

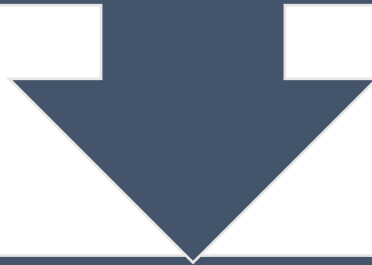
Connecting With Policy Makers to Maximise Implementation

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Establishing good connections with decision-makers is essential for the effective implementation of complex innovations in the health field, both at national and international levels



Evidence from health innovations show that political commitment depends on:

the power of
the actors
involve

the power of
ideas and facts


the political
context

characteristics
of the issue
itself.



The Power of knowledge and evidence

- The way a health issue is understood and portrayed publicly is a decisive factor in the process of generating political commitment to actions in favor of that issue.
- Policymakers are pressured to support many different health issues; they will prioritize the areas that are seen as serious health problems, with a severe impact for society, and to which there are effective solutions.
- If the available solutions are easily affordable, this will certainly help, but the crucial point is that there is a solution focused approach and that there is strong and consensual evidence supporting effectiveness.



What does this mean for Coercion?

- This means that to minimise the use of coercion in mental health services in Europe and beyond, it is necessary to communicate with key decision-makers the existing evidence of the impact of coercion on individuals and potential approaches
- In Europe the two main international organizations that have an important role in mental health policy are:
 - The European Union (EU) and
 - The World Health Organization (WHO)

European Union

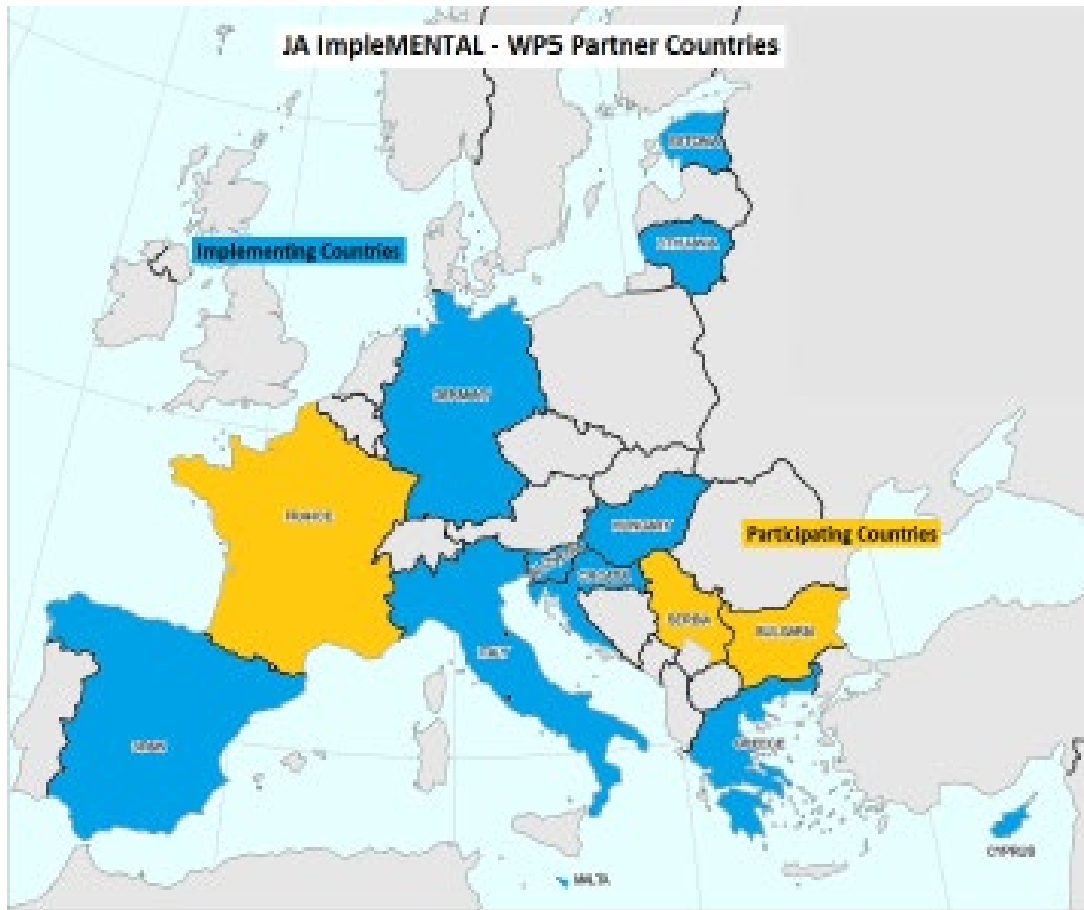
Following the EU Joint Action on Mental Health and Wellbeing (2013-2016), that led to the approval of the EU framework for Action on Mental Health in 2016, a second Joint Action was launched last year:

The JA ImpleMENTAL, on Implementation of Best Practices in the area of Mental Health.

This JA may be of interest for Fostren, and contacts and collaboration were already established (Richard and Jose participated in a meeting in Milan).

A Call on “Ensuring access to innovative, sustainable and high-quality health care (Two stage - 2024) (HORIZON-HLTH-2024-CARE-04-two-stage), that may be interesting for projects focused on reduction of coercion, was recently opened.

JA ImpleMENTAL - Who is participating?



- Countries: 14 countries / 26 institutions
- Institutions:
 - 3 ministries (EE/FR/LT)
 - 7 national institutes (BG/HR/DE/EL/HU/SI/RS)
 - 3 gov. services for MH (CY/MT + NL)
 - 7 universities/research institutes (FR/HU/IT)
 - 6 regional & local health authorities (ES/IT)
- Lead: Germany, Co-Lead: Italy



World Health Organization (WHO)

WHO has several ongoing mental health policy initiatives which are related to reducing coercion in mental health services:

- The WHO Special Initiative for Mental Health (2019-2023)
- WHO's Quality Rights Initiative
- WHO European framework for action on mental health 2021-2025
- Pan-European Mental Health Coalition

The WHO Special Initiative for Mental Health (2019-2023):

01

Strategic action 1: advancing mental health policies, advocacy and human rights

02

Strategic action 2: scaling up interventions and services across community-based, general health and specialist settings.

03

The WHO Special Initiative for Mental Health will scale up these key strategic actions in priority countries.

04

With support from WHO, each country will assess the current situation for mental health care needs across the life course, and design approaches for context-specific implementation.

The WHO Special Initiative for Mental Health (2019-2023)

- With guidance from WHO regional and country offices, a country-level WHO focal person for mental health and substance abuse was appointed in each country.
- Their role is to adapt and disseminate WHO normative guidance and technical packages to local contexts, to work closely with relevant government departments and coordinate with other implementing partners.
- Local service providers, NGOs, WHO's global network of collaborating centres, organizations of persons with lived experience, professional associations (e.g. societies for social work/psychology/psychiatry), universities and fellow United Nations (UN) organizations will all be involved.
- Such collaboration and