely, high-quality help in situations that present a risk of the development of mental illness.

Measure 2: Counselling services for children, adolescents and parents.

Measure 3: Expansion of existing and the development of new peer-support activities.

Measure 4: Self-help groups for people with similar problems and for their families.

Measure 5: Telephone and online counselling for children, adolescents and adults.

Measure 6: Introduction of tried-and-tested psychological first-aid programmes (dissemination of knowledge of the causes, symptoms and signs of mental health problems and mental illness, and the bolstering of the general public's ability to take action).

MENTAL HEALTH PROMOTION AND THE PREVENTION AND DESTIGMATISATION OF MENTAL ILLNESS FOR CHILDREN, ADOLESCENTS AND THEIR FAMILIES IN VARIOUS SETTINGS

SPECIFIC OBJECTIVE 1: MENTAL HEALTH PROMOTION AND THE PREVENTION OF MENTAL HEALTH PROBLEMS AMONG CHILDREN AND ADOLESCENTS IN EDUCATION INSTITUTIONS AND LOCAL SETTINGS

Line ministries: Ministry of Education, Science and Sport, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of the Interior

Measure 1: Preparation of protocols of cooperation between promotion and prevention providers and programmes.

Measure 2: Systemic introduction of the concept of mental health improvement in nursery schools and schools, and the cross-curricular discussion of health-related topics.

Measure 3: Systemic introduction of tested and evaluated programmes to promote mental health and prevent mental health problems among children and adolescents.

Measure 4: Systemic introduction of tried-and-tested early-intervention programmes that include parenting programmes, early-intervention programmes for children and adolescents, and programmes for teachers.

Measure 5: Pilot testing and the gradual systemic introduction of tried-and-tested programmes to reduce peer-to-peer violence (which increases children's susceptibility to these problems) aimed at addressing identified cases of peer-to-peer physical and online violence, and programmes that work successfully to establish a safe and nurturing school environment.

Measure 6: Provision of training and the strengthening of cooperation between school counselling services and mental health centres for children and adolescents, with mental health issues being incorporated into the concept of work of school counselling services and social work centres in relation to children and adolescents with learning and mental health difficulties. Preparation of protocols for more effective collaboration.

Measure 7: Development and implementation of programmes for vulnerable groups of young people (e.g. children who have abandoned their schooling, minorities, migrants).

Measure 8: Development and introduction of new approaches and communication channels for mental health promotion among children and adolescents (ICT, e-mental health).



Measure 9: Preparation of recommendations and measures for the education and protection of children's and adolescents' mental health in the digital media age with the aim of preventing non-substance addiction (computer games, gambling, social media).

Measure 10: Development of programmes to prevent non-substance addiction.

Measure 11: Creation of safe and nurturing learning environments.

Measure 12: Provision of inpatient school programmes to aid inclusion in a normal school environment during and after treatment until full inclusion in that environment is possible, and subsequent consultation and contact with the school.

SPECIFIC OBJECTIVE 2: ESTABLISHMENT OF A NETWORK OF COUNSELLING SERVICES FOR CHILDREN, ADOLESCENTS AND PARENTS

Line ministries: Ministry of Education, Science and Sport, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Design of an operating concept for counselling centres and a proposal for their insertion into the system.

Measure 2: Preparation of staff standards and standards for programmes of provision for at-risk children and adolescents.

MENTAL HEALTH PROMOTION AND THE PREVENTION AND DESTIGMATISATION OF MENTAL ILLNESS FOR ADULTS AT THE WORKPLACE

SPECIFIC OBJECTIVE 1: STRENGTHENING AND IMPROVEMENT OF EMPLOYEES' MENTAL HEALTH

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Improvements to the implementation and supervision of the implementation of health promotion programmes (appointment of a coordinator/group charged with promoting health within a company).

Measure 2: Preparation and implementation of inter-sectoral documents on workplace mental health.

Measure 3: Development and introduction of learning modules and tried-and-tested workplace health promotion programmes, with an emphasis on mental health and well-being, for employers and in-company health promotion coordinators/groups.

→ Preparation of a learning module for employers (management, workplace health promoters/coordinators) that recognises the importance of organising work and management operations to benefit of employees' mental health (e.g. management training in the fields of communication and corporate culture, management styles and time management, the introduction of staggered arrival at work, flexible working hours

for employees with mental health problems, promotion of employee creativity, etc.).

→ Preparation of a learning module for employers (management, human resources) on the importance of systematically monitoring absence from work through illness in order to identify as quickly as possible any protracted or recurring absences, plan promotional measures, and provide support to employees upon their return to work after such absences.

Measure 4: Preparation of healthy lifestyle guidelines and the promotion of healthy choices at work (healthy eating, increased physical activity, spaces for socialising during breaks, etc.).

Measure 5: Preparation and implementation of recommendations for promoting and strengthening positive psychosocial factors (supervision of own work, autonomy, positive relations with colleagues, social and emotional support from colleagues and superiors, employee career development).

Measure 6: Establishment of national and regional coordination for promoting and strengthening (mental) health at the workplace in support of employers and employees.

Measure 7: Establishment of links between health promotion centres and employers in the local environment in the implementation of prevention and promotion programmes in the field of mental health.

Measure 8: Involvement of social partners in the planning and implementation of workplace mental health promotion programmes.

SPECIFIC OBJECTIVE 2: SUPPORT TO EMPLOYEES, THE UNEMPLOYED AND SOCIALLY EXCLUDED ADULTS SUFFERING FROM MENTAL HEALTH PROBLEMS

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Economic Development and Technology

Measure 1: Psychological first-aid guidelines for workplaces (preparation of guidelines and training in the provision of psychological first aid at the workplace).

Measure 2: Preparation of guidelines and the provision of support by employers to employees in their reintroduction to work after a protracted absence due to mental or other illness (flexible work and working hours, etc.).

Measure 3: Promotion of the employment and increased access to work of people with fewer options as a result of chronic mental and other illnesses (reliefs/subsidies for companies, adaptation of workplaces and processes, flexible working hours, etc.).

Measure 4: Promotion of the employment of the long-term unemployed (identification of people unem-

ployed over the long term because of mental health and other issues), the systemic introduction of measures to assess their capacity for work and need for support via occupational medicine specialists and other qualified assessors, the promotion of employment on the basis of an assessment of capacities/skills and other effective measures for inclusion in the workplace (mentoring, induction programmes, etc.), and the expansion of the network of social enterprises and cooperatives for people suffering from mental illness.

Measure 5: Preparation and implementation of programmes to promote mental health and prevent mental illness for risk groups (unemployed, difficult-to-employ, unemployable and institutionalised people) adapted to their needs and capacities within their environments, with an emphasis on strengthening their power and advocacy.

MENTAL HEALTH PROMOTION AND THE PREVENTION AND DESTIGMATISATION OF MENTAL ILLNESS AMONG OLDER PEOPLE

SPECIFIC OBJECTIVE 1: STRENGTHENING OF PROTECTIVE FACTORS FOR HEALTHY AGEING

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Education and awareness-raising on healthy lifestyles and the maintenance of physical health, with the aim of exerting a positive influence on mental health, and the organisation of activities and programmes that include older people.

Measure 2: Strengthening of informal and formal entities and networks within the community that have a positive impact on quality of life within the community and prevent isolation (NGO programmes, social activities, intergenerational centres, universities of the third age).

Measure 3: Strengthening of access to programmes to prevent or manage memory-related problems.



2.





Mental health network

MENTAL HEALTH NETWORK FOR CHILDREN AND ADOLESCENTS

PROVISION OF PREVENTION SERVICES, EARLY DIAGNOSIS AND INTEGRATED TREATMENT FOR CHILDREN AND ADOLESCENTS AND THEIR FAMILIES IN THEIR LOCAL ENVIRONMENTS

SPECIFIC OBJECTIVE 1: 'GOOD START' PROVISION/ CARE FOR THE MENTAL HEALTH OF PREGNANT WOMEN, MOTHERS AND FAMILIES DURING PREGNANCY AND AFTER BIRTH

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Strengthening of parenting and communication skills and of the mental health of future parents as part of group-based health education (preparations for birth and parenthood).

Measure 2: Introduction of screening, early detection and the appropriate treatment of mental health problems as part of primary-level antenatal and postnatal healthcare (gynaecology teams, paediatric teams, general practitioners, home nursing service, adult mental health centres).

Measure 3: Provision of access, at adult mental health centres and maternity units, to adequate treatment for pregnant women or young mothers experiencing mental health problems.

Measure 4: Early identification of vulnerable pregnant women, families and children by social services, health services and education institutions, and referral to

appropriate programmes of support for high-risk families, with multidisciplinary approaches prioritised.

Measure 5: Upgrading of the prevention programme provided by home care nurses/medical technicians at the young mother's and baby's home, with back-up prevention visits and treatment for vulnerable families and additional care elements in relation to mental health problems, child neglect and maltreatment, and domestic violence (e.g. home-based parenting programmes).

SPECIFIC OBJECTIVE 2: EARLY IDENTIFICATION OF CHILDREN'S PHYSICAL AND MENTAL DEVELOPMENTAL ISSUES

Line ministries: Ministry of Health, Ministry of Education, Science and Sport, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Regular systematic preventive checks for children and adolescents in accordance with the rules of implementation.

Measure 2: Early provision for children with identified developmental disorders within the developmental clinics network. The network also incorporates regional early treatment centres, which are responsible for primary-level early integrated and multidisciplinary provision for children with developmental neurological disorders. The centres are integrated into the developmental clinics network.

SPECIFIC OBJECTIVE 3: PROVISION OF ACCESS TO INTERDISCIPLINARY TEAMS AND SERVICES RESPONSIBLE FOR DEALING WITH CHILDREN AND ADOLESCENTS SUFFERING FROM MENTAL HEALTH

3.

PROBLEMS, AND THEIR FAMILIES, AT THE PRIMARY HEALTHCARE LEVEL AND IN COOPERATION WITH SOCIAL CARE, FAMILY AND EDUCATION SERVICES

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Establishment of a network of 25 regional mental health centres for children and adolescents responsible for prevention services and for integrated, multidisciplinary clinic- and community-based provision for children and adolescents, covering geographical areas of approx. 80,000 people, including approx. 16,000 children and adolescents aged up to 19 (mental health centres for children and adolescents are defined in the Glossary [Appendix]).

Measure 2: Organisation of an admissions/first-aid service at all mental health centres for children and adolescents, with the preparation of first-aid protocols by all regional teams. In the period leading up to the establishment of the full network of mental health centres for children and adolescents, two first-aid/emergency centres will be set up at the university medical centres in Ljubljana and Maribor for the treatment of urgent cases involving children or adolescents facing acute threats due to mental illness. All specialist staff and adolescent psychiatrists in the public healthcare network will be involved in working at these two centres. After the network of mental health centres for children and adolescents is established, they will take over the treatment of urgent cases, thereby ensuring access at the local level.

Measure 3: Active identification of and the provision of support to children and adolescents who are particularly at risk, and the preparation of protocols for the performance of these activities. Mental health centres for children and adolescents will proactively provide help to the children of parents suffering from mental illness or addiction, children exposed to other traumatic life experiences (e.g. separation from parents, loss of people who provided support), migrant children and their support groups, and foster families.

ACCESS TO INTERDISCIPLINARY CHILDREN'S AND ADOLESCENTS' MENTAL HEALTH SERVICES AT THE SECONDARY AND TERTIARY HEALTHCARE LEVELS

SPECIFIC OBJECTIVE 1: ACCESS TO INTERDISCIPLINARY HOSPITAL AND SUB-SPECIALIST OUTPATIENT PROVISION

Line ministry: Ministry of Health

Measure 1: Gradual provision of hospital psychiatric units for children and adolescents with regulations and

standards of operation, and the enlargement of hospital teams in line with these standards.

Measure 2: Establishment of sub-specialist outpatient teams at national or regional levels for treating children and adolescents with more complex problems and comorbidities.

ADEQUATE PROVISION FOR CHILDREN AND ADOLESCENTS WITH BEHAVIOURAL PROBLEMS AND ONGOING AGGRESSIVE BEHAVIOUR

SPECIFIC OBJECTIVE 1: ADEQUATE PROVISION FOR CHILDREN AND ADOLESCENTS WITH BEHAVIOURAL PROBLEMS AND ONGOING AGGRESSIVE BEHAVIOUR

Line ministries: Ministry of Education, Science and Sport, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Preparation of systemic intersectoral solution for ensuring the adequate diagnosis and treatment of children and adolescents with behavioural problems and ongoing aggressive behaviour, with protocols of cooperation between responsible entities in the fields of healthcare, social care, the family and education.

Measure 2: Updating of the network of education institutions and the drafting of standards for staff and programmes involved in interdisciplinary mental health provision.

Measure 3: Overhauling of the education programme for children and adolescents with emotional and conduct disorders, and the definition of the forms and methods of work suitable for specific problems, disorders and interests.

Measure 4: Preparation and implementation of community-based services for children, adolescents and families at home and in local settings in cooperation with the Ministry of Health, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Education, Science and Sport, initially with the introduction of pilot projects involving mobile teams and later through systemic implementation.

MENTAL HEALTH NETWORK FOR ADULTS, INCLUDING OLDER PEOPLE

PREVENTION, EARLY DIAGNOSIS AND ACCESSIBLE, HIGH-QUALITY INTERDISCIPLINARY PROVISION FOR ADULTS WITH MENTAL HEALTH PROBLEMS AT THE PRIMARY HEALTHCARE LEVEL, WITH AN EMPHASIS ON COMMUNITY-BASED CARE



SPECIFIC OBJECTIVE 1: EARLY DETECTION OF MENTAL ILLNESS AND THE PSYCHOLOGICAL EDUCATION OF PEOPLE WITH MENTAL HEALTH PROBLEMS

Line ministry: Ministry of Health

Measure 1: Screening, early detection and treatment of mental illness and the provision of counselling services at reference family practice clinics and the home nursing service.

Measure 2: Organisation of psycho-educational support workshops for people with mental health problems and their families at health promotion centres and adult mental health centres.

SPECIFIC OBJECTIVE 2: ACCESS TO PRIMARY-LEVEL INTERDISCIPLINARY TEAMS AND COMMUNITY-BASED PROVISION FOR ADULTS SUFFERING FROM MENTAL ILLNESS

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Establishment of a network of 25 regional adult mental health centres responsible for prevention services and for integrated, multidisciplinary clinic- and community-based provision for adults and older people, covering geographical areas of approx. 80,000 people, including approx. 64,000 adults aged 20 or over (adult

mental health centres are defined in the Glossary (Appendix)).

Measure 2: Establishment of first-aid and consulting services at adult mental health centres.

Measure 3: Establishment of a network of regional community-based psychiatric teams to make critical interventions and carry out intensive monitoring, health treatment and rehabilitation. Establishment of community-based teams, with priority given to areas with the highest suicide rates and other critical mental health indicators.

Measure 4: Harmonisation and standardisation of the standards, protocols and activities of integrated treatment teams.

Measure 5: Long-term, integrated and multidisciplinary provision for people with several simultaneous severe mental illnesses.

Measure 6: Programme evaluation.

ACCESSIBLE, HIGH-QUALITY SECOND-LEVEL PROVISION FOR ACUTE CASES

SPECIFIC OBJECTIVE 1: STATE-OF-THE-ART HOSPITAL-BASED PSYCHIATRIC CARE ACCESSIBLE TO ALL

Line ministry: Ministry of Health

Measure 1: Gradual addition to hospital psychiatric facilities of gerontopsychiatric departments and specialist units for dealing with specific mental illnesses and situations, in accordance with operating regulations and standards.

REHABILITATION OF PEOPLE WITH RECURRING MENTAL HEALTH PROBLEMS

SPECIFIC OBJECTIVE 1: STRENGTHENING OF THE REHABILITATION SERVICES NETWORK

Line ministries: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of Education, Science and Sport

Measure 1: Provision of access to high-quality housing group programmes for adults and young people with different levels of support, the option of moving between different levels of support, and a reduction in inequality among the providers of these programmes.

Measure 2: Provision of access to high-quality day-centre programmes, and awareness-raising, counselling and one-to-one assistance programmes.

Measure 3: Provision of access to employment, adapted employment and work-training programmes for people with various mental health problems.

Measure 4: Improvements in access to and the availability of programmes of assistance in learning, cognitive remediation and support to students in the education system upon their return to or enrolment in study programmes following mental illness.

Measure 5: Expansion of therapy and rehabilitation programmes for people experiencing mental health problems and drug dependence.

Measure 6: Provision of equal access to advocacy and self-advocacy programmes through the establishment of additional advocacy and self-advocacy offices, and the provision of education and training to advocates and peer-to-peer advocates.

Measure 7: Provision of access to programmes to strengthen social and everyday skills and foster community inclusion, and other evidence-based assistance programmes.

Measure 8: Provision of activation programmes and other systemic measures to reduce the number of people suffering from severe and recurring mental illness who are living below the poverty line and experiencing social exclusion.

Measure 9: Establishment of rehabilitation programmes for children and adolescents experiencing mental health problems.

LONG-TERM TREATMENT OF PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL DEVELOPMENTAL DISORDERS

SPECIFIC OBJECTIVE 1: ESTABLISHMENT OF CONDITIONS IN THE COMMUNITY FOR REDUCING AND PREVENTING THE INSTITUTIONALISATION OF PEOPLE WITH MENTAL HEALTH PROBLEMS

Line ministries: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of the Environment and Spatial Planning, Government Office for Development and European Cohesion Policy

Measure 1: Establishment of conditions in the community for reducing the institutionalisation of people with mental health problems.

Measure 2: Adherence to high standards of protection of human rights and dignity, and to a guaranteed level of quality of provision in long-term care institutions.

SPECIFIC OBJECTIVE 2: PLANNED GRADUAL REDUCTION IN THE NUMBER OF ADULTS WITH MENTAL HEALTH PROBLEMS AND COMBINED DISORDERS ATTENDING SOCIAL CARE INSTITUTIONS AND THEIR TRANSFER TO COMMUNITY-BASED FORMS OF LIVING, AND THE CONTINUOUS IMPLEMENTATION OF SOCIAL CARE PROGRAMMES AIMED AT COMMUNITY-BASED PROVISION FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Line ministries: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health, Ministry of the Environment and Spatial Planning, Government Office for Development and European Cohesion Policy

Measure 1: High-quality social care services and programmes aimed at community-based provision for people with mental health problems.

Measure 2: Development of integrated community support for secure living, employment and treatment for people who have undergone long-term institutional care.

Measure 3: Construction of dedicated living units.

ORGANISATION OF APPROPRIATE INTEGRATED CARE FOR PEOPLE WITH MENTAL HEALTH PROBLEMS WHO EXHIBIT DANGEROUS BEHAVIOUR

SPECIFIC OBJECTIVE 1: ESTABLISHMENT OF AN INTEGRATED AND EFFECTIVE APPROACH TO PEOPLE WITH MENTAL HEALTH PROBLEMS WHO EXHIBIT DANGEROUS BEHAVIOUR, WITH THE AIM OF PROVIDING CONTINUOUS, SAFE AND EFFECTIVE CARE

Line ministries: Ministry of Health, Ministry of Education, Science and Sport, Ministry of Labour, Family, Social

Affairs and Equal Opportunities, Ministry of Justice, Ministry of the Interior

Measure 1: Needs assessments for an integrated and effective approach to people with mental health problems who exhibit dangerous behaviour.

Measure 2: Establishment of the appropriate conditions for addressing people with mental health problems who exhibit dangerous behaviour in special social care and education institutions, with adequate standards for staff, knowledge, skills and premises.

Measure 3: Establishment of a multidisciplinary approach to people explicitly ordered to undergo compulsory outpatient psychiatric treatment. Preparation of protocols and standards for the safety measure of compulsory outpatient psychiatric treatment (collaboration with community-based providers).

Measure 4: Establishment of a community-based multidisciplinary approach to people with mental health problems who exhibit dangerous behaviour. Preparation of protocols and standards for the provision of psychosocial rehabilitation programmes.

Measure 5: Organisation of rehabilitation following the completion of a measure of compulsory psychiatric treatment. Preparation of protocols and standards for the provision of rehabilitation programmes.

Measure 6: Establishment of a specialised approach to addressing people who are suffering from the most severe forms of mental illness and who are at risk of committing a (further) criminal offence (heteroaggressive behaviour).

ADDRESSING THE SPECIFIC MENTAL HEALTH NEEDS OF OLDER PEOPLE

SPECIFIC OBJECTIVE 1: EARLY DIAGNOSIS AND TREATMENT OF MENTAL ILLNESS AMONG OLDER PEOPLE

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Strengthening of the network of teams of family practitioners and of their knowledge and skills in dealing with older people in line with their needs.

Measure 2: Strengthening of the preventive role of the home nursing and care service when dealing with older people in their home environment.

Measure 3: Provision of access to specialist interdisciplinary treatment at the primary healthcare level within adult mental health centres and social care services, and a community-based approach to older people experiencing mental health problems.

SPECIFIC OBJECTIVE 2: PROTECTION OF THE RIGHTS OF OLDER PEOPLE

Line ministries: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health

Measure 1: Education and awareness-raising for the general public and target populations on the need to protect the rights of older people, particularly women and the economically deprived, to include identification of the signs of violence against older people.

Measure 2: Strengthening of the skills of care staff in order to prevent violence against older people.

Measure 3: Support for advocacy programmes that offer free legal aid to older people and promote peer-to-peer assistance in the areas of representation and advocacy.

Measure 4: Organisation of counsellors/assistants in local settings or at larger hospitals and social protection institutions for the guidance and provision of assistance to older people in the use of organisations/services, including the promotion of self-help peer-to-peer groups and organisations via formal providers in the local environment.

PSYCHOLOGY AND PSYCHOTHERAPY ACTIVITIES

SPECIFIC OBJECTIVE 1: INCREASED ACCESS TO PSYCHOLOGY AND PSYCHOTHERAPY SERVICES

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Regulation of standards for psychology and psychotherapy activities.

Measure 2: Regulation of standards for publicly funded psychology and psychotherapy services.

Measure 3: Establishment of regulations and standards for psychology and psychotherapy services for the treatment of mental illness.

Measure 4: Systemic regulation of the financing and publication of calls for applications for specialist clinical psychology disciplines.

Measure 5: Publication of calls for applications for 25–30 specialist clinical psychology specialisations a year over the next ten-year period.

Measure 6: Recruitment into the mental health network of adequate numbers of staff responsible for providing psychology and psychotherapy services.



44.





Alcohol and mental health

ALCOHOL AND MENTAL HEALTH

SPECIFIC OBJECTIVE 1: RAISING OF AWARENESS OF THE CONSEQUENCES OF THE HARMFUL USE OF ALCOHOL ON MENTAL HEALTH

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Organisation of activities and programmes to raise public awareness of the consequences of the harmful use of alcohol on the mental health of the individual and their loved ones for a range of target groups.

Measure 2: Destigmatisation of alcohol dependence treatment programmes and of the users of these programmes.

Measure 3: Development of a critical attitude to alcohol consumption by changing societal norms and promoting responsible communication on the subject of alcohol.

SPECIFIC OBJECTIVE 2: PROVISION FOR THE RISKY AND HARMFUL USE OF ALCOHOL WITHIN THE HEALTHCARE SYSTEM, AND COLLABORATION WITH OTHER SECTORS

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Strengthening of knowledge and skills for the early identification of problems resulting from alcohol consumption and/or alcohol dependence, including social care services, family services, work organisations and education institutions, in addition to the health service.

Measure 2: Systemic implementation of screening and intervention processes for the risky and harmful

use of alcohol (short counselling sessions, motivational interviews) to change alcohol consumption habits at the primary healthcare level (general/family practice clinics, reference clinics, gynaecology clinics and home nursing services), and the insertion of these processes into social care and family services.

Measure 3: Regular evaluation of the programme of psychosocial and educational workshops for drink drivers.

Measure 4: Education of psychosocial and educational workshop providers for drink drivers and their integration into the interdisciplinary profession in order to provide further appropriate treatment to people dependent on alcohol.

Measure 5: Establishment of protocols for identifying and dealing with the risky and harmful use of alcohol, and the appropriate referral to a higher health treatment level in cases of alcohol dependence.

Measure 6: Referral of people dependent on alcohol for treatment at an adult mental health centre.

Measure 7: Provision of equal access to health services for the treatment of people dependent on alcohol, and tailored treatment programmes for people with associated mental health problems.

Measure 8: Provision of equal access to support services for the psychosocial rehabilitation of patients and their families following treatment for alcohol dependence (e.g. specialist-led clubs and societies for people recovering from alcohol dependence).





Suicide prevention

SUICIDE PREVENTION

SPECIFIC OBJECTIVE 1: RAISING OF MENTAL HEALTH AWARENESS AND LITERACY, PARTICULARLY IN RELATION TO SUICIDE

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Development and implementation of programmes that identify and take early action in response to suicidal behaviour (adapted to the general public and other local community representatives).

- Introduction of a standardised psychological first-aid programme (dissemination of knowledge of the causes, symptoms and signs of suicidal behaviour and the strengthening of the ability to take action).
- Dissemination of information on suicidal behaviour, its prevention and the options for taking action (e.g. talks and workshops for the general public) among a range of population groups (children, adults, the elderly, etc.).

Measure 2: Continuous contact with the media in order to encourage them to report responsibly on suicide and mental health/illness in the wider sense.

SPECIFIC OBJECTIVE 2: EARLY IDENTIFICATION OF PEOPLE AT RISK

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Development and implementation of programmes to enable specialists to identify and take early action in response to suicidal behaviour among a range of population groups.

- Continuous education of all frontline workers and others (e.g. paediatricians, general practitioners, psychologists, nurses and medical technicians, social workers, police officers, firefighters, teachers, and other people working in the non-governmental sector), and the strengthening of their ability to identify and respond to suicidal behaviour.
- Establishment of protocols of cooperation and the demarcation of competencies/responsibilities between different frontline workers and community-based services.
- Provision of immediate intervention by community-based services in the event of suicide risk, particularly among older people.

Measure 2: Ongoing screening of the population for suicide risk (PHQ-9 in reference clinics) and data monitoring (in order to improve provision for at-risk individuals or for epidemiological research purposes).

SPECIFIC OBJECTIVE 3: ACCESS TO HELP AND MENTAL HEALTH PROVISION FOR PEOPLE AT RISK OF SUICIDE

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Development and implementation of programmes of help and the active monitoring of those at risk of suicide in different populations (priority access to free clinical psychology, psychiatric and psychotherapy treatment, priority community- and clinic-based treatment, establishment of an emergency/first-aid service, clinics for acute cases, provision of continuous/long-

term help or monitoring following a suicide attempt, access to programmes of help to reintegrate individuals into everyday life, provision of programmes of help for families after a member's suicide/suicide attempt, psychotherapy services).

Measure 2: Establishment of links and continuous cooperation between health services, social services and the non-governmental sector, and support for their work.

SPECIFIC OBJECTIVE 4: REDUCTION IN ALCOHOL USE

Line ministries: Ministry of Health, Ministry of Education, Science and Sport, Ministry of Labour, Family, Social Affairs and Equal Opportunities

Measure 1: Implementation of measures to reduce the consequences of harmful alcohol use and alcohol dependence (measures referred to under the priority area dealing specifically with alcohol).

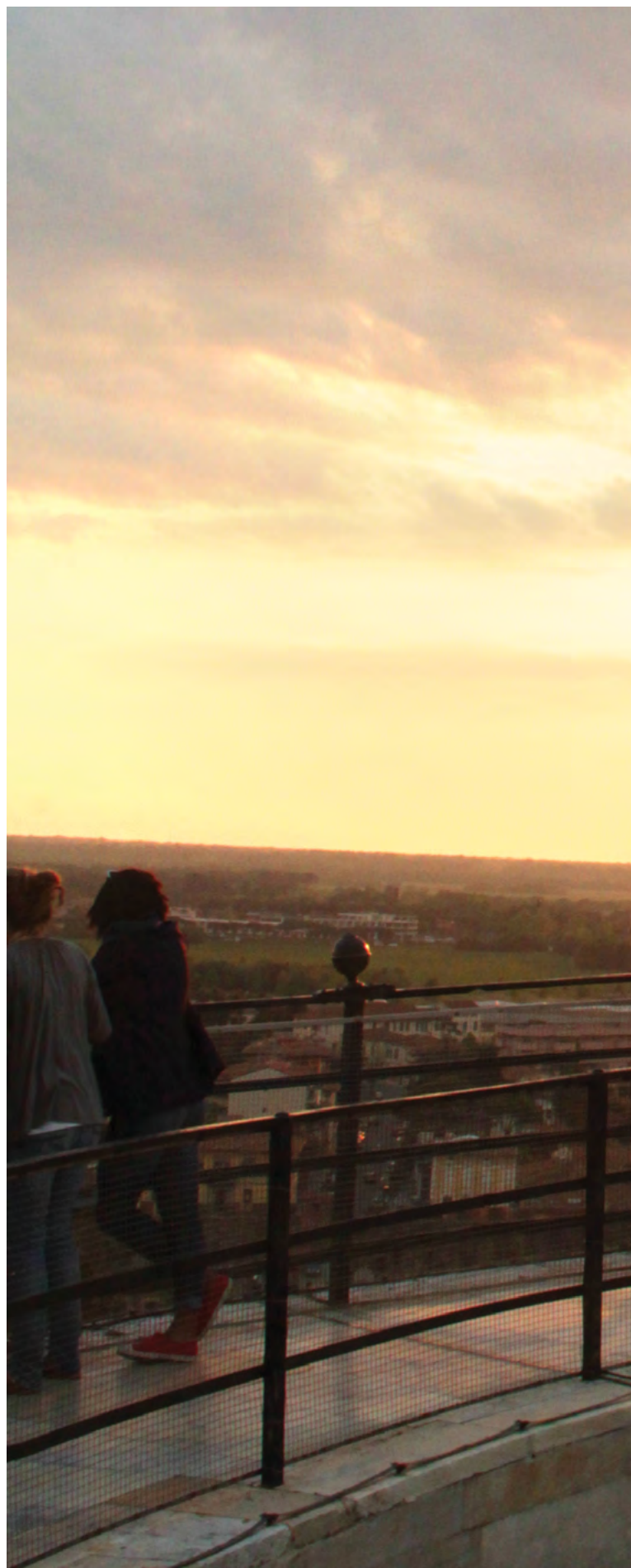
SPECIFIC OBJECTIVE 5: RESTRICTION OF ACCESS TO THE MEANS OF SUICIDE

Line ministries: Ministry of the Interior, Ministry of Justice, Ministry of Health, Ministry of the Environment and Spatial Planning

Measure 1: Review and amendment of legislation relating to the provision of safe environments and access to technical means and devices that could be used in suicide attempts, including access to poisons and drugs.

Measure 2: Provision of safety measures at critical points (erection of fencing at railway crossings and on high buildings and bridges).

Measure 3: Provision of safe spaces at hospitals, prisons and other institutions where the suicide risk is greater because of the nature of the population or other risk factors.





5.





Education, research, monitoring and evaluation

EDUCATION

SPECIFIC OBJECTIVE 1: PROVISION OF CURRICULAR CONTENT ON THE IMPORTANCE OF SAFEGUARDING MENTAL HEALTH

Line ministries: Ministry of Education, Science and Sport, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Justice, Ministry of the Interior

Measure 1: Inclusion of educational content in curricular and cross-curricular topics in primary and secondary schools on the importance of safeguarding mental health.

Measure 2: Inclusion or strengthening of educational content on mental health promotion and the prevention of mental illness in vocational education at the secondary and higher education levels for health, social, family care and education professions.

Measure 3: Inclusion of mental health content in ordinary further professional education and training for all professional groups that work with people (healthcare, social and family care, education, justice and prosecution authorities).

SPECIFIC OBJECTIVE 2: PROVISION OF APPROPRIATE TRAINING TO HEALTH WORKERS AND PROFESSIONALS IN OTHER SECTORS ON WORK WITH PEOPLE SUFFERING FROM MENTAL ILLNESS

Line ministries: Ministry of Education, Science and Sport, Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of the Interior

Measure 1: Development or updating of teaching modules for interdisciplinary work and work with people experiencing mental health problems.

Measure 2: Provision of education for interdisciplinary teams of general practitioners, including the home nursing service for the early detection and treatment of common mental illnesses and for interdisciplinary and intersectoral cooperation in this area.

Measure 3: Provision of education for interdisciplinary teams at mental health centres for children and adolescents and interdisciplinary teams at adult mental health centres on prevention and the integrated treatment of people suffering from mental illness, psychological first aid, and interdisciplinary and intersectoral cooperation in this field.

Measure 4: Education and training of specialists in community-based psychiatric treatment.

Measure 5: Education and training of interdisciplinary specialists involved in dealing with people suffering from mental illness and exhibiting violent behaviour.

Measure 6: Introduction of undergraduate courses in health and social care, with specialisations in mental health for healthcare, and the upgrading of education and training for health workers and professionals in other fields.

SPECIFIC OBJECTIVE 3: EDUCATION FOR ADVOCACY AND THE COORDINATION OF COMMUNITY-BASED PROVISION

Line ministries: Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Health

Measure 1: Continuous education and training of advocates of people's mental health rights.

Measure 2: Continuous education and training for coordinators of community-based provision.





MONITORING AND EVALUATION OF THE NATIONAL PROGRAMME

The assessment or evaluation of the National Mental Health Programme 2018–2028 is an important activity and one that will help us to identify those areas of work that have met with success and those in which improvements are possible.

The aim of the evaluation of the National Programme is:

- to conduct an ongoing assessment of the success or otherwise of the action plan at two-year intervals and the continuous adjustment of implementation within the frameworks of the action plan for the next two years;
- to establish the effectiveness of the entire programme over the 2018–2028 period, with an emphasis on identifying whether all eight strategic objectives have been achieved.

The National Programme envisages the monitoring of structural, procedural and outcome indicators. Structural indicators define the elements that enable programme implementation, e.g. staff, equipment, information resources, organisational networks, etc. Process indicators relate to actual implementation of the programme and the interventions and activities conducted within it, and describe the mechanisms through which the structures facilitate the achievement of outcomes. The outcomes are the effects of the programme. As with structure and processes, these outcomes can appear at the strategic (programme) level or the level of a specific activity. Process evaluations are usually conducted during implementation to allow us to establish what we are doing and how effective we are, and to give us the option of making improvements as we go along. An evaluation of the effects is conducted before the end of the measure to assess efficiency and effectiveness and, after completion, to assess the final effectiveness of the programme.

In order to evaluate the National Programme, the indicators for the monitoring of its strategic objectives are defined at the beginning of the Resolution. The final set of indicators used to evaluate achievement of the purpose and objectives will be compiled by a working group of experts, who will carry out an evaluation on the basis of a special methodological document.

RESEARCH

SPECIFIC OBJECTIVE 1: MONITORING OF MENTAL HEALTH

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Establishment of a set of internationally comparable indicators for monitoring the mental health of men and women of all age groups (by sex), and of at-risk population groups.

Measure 2: Establishment and implementation of appropriate continuous monitoring and study of the mental health of men and women, and of the effectiveness of measures for all ages and at-risk groups of the population.

Measure 3: Establishment of a working group to study methods of monitoring suicide and suicide attempts (register of suicides and suicide attempts).

SPECIFIC OBJECTIVE 2: WIDENING OF THE SCOPE OF MENTAL HEALTH RESEARCH

Line ministries: Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Education, Science and Sport

Measure 1: Provision of resources for research into mental health, broken down by sex and among different populations (children and adolescents, adults, the elderly, particularly at-risk populations, etc.).

Measure 2: Introduction of applied and qualitative community-based research involving users and providers.



6.



Managing implementation

The implementation of an extensive set of interconnected and interdependent National Mental Health Programme activities can only be successful if there is a well-planned network of experts in place at national, regional and local levels who manage and coordinate activities in line with the National Programme and bring stakeholders and providers into contact with each other. The tasks of the national and regional/local management of the implementation of the ten-year mental health programme will be performed by the NIJZ, which will establish a complex management structure for the purpose (Figure 8). In implementing tasks relating to management of the implementation of the National Mental Health Programme, the NIJZ will work with and bring into the management process specialists from various disciplines and sectors, advocacy and humanitarian organisations working in mental health, as well as representatives of service users, who will operate within

management bodies, interdisciplinary working groups, and the expert and programme councils.

The **Programme Council** monitors the implementation of the national programme, formulates proposals for overcoming challenges arising during implementation of the National Programme, and operates as an advisory body to the Expert Council and interdisciplinary working groups.

The **Expert Council** leads National Mental Health Programme activities, plans and supports the specialist and developmental tasks of specific interdisciplinary working groups, and provides expert support to ministries in a range of tasks and in the development of strategic, regulatory and other solutions in the field of mental health.

The **interdisciplinary working groups** design and implement substantive, organisational and structural measures in accordance with the National Programme and the action plans.



Supporting implementation

Implementation of the National Mental Health Programme requires the support of the whole of society, political circles, the profession and civil society. A commitment is required from all government levels, as well as from political actors at national and local levels, if implementation is to be provided with the required support. Formal structures are therefore being established at national (the government's own Mental Health Council) and local levels (the Regional Mental Health Council), along with local health groups, to ensure that mental health objectives are included in the agendas of all government actors, and that local political actors also recognise the importance of mental health and lend their weight to the community-based implementation of mental health initiatives. The bodies charged with implementing the National Mental Health Programme at the political level and the stakeholders involved in the process are listed below.

The **Government Mental Health Council** supports the implementation of tasks set out in the National Mental Health Programme and the achievement and monitoring of the sectoral objectives, handles intersectoral elements, working reports and action plans and, once every two years, reports to the National Assembly on the implementation of the National Programme.

The **intersectoral working group**, comprising representatives of the key ministries (Ministry of Health, Min-

istry of Education, Science and Sport, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of Justice and other relevant ministries), operates under the aegis of the Ministry of Health, aims to work proactively to resolve intersectoral challenges in the mental health field, and takes part in the development and implementation of intersectoral mental health measures and tasks.

Regional mental health councils comprise local political representatives and mental health networks in areas covered by mental health centres (approx. 80,000 inhabitants). Based on an assessment of the situation and needs, it designs a regional mental health plan, supports implementation of the priority tasks set out in that plan and organises regional mental health conferences.

Local health groups are already in place in areas covered by a community medical centre and include all important stakeholders whose decision-making and/or operations have an important impact on health. Local health groups manage and coordinate the health promotion centres that are incorporated into community medical centres. The task of a local health group is to integrate the local mental health improvement action plan into the wider health improvement plan designed by the group for its area, including an assessment of the situation and needs and the measures for improving mental health and reducing mental health inequality among the local population.

Organisational chart for the management of implementation of the National Mental Health Programme

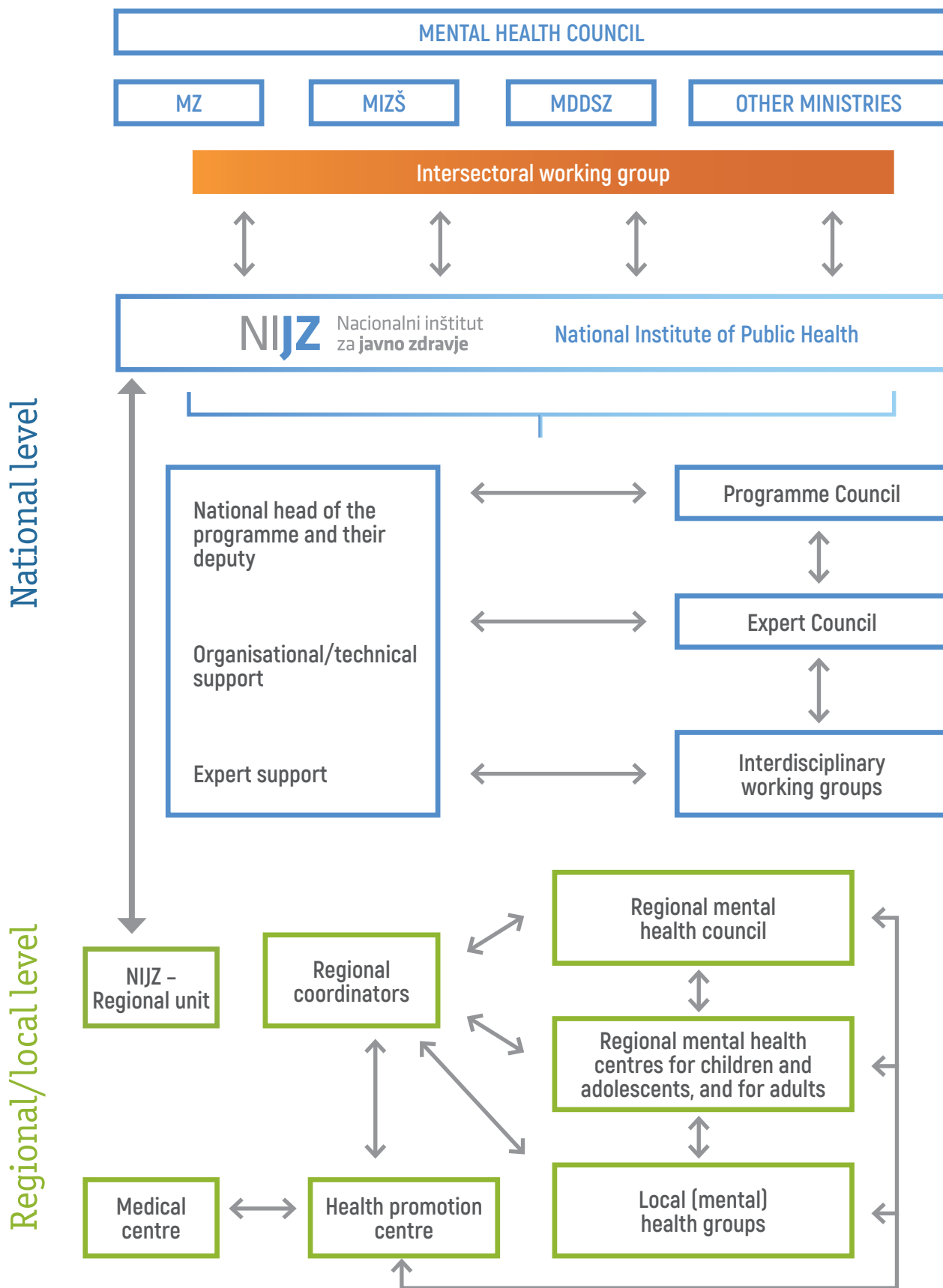


Figure 8 Organisational chart of national and regional/local management of implementation of the National Mental Health Programme





Financing implementation and management

BENEFITS OF INVESTING IN MENTAL HEALTH

In the fields of healthcare, social care and the family, we constantly come up against a mismatch between needs and resources (both human and financial), which is why we must use good organisation to allocate our modest resources so that they bring the greatest possible benefits to service users and the community. When it comes to investing in the protection of mental health, cost-effectiveness increases if adequate funds are earmarked for promoting mental health and preventing mental illness, detecting mental illness early on, and dealing effectively with mental illness in the community. If there is an appropriate ratio between the above factors, the average cost-effectiveness ratio is 1:12.5, although programmes to prevent mental illness among children and adolescents can have an even higher ratio, with one dollar invested bringing a profit of 80 dollars.

Investing in programmes that reduce the possibility of child maltreatment, such as programmes of help

for high-risk families (health partnerships with families) and the 'Neverjetna leta' (Unbelievable years) parenting programmes, are part of the strategy recommended by the WHO. The cost-effectiveness of programmes aimed at providing help to families in the first six months of a child's life is considerable and persists over the long term, from 1: 2.3 to 1: 33 for programmes that help high-risk families with children.

As well as producing a heavy public financial burden on countries, child maltreatment, which includes emotional, physical and sexual abuse and child neglect, also presents a serious risk to the mental health of children and adults and of the development of chronic physical illness in adulthood. Even in the developed world, between 9 and 29% of children are exposed to various forms of abuse. The indirect and direct costs of abuse are extremely high: in the US alone, they are estimated at 210,000 dollars per victim per year (which is comparable to the cost of a stroke or diabetes). In total, this constitutes more than 1% of GDP, with research assessing

Benefits of implementation

of the National Mental Health Programme 2018–2028

are expected on the
basis of an
assessment of:

1.

a reduction in the costs of
sickness benefits for people
with mental health problems
and their families

2.

a reduction in the
costs of psychotropic
medications

3.

a reduction in the costs
of inpatient psychiatric
treatment

4.

a reduction in judicial costs

5.

a reduction in the costs
of social transfers

6.

a reduction in local community
expenditure on institutional care

7.

a reduction in the burden caused by
children's and adolescents' emotional
and conduct disorders

the costs of the child maltreatment in Italy and Germany producing comparable figures.

A recent study has found that individuals with several risk factors in early childhood (approx. 20% of children) account for the majority of the economic burden on society in various sectors during adulthood.

The risk factors that can be identified in the first three years account for 60 to 80% of the costs that end up being borne by society in the form of social transfers, single-parent families, smoking, the number of days off sick from work, medical prescriptions and crime. Programmes that effectively reduce the long-term risks for these children therefore represent important opportunities for us to take action together as a society.

A few more justified investments in mental health can be mentioned here: training general practitioners to recognise suicidal behaviour in their patients produces a return on investment of 1: 54.45, early identification of psychosis a return of 1: 10.27, workplace mental health promotion a return of 1: 9.69, and the early identification and treatment of depression in the active population a return of 1: 5.03.

A Canadian document on the return on investments in the mental health of the population, a WHO document on investments in mental health, and the press release published jointly by the World Bank and the WHO all summarise the research findings on the cost-effectiveness of mental health measures and the treatment of mental illness. They conclude that action in the field of mental health is required not only to prevent individual suffering, but also for the well-being and economic prosperity of society. Evidence of a link between economic productivity and mental health is solid: for example, investments in programmes to promote mental health and prevent mental illness in the field of depression and anxiety alone bring a fourfold saving to society. The president of the World Bank acknowledges that mental health is not only a public health issue, but a development issue as well. Productivity losses from mental illness are something the global economy cannot afford.

The European Data Preview project shows that investments in tried-and-tested preventive and promotional interventions among children, at the workplace and among older people significantly reduces the cost of mental health provision for these groups in all sectors of the system. Facts about public health and the economy point to the importance of taking an integrated, community-based approach to mental healthcare provision, having adequate social security systems and safe workplace programmes, supporting families and parents, supporting debt resolution initiatives, and having an active alcohol policy.

FINANCING OF THE IMPLEMENTATION OF THE NATIONAL MENTAL HEALTH PROGRAMME 2018–2028

In past decades, the major part of investments in mental health went to institutional care in both the healthcare and social care sectors. To illustrate: prior to the adoption of the National Mental Health Programme, the direct costs of treating people with mental health problems in the healthcare sector amounted to EUR 80 million, with 85% of this total going to the hospital treatment of people with mental health problems.

The National Mental Health Programme proposes a shift in the way mental healthcare is delivered to the Slovenian population towards improving mental health, preventing the development of mental health problems in all settings, and bringing accessible, integrated institutions and services closer to people suffering from mental health problems at the primary level and within the community. The planned funding is also in line with these objectives.

If the objectives of the National Mental Health Programme are to be achieved, the workings of sectoral-specific policies must be coordinated and the sectoral budgets that enable implementation of the interconnected and intersectoral measures planned in the ten-year programme on an ongoing basis. This requires responsible decision-makers, major intersectoral cooperation and coordinated investments in mental health; only in this way can the programme's objectives be achieved, optimal benefits and savings be produced for society and the economy, and human rights and needs in the field of mental health be met.

From the financial aspect, the National Mental Health Programme contains two types of measure:

- some have no financially defined items in terms of the additional investment of funds as they are conceptual changes or procedural upgrades within the system already in place;
- certain National Mental Health Programme measures also bring structural changes that entail an increase in investments in staff, staff training and development, and the implementation of tried-and-tested programmes to protect mental health, prevent the development of mental health problems and provide care to people with mental health problems.

The measures contained in the National Mental Health Programme will be (co-)financed from a variety of sources: the budgets of the line ministries (the ministries of health, of education, and of labour, family, social affairs and equal opportunities), European Union funds and

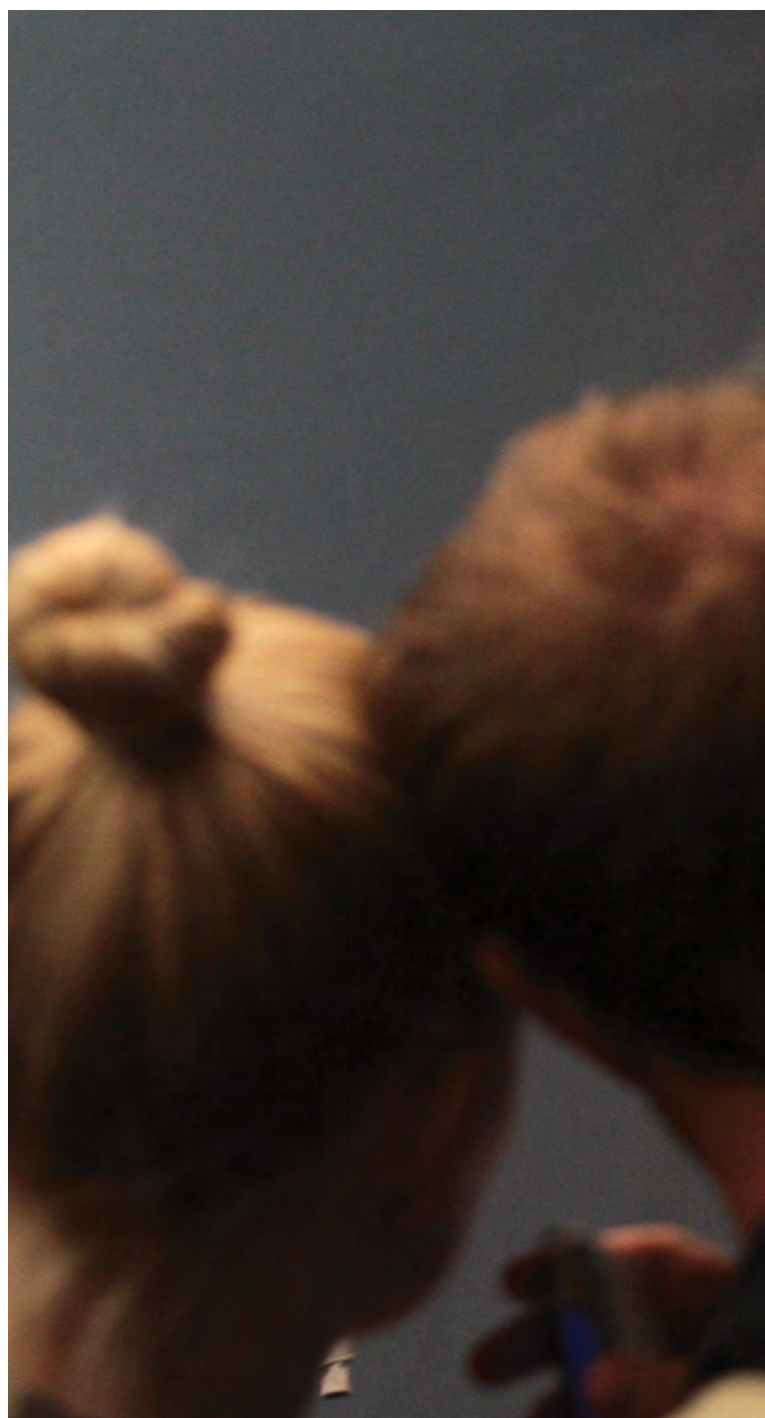
other international sources, funds from the Norwegian Financial Mechanism, ZZS funds and local community budgets.

Budget funding from the various ministries will cover the implementation of measures from the priority areas of mental health promotion, and the prevention and destigmatisation of mental illness for different target groups, some of the measures relating to alcohol and mental health, suicide prevention, education and research, and the monitoring and evaluation of the National Mental Health Programme. The funding of measures that include social care, advocacy and user-run programmes is part of the budget funding of the mental health network.

The management of the implementation of the National Mental Health Programme has planned partial funding. Management of the establishment and operation of mental health centres and other mental health services within the healthcare sector is financed by the ZZS, while management of the implementation of public health measures from other priority areas is expected to be funded from the Ministry of Health budget.

ZZS funds are earmarked for the additional insertion of interdisciplinary early treatment centre teams into the network of 22 development clinics, the establishment of new teams at 25 mental health centres for children and adolescents, 25 adult mental health centres with clinic- and community-based psychiatric provision, three tertiary-level clinical teams for priority provision of care to children and adolescents with mental health problems, seven sub-specialist outpatient clinical teams at the national or regional level charged with addressing children and adolescents suffering from more complex disorders and comorbidities, the bolstering of hospital-based child psychiatry teams, and the establishment of hospital-based gerontopsychiatric units and specialist units for the treatment of specific mental health disorders. The teams will be set up at equal intervals over a ten-year period according to the principle of priority in environments with elevated mental health risks and reduced access to services.

Example of the evaluation of the costs of investing in the establishment of new mental health centres: the establishment of 25 mental health centres for children and adolescents, 25 adult mental health centres and the 100 home-care teams being added to existing home-care capacities in order to better tackle mental health problems will cost the ZZS EUR 28 million, which is only a little more than one third of the costs of hospital treatment of people with mental health problems. There are plans to add to and expand the network of counselling centres for at-risk children and adolescents. The precise



costs will be known after the staff standards and the standards applying to programmes of care and help for children and adolescents with learning difficulties are defined, and after the systemic foundations are laid by the Ministry of Education, Science and Sport.

The programmes and services that come under the responsibility of the Ministry of Labour, Family, Social Affairs and Equal Opportunities must be expanded and upgraded in line with the strategic documents already adopted and the pilot projects carried out in the 2018–2020 period; in this period, the ministry will also prepare a draft new strategic social care 2021–2030 document.



This document must include the planning and financing of social care programmes in the field of mental health, as envisaged by the National Mental Health Programme. Social care programmes must be set up in local environments in line with needs and contemporaneously with the establishment of new mental health centres in order to guarantee comprehensive and integrated provision for people with mental health problems in the local community. This programme and financial planning requires close cooperation between both ministries: the Ministry of Health and the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

In order to upgrade the programmes, develop new models and approaches in the field of mental health, lay the foundations for deinstitutionalisation and carry out upgraded community-based programmes for addressing people experiencing long-term mental health problems, the ministries of labour, family, social affairs and equal opportunities, of health, and of education, science and sport will be involved in the funding process with the help of existing budget funds, as well as of funds from the new programming period of the European Social Fund (ESF) and European Fund for Regional Development (EFRD), and other sources.

Appendices



Abbreviations

ADHD	Attention Deficit Hyperactivity Disorders
CINDI	Countrywide Integrated Non-Communicable Disease Intervention
EU	European Union
ICT	Information and communication technology
MDDSZ	Ministry of Labour, Family, Social Affairs and Equal Opportunities
MGRT	Ministry of Economic Development and Technology
MIZŠ	Ministry of Education, Science and Sport
MJU	Ministry of Public Administration
MOP	Ministry of the Environment and Spatial Planning
MP	Ministry of Justice
MZ	Ministry of Health
NIJZ	National Institute of Public Health
NPDZ	National Mental Health Programme 2018–2028
NGO	Non-governmental organisation
OE NIJZ	National Institute of Public Health regional unit
RNPDZ	Resolution on the National Mental Health Plan 2018–2028
FASD	Fetal alcohol spectrum disorder
WHO	World Health Organization
UKC	University Medical Centre
UPK	University Psychiatric Clinic
UN	United Nations
ZVDZ	Occupational Health and Safety Act
ZZZS	Health Insurance Institute of Slovenia

Absenteeism: Sickness absenteeism is temporary absence from work for reasons of illness (another term for absenteeism is 'sick leave'). Absenteeism is a social, organisational and legal problem that has economic consequences for workers, employers, the economy and the compulsory health insurance system.

Burden of disease: An analysis that evaluates the health outcomes of a disease or the state of health of a selected population. It is measured in terms of economic cost, mortality, morbidity and other indicators, and is often evaluated in terms of QALY ('quality-adjusted life year') or DALY (disability-adjusted life year). Both indicators show the number of years lost to illness. One disability-adjusted life year is one healthy year lost by the patient, while the total burden of disease is a measurement of the life gap, i.e. the difference between the current and ideal state of health (where it is assumed that the individual reaches an age without illness or disability).

Adult mental health centre: Adult mental health centres are located within medical centres, provide adult mental health services, and cover the needs of between 50,000 and 70,000 adults aged over 19. They organise their services in such a way as to enable equal access to the entire population of the area they cover, work with locally based services and provide integrated interdisciplinary intervention services; they also offer community-based psychiatric and outpatient treatment, including psychological first-aid and consulting services.

Mental health centre for children and adolescents: Mental health centres for children and adolescents are located within community medical centres, provide mental health services to children and adolescents, and cover the needs of between 12,000 and 16,000 children and adolescents. They organise their services in such a way as to enable equal access to the entire population of the area they cover, work with locally based services and provide integrated interdisciplinary intervention services.

Health promotion centre: Health promotion centres are independent organisational units located within community medical centres. They carry out health promotion programmes (group workshops and one-to-one counselling aimed at instituting lasting changes in lifestyle habits that will lead to improved well-being and health)

and activities to improve health and reduce health inequalities in the local environment (in these fields, they work and have links with social work centres, employment offices, municipalities, education institutions, lifestyle improvement organisations, patients' organisations, work organisations and others that are able to contribute to the health of local populations).

Early treatment centres: These are responsible for early primary-level comprehensive/multidisciplinary provision for children with identified developmental disorders. They are integrated into developmental clinics, and are defined in the Integrated Early Treatment of Preschool Children with Special Needs Act (Zakon o celostni zgodnji obravnavi predšolskih otrok s posebnimi potrebami, Uradni list RS/Official Gazette of the Republic of Slovenia, 41/17).

Destigmatisation: A process or activity that works in a targeted way towards reducing the stigma attached to certain health conditions or diseases. Destigmatisation helps to increase awareness of a problem and make it more accepted within society.

Long-term care: Long-term care comprises a series of services required by people with reduced physical and cognitive abilities who are dependent over a longer period of time on assistance in performing basic or everyday support tasks. With an ageing population, this field will become an increasingly challenging one in the future, with trends also indicating that this population will require support to carry out basic day-to-day activities as their capacities further decline with age.

Mental illness: Mental illness is a temporary or permanent disorder in the functioning of the brain manifested as changes to thinking, emotions, perceptions, behaviour, and the concept of oneself and the environment. A failure to adapt to the moral, social, political or other values of a society are not in themselves regarded as mental illness.

Mental health: The World Health Organization defines mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her

community' (WHO, 2014). Good mental health enables an individual to realise their mental and emotional capacities and to be successful in their professional, social and private lives. In recent years, mental health has been understood not only as a state of well-being as opposed to a state of ill health, but as a continuum.

Incidence: Incidence is the number of new cases, episodes or events that appear over a specific (observed) period, usually of one year, in a specific area.

Interdisciplinary working groups: Interdisciplinary working groups are expert groups organised within the Programme Council and comprising specialists from a variety of disciplines and sectors. They meet at working meetings and perform coordinated tasks relating to the development of interventions, education, management, coordination and the evaluation of the National Programme implementation.

Comorbidity: Comorbidity is the simultaneous and non-causal appearance of different conditions. It is usually the simultaneous appearance of two (or more) mental disorders (or a combination of a mental disorder with a chronic physical disease or a disorder resulting from the use of psychoactive drugs).

Cure: Cure or treatment are various procedures and medications used to aid a return to good (mental) health or to improve the physical or mental functions affected by disease.

Mental health network: In the context of the National Mental Health Programme, the mental health network comprises interconnected providers of health and social services and others providing mental health promotion and improvement, mental illness prevention and treatment, psychosocial rehabilitation and other mental health services (co-)financed from budget funds, health-care funds, pension insurance and other public funds.

Mental health inequalities: Mental health inequalities are systematic, preventable and unjust differences in mental health between population groups. The many policies and interventions that have a positive effect on the health of the general population frequently do not reach those at critical risk or those from more vulner-



able socioeconomic groups, and can even exacerbate social differences. Interventions must be adjusted to the needs and conditions of the groups concerned. Measures are increasingly being carried out in policies outside healthcare systems.

Non-governmental organisation: An organisation that has obtained the status of society operating in the public interest from the competent ministry under the Societies Act (Zakon o društvih, Uradni list RS, 64/11, official consolidated text) or the status of humanitarian organisation under the Humanitarian Organisations Act (Zakon o humanitarnih organizacijah, Uradni list RS, 98/03 and 61/06 – ZDru-1).

Mental health literacy: Mental health literacy refers to the knowledge, beliefs and opinions regarding mental illness that aid its recognition, management or prevention.

Psychosocial rehabilitation: Psychosocial rehabilitation is a team-based method of work that helps individuals with severe and recurring mental illness to recover and to enjoy as much independence and functionality as possible. Tried-and-tested rehabilitation methods include training for employment, learning and, the strengthening of social and everyday skills, and the variety of psychotherapy methods that enable individuals to overcome mental illness and its consequences.

Prevention of mental illness: Prevention activities in the field of mental health can be divided into primary (universal, selective and indicated), secondary and tertiary. Primary prevention aims to prevent mental illness, with universal primary prevention aimed at the entire population, selective prevention aimed at people with an elevated risk of developing mental illness, and indicated primary prevention aimed at people who are already showing signs of mental illness. Secondary prevention aims at the early identification and timely and effective treatment of mental illness, while tertiary prevention refers to the prevention of complications and consequences of mental illness and to rehabilitation. Secondary and tertiary forms of prevention are largely carried out within the health and social protection systems.

Presenteeism: Presenteeism means presence at work despite an individual suffering ill health, sickness or disturbances in their private life.

Prevalence: Prevalence is the proportion of a given population found to be affected by a specific symptom or illness at a given time. It tells us how many people, according to research, have a specific symptom or illness on a given day regardless of when they fell ill or when the symptoms of illness appeared, and is expressed as the absolute number of cases or as a percentage of a given population.

Programme Council: The Programme Council is the management structure for the expert management and interdisciplinary and inter-institutional coordination of National Programme implementation at national, regional and local levels. Interdisciplinary working groups are organised within the Programme Council for the performance of these tasks.

Prolonged treatment: Treatment intended to address those diseases and disorders that require longer periods of hospital treatment. Prolonged treatment enables patients to be monitored continually even after discharge from hospital.

Health promotion: Health promotion is a process that enables people or communities to increase their control over the determinants of health and therefore improve their health. The concept includes impacts on lifestyle and other social, economic, environmental and personal factors that contribute to health, and requires an intersectoral approach. The areas of influence are: the formulation of public health policies, the rerouting of (primary) healthcare activities, the creation of support environments, training and locally based work. The basic strategies are health advocacy, empowerment and intervention.

Expanded expert committee: An expanded expert committee is the highest expert body within a specific medical field. Its main task is to formulate professional doctrines.

Reference clinic: A general practice reference clinic is the name given to a general practice clinic with an expanded team of healthcare professionals, with patients monitored by a graduate nurse as well as by doctors and regular nursing staff. Graduate nurses are responsible for monitoring certain chronic disease parameters and for prevention activities.

Regional mental health council: Regional mental health councils are established in regions in which a mental health centre has been set up.

Rehabilitation: The National Mental Health Programme refers to 'psychosocial rehabilitation' (see above).

Suicide and attempted suicide: A death is defined as suicide when all three of the following criteria are met: (i) it is the result of an injury or poisoning, (ii) the injury or poisoning was caused by the deceased person themselves and (iii) the injury or poisoning was inflicted by the deceased person deliberately. The same criteria are applied to a suicide attempt, with the difference being that the person's actions did not lead to their death.

Suicidality: A wide term that encompasses ideation (suicidal thoughts and plans, etc.) and behaviour. The term 'suicidal behaviour' (attempted suicide, suicide) is also used. Suicidality may take mild (suicidal thoughts, etc.) or more serious forms (suicide attempt, etc.).

Self-help group: A self-help group is a small group of people who share the same experience and a common purpose to resolve a problem or relieve distress. Members have equal status in the group and their role is based on listening and support. A self-help group has a moderator rather than a professional to guide the discussion, while every member can find a solution to their problem within themselves through others' experiences and discussion.

Community-based provision: Community-based provision is the overarching term for all forms of interdisciplinary provision for people suffering from mental health problems in a local/home setting. It is provided via a community-based approach.

Community-based approach: The local and interconnected operation of mental health services and local communities as a whole that responds to the identified needs of the individual and the whole community in regionally delimited areas.

Social exclusion: Social exclusion means that an individual is unable to involve themselves in social life and the life of their society as they would like, and does not have the same opportunities as other members of society.

Social care programmes: Social care programmes are professionally certified programmes that complement or provide an alternative to institutional health and social care services.

Somatoform disorders: Conditions in which physical symptoms appear for which there is no medical explanation. These disorders are highly varied and recur on a frequent basis.

Stigma: The National Programme refers to the stigma associated with a diagnosis of mental illness. Stigma is the negative characterisation (labelling) of an individual on account of characteristics or a condition, e.g. illness, that set them apart from others. When an individual is labelled/stigmatised because of illness, the people around them no longer see them as an individual, but as a member of a group commonly subject to stereotyping. Stigma comprises (i) stereotypes (positive or negative social opinions on a certain group of people), (ii) prejudice (mental and emotional responses to stereotypes) and (iii) discrimination (behavioural response to prejudice). There are several types of discrimination, the most common being labelling by family, professional services and friends, and in the field of employment. Self-stigmatisation is an internalised stigma that manifests itself in the loss of self-respect.

Mental Health Council: The Mental Health Council is a government body providing advice on the supervision and management of National Programme activities.

Advocacy and self-advocacy: Advocacy involves the self-organisation of users with the aim of providing mutual support, help, self-help or user-to-user help in asserting joint interests and rights.

Evidence-based programmes: Evidence-based programmes are programmes in the fields of prevention, promotion and treatment supported by the quality indicators defined by the intersectoral working group on research.

ORGANISATIONAL STRUCTURE OF THE MANAGEMENT OF IMPLEMENTATION OF THE NATIONAL PROGRAMME

Table 1 Responsibilities of the organisational and functional NPDZ management structures

National level

Organisational and functional structures/units	Tasks	Composition
Mental Health Council	<ul style="list-style-type: none"> - supports the implementation of tasks and the achievement and monitoring of the department-specific objectives set out in the RNPZ - addresses pressing intersectoral issues - discusses annual/biennial reports - discusses the action plan for the next two-year period - reports to the National Assembly on implementation of the RNPZ every two years 	Line ministries, representatives of the Government Office for Development and European Cohesion Policy, head of the programme, representatives of providers, users and their associations, and education and research institutions
Line ministries	<ul style="list-style-type: none"> - perform tasks in accordance with the RNPZ and action plan 	MZ, MIZŠ, MDDSZ, other ministries
Intersectoral working group	<ul style="list-style-type: none"> - helps develop and implement intersectoral mental health measures and tasks 	MZ, MIZŠ, MDDSZ (and other ministries as required)
National programme head and their deputy	<ul style="list-style-type: none"> - present and represent the programme to various groups (political, lay, professional), defend interests and negotiate on behalf of the programme, oversee coordination of national and regional levels, and direct activities in accordance with the objectives and measures of the RNPZ 	NIJZ staff and/or external contractors
Organisational/technical support	<ul style="list-style-type: none"> - performs organisational/technical tasks in support of coordination of the implementation process 	NIJZ staff and external contractors
Expert support	<ul style="list-style-type: none"> - provides expert support to the implementation process 	NIJZ staff and external contractors
Programme Council*	<ul style="list-style-type: none"> - monitors the implementation and achievement of the objectives of the NPDZ and the action plan over a specific period - deals promptly with pressing issues and obstacles in specific fields, addresses implementation of the NPDZ and the action plan, and formulates proposals for solutions - represents interests in the efficient, high-quality and coordinated implementation of the NPDZ and action plan to ministries, decision-makers, members of professional bodies, providers and other interested parties represented by the Programme Council members 	Representatives of users, service providers, professional associations, line ministries, institutions (e.g. Health Insurance Institute of Slovenia, Association of Health Institutes of Slovenia, Employment Service of Slovenia, National Education Institute, Social Protection Institute of the Republic of Slovenia, PI, etc.),

Organisational and functional structures/units	Tasks	Composition
	<ul style="list-style-type: none"> - discusses action plan proposals, Expert Council reports, initiatives, measures and solutions - forges links and carries out consultation exercises - meets at least twice a year 	<p>education institutions, national programme head/coordinator and their deputy, heads of interdisciplinary working groups</p>
Expert Council*	<ul style="list-style-type: none"> - manages and coordinates the implementation of NPDZ and action plan activities over a specific period in line with its expertise - monitors implementation of the NPDZ and the current action plan by individual area of work of an interdisciplinary working group - makes proposals for expert and development tasks to individual interdisciplinary working groups not involved in their work plan, if this is important for successful implementation of the NPDZ and action plan - compiles proposals for changes to the system - coordinates interdisciplinary working groups and manages them in a horizontal fashion - cooperates with various stakeholders for the purpose of NPDZ implementation - provides expert support to the Ministry of Health and other ministries in various tasks for the development of strategic, regulatory and other mental health solutions, including expert support to the Mental Health Council - introduces changes to the implementation of the Resolution based on the evaluations conducted, prepares initiatives for changes to the system and proposes them to ministries, specialist and education institutions, etc. - monitors the situation and needs in the field of mental health, and proposes appropriate measures to improve the situation - compiles reports for the Programme Council, specific ministries and the government's Mental Health Council - compiles the action plan for the next programme period on the basis of proposals submitted by interdisciplinary working groups - performs other expert tasks connected with RNPZ implementation. 	<p>National programme head/coordinator, their deputy, regional coordinators, heads of interdisciplinary working groups, and representatives of users, expert institutions from other departments (Social Protection Institute of the Republic of Slovenia, Employment Service of Slovenia, National Education Institute) and ministries (Ministry of Health, Ministry of Education, Science and Sport, Ministry of Labour, Family and Social Affairs)</p>
Interdisciplinary working groups*	<ul style="list-style-type: none"> - monitor and take part in the implementation of measures and activities from the resolution and the current action plans - prepare substantive, organisational and structural solutions, measures and plans in accordance with the RNPZ and the current action plans - coordinate and complete the guidelines for specific areas of implementation 	<p>Heads of interdisciplinary working groups and stakeholders' representatives (expert, education and research institutions and associations, NGOs, service users) NIJZ staff</p>

Organisational and functional structures/units	Tasks	Composition
	<ul style="list-style-type: none"> - monitor the development of the mental health profession and propose changes/solutions - develop and monitor quality indicators in relation to the field of activities and propose changes to the field - propose/prepare updates to education and training programmes - share information and examples of good practice - monitor regulations and standards relating to human and material resources, and propose changes - prepare expert opinions, analyses and assessments of the situation for administrative authorities, the ZZS and other contracting authorities - take part in the drafting of legislation - take part in mental health promotion and mental illness prevention activities - take part in the preparation of proposals and guidelines for the new action plan, in accordance with the timetable for the area covered by the interdisciplinary working group - report on the work of an intersectoral working group in a specific area <p>Interdisciplinary working groups adopt an annual plan of work in accordance with the RNPdZ and action plan for a specific area by the end of February for the current year (with due regard to the tasks set out in the rules of procedure), and compile an annual report on their work by the end of December for the current year.</p> <p>By the end of June of the year in which an action plan expires, interdisciplinary working groups compile proposals for a new action plan for their respective areas of work.</p>	

Regional/local level

Regional coordinators for regional NIJZ offices	<ul style="list-style-type: none"> - promote mental health and the RNPdZ at regional level, including through the organisation of campaigns to reduce stigma in collaboration with other stakeholders - coordinate at regional level the various stakeholders and those mental health improvement measures from the RNPdZ that are implemented regionally/locally - take part in and provide support for the establishment and operation of mental health centres - establish and coordinate regional mental health councils - organise regional mental health conferences 	NIJZ staff
---	---	------------

Organisational and functional structures/units	Tasks	Composition
	<ul style="list-style-type: none"> - provide support for the incorporation of mental health issues into local health councils and the preparation of local mental health action plans - take part in and conduct mental health needs assessments in those environments in which mental health centres have been set up 	
Regional mental health councils ²	<ul style="list-style-type: none"> - coordinate priorities in the field of mental health - compile regional mental health plans - help organise regional mental health conferences 	Stakeholders (expert, political and NGOs) in the local environments in areas covered by mental health centres
Health promotion centre	<ul style="list-style-type: none"> - work with the NIJZ and mental health centres on promoting mental health and the RNPZ among local stakeholders and in local environments - take part in needs assessment research in the field of mental health in local environments 	
Mental health centres	<ul style="list-style-type: none"> - work with local (mental) health groups in the preparation of mental health action plans - perform mental health activities in accordance with the RNPZ - work with the NIJZ, local communities and other mental health stakeholders (in accordance with protocols of cooperation) - put forward initiatives to regional mental health councils - help compile regional mental health plans - take part in promoting mental health and preventing mental illness at regional/local level - provide primary-level and community-based mental healthcare in accordance with protocols of cooperation, clinical pathways and evidence-based guidelines 	
Local (mental) health groups	<ul style="list-style-type: none"> - monitor the situation and take part in the preparation of mental health needs assessments - produce and implement regional action plans³ in the field of mental health improvement - respond to needs in the local environment 	Representatives of local stakeholders

¹ *The following interdisciplinary working groups are to be set up: Mental health promotion and the prevention of mental illness among children and adolescents, among adults (with a focus on the workplace), and among older people. Mental health network Network of mental health centres for children and adolescents Network of adult mental health centres Behavioural addiction Alcohol and mental health Suicide prevention Community-based approach in NPDZ implementation at local level*

Mental health education Mental health research, and the monitoring and evaluation of NPDZ implementation Communication in the mental health field

² *Regional councils include stakeholders from the municipalities covered by a mental health centre.*

³ *As part of the preparation of wider health promotion action plan.*

* *In accordance with the rules of procedure.*

1. Barry, MM and Friedli, L. The influence of social, demographic and physical factors on positive mental health in children, adults and older people. Foresight Mental Capital and Wellbeing Project. State-of-Science Review: SR-B3. London, UK: Government Office of Science and Innovation, 2008.
2. Bešković, L., Konec Juričič, N., Svab, V. Suicide index reduction in Slovenia: The impact of primary care provision. *Ment Health Fam Med* 2011; 8(1): 51–5.
3. Bon, J. et al., Stroški možganskih bolezni v Sloveniji v letu 2010 [Cost of disorders of the brain in Slovenia in 2010] [cited 12 January 2018]. Available at https://www.stroki_URN_NBN_SI_DOC-J36W4M4Z.pdf
4. Canadian Institute for Health Information, 2011. Investment in Mental Health: Evidence for Action 2013. Available at http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf
5. Caspi, A., Houts, RM, Belsky, DW, Harrington, H., Hogan, S., Ramrakha, S., Poulton, R., Moffitt, TE. Childhood forecasting of a small segment of the population with large economic burden. *Nature Human Behaviour* 2016; 1 [cited 24 November 2017]. Available at: <https://www.nature.com/articles/s41562-016-0005>
6. Mental Health Declaration and Action Plan for Europe adopted at the WHO European Ministerial Conference on Mental Health in Helsinki, 2005.
7. European Foundation for the Improvement of Living and Working Conditions (Eurofound). Available at <https://www.eurofound.europa.eu/si>
8. European Commission. European Pact for Mental Health and Wellbeing European Commission, Luxembourg, 2008.
9. European Commission. European Commission Green Paper: Improving the Mental Health of the Population. Towards A Strategy on Mental Health for the European Union. European Commission, 2005.
10. EU Joint Action on Mental Health and Well Being.
11. European Parliament. European Parliament Resolution on Mental Health, 2009.
12. Foresight Mental Capital and Wellbeing Project [2008]. Final Project Report. Government Office for Science, London.
13. Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, SM, Donnelly, M. Group parenting programmes for improving behavioural problems in children aged 3 to 12 years. *Cochrane Database of Systematic Reviews*. 15 February 2012 [cited 24 November 2017]. Available at: http://www.cochrane.org/CD008225/BEHAV_group-parenting-programmes-for-improving-behavioural-problems-in-children-aged-3-to-12-years
14. Heckman Equation. Heckman, J., winner of the Nobel Prize for Economics, 2000 [cited 24 November 2017]. Available at: <https://heckmanequation.org/>
15. Jorm, AF. Mental health literacy. Public knowledge and beliefs about mental disorders. *Br J Psychiatry* 2000; 177: 396–401.
16. Knopf, DM, Park, J., Paul Mulye, T. The Mental Health of Adolescents: A National Profile, 2008.
17. Kolves, K., Arnautovska, U., Giannopoulos, AD, Leo, DD. Community Care of Individuals at Risk of Suicide: The Life Promotion Clinic Model. *Mental Illness* 2013; 5(2):e12. doi:10.4081/mi.2013.e12.
18. Lee, S., Aos, S., Drake, E., Pennucci, A., Miller, M., Anderson, L. Return on investment: Evidence-based options to improve statewide outcomes. Washington State Institute for Public Policy. April 2012; Document no 12-04-1201.
19. Leka, S., Jain, A., Mental health in the workplace in Europe. EU Compass for Action on Mental Health and Well-being. Consensus paper, 2017 [cited 12 January 2018]. Available at: http://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplace_en.pdf
20. Lekič, K., Konec Juričič, N., Tratnjek, P., Cugmas, M. Srečanja na spletu: potrebe slovenske mladine in spletno svetovanje [Online encounters: The needs of Slovenian adolescents and online counselling]. 1st edition. Celje: National Institute of Public Health, 2014.
21. Merikangas et al., *Dialogues in clinical neuroscience* 11(1): 7–20. 2009.
22. Ministry of Health. Long-Term Care Act (in preparation).
23. Ministry of Health. Strategy for Managing Dementia in Slovenia up to 2020. Ljubljana, 2017.
24. NIJZ, register of deaths.
25. NIJZ, outpatient treatment database.

26. NIJZ, data portal, 2015.
27. United Nations. Convention on the Rights of Persons with Disabilities. Available at: http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/konvencija_o_pravicah_invalidov.pdf
28. United Nations. Convention on the Rights of the Child. United Nations, 1989. Available at <http://www.varuh-rs.si/pravni-okvir-in-pristojnosti/mednarodni-pravni-akti-s-podrocja-clovekovih-pravic/organizacija-zdruzenih-narodov/konvencija-o-otrokovih-pravicah-ozn/>
29. Pirkola, S., Sund, R., Sailas, E., Wahlbeck K. Community mental-health services and suicide rate in Finland: A nationwide small-area analysis. *Lancet* 2009; 10; 373(9658): 147–53.
30. Podjed, K., Bilban, M. Priročnik promocije zdravja [Health promotion handbook], 2014. Available at: <http://www.prodiktivnost.si/koristno/prirocnikpromocije-zdravja-pri-delu>
31. Report of the WHO Mission on Mental Health in Slovenia, 2015. Available on the Ministry of Health website.
32. Rehm, J., Shield, KD, Rehm, MX, Gmel, G., Frick, U. Alcohol consumption, alcohol dependence and attributable burden of disease in Europe: Potential gains from effective interventions for alcohol dependence. Toronto: Centre for Addiction and Mental Health; 2012. Available at http://www.zora.uzh.ch/64919/1/CAMH_Alcohol_Report_Europe_2012.pdf, accessed %2020May%202016
33. Resolution on the National Healthcare Plan 2016–2025 [Together for a Healthy Society] Available at: http://www.mz.gov.si/si/delovna_podrocja_in_prioritete/resolucija_o_nacionalnem_planu_zdravstvenega_varstva_2016_2025_skupaj_za_druzbo_zdravja/
34. Resolution on the National Social Care Programme 2013–2020. Available at: <http://www.pisrs.si/Pis.web/pregledPredpisa?id=NACP68>
35. Roškar, S., Bracic, Ministry of Finance, Kolar, U., Lekic, K., Konec Juricic, N., Grum, AT, Dobnik, B., Postuvan, V., Vatovec, M. Attitudes within the general population towards seeking professional help in cases of mental distress. *Int J Soc Psychiatry* 2017; 63(7): 614–621. DOI: 10.1177/0020764017724819.
36. Roškar, S., Zorko, M., Podlesek, A. Suicide in Slovenia Between 1997 and 2010. *Crisis* 2015; 12: 1–9.
37. Scott, S., Knapp, M., Henderson, J., Maughan, B. Financial cost of social exclusion: follow up study of antisocial children into adulthood. *BMJ*. 2001; 323 (7306323): 191 [cited 24 November 2017]. Available at: <http://www.bmj.com/content/323/7306/191>
38. Sedlak, S., Zaletel, M., Kasesnik, K., Zorko, M. Ekonomske posledice tveganega in škodljivega pitja alkohola v Sloveniji [Economic impact of hazardous and harmful alcohol consumption in Slovenia]. Ljubljana: National Institute of Public Health; 2015 [cited 2 May 2016]. Available at http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/breme_alkohola_obl_02-2016.pdf
39. Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F., Galea, G. European report on preventing child maltreatment. Copenhagen: World Health Organization, Regional Office for Europe, 2013.
40. World Health Organization. European Mental Health Action Plan 2013–2020, WHO. World Health Organization. Geneva, 2013.
41. Šprah, L. and Dolenc, B. Priročnik za obvladovanje psihosocialnih tveganj in absentizma s pomočjo orodja OPSA [Handbook for tackling psychosocial risks and absenteeism with the help of the OPSA tool]. Ljubljana: ZRC SAZU, 2014.
42. WHO. Prevention and Promotion in Mental Health. Geneva: WHO, 2002.
43. WHO, 2016. Available at <http://www.who.int/mediacentre/news/releases/2016/depression-anxiety-treatment/en/>
44. World Health Organization. World Health Report 2000, Health Systems: Improving Performance. Geneva: World Health Organization, 2000.
45. Integrated Early Treatment of Preschool Children with Special Needs Act (Uradni list, 41/17).
46. Occupational Health and Safety Act (Uradni list RS, 43/11).
47. NIJZ health statistics 2008–2015 and Merikangas et al., 2009.



REPUBLIKA SLOVENIJA
MINISTRSTVO ZA ZDRAVJE

NIJZ Nacionalni inštitut
za javno zdravje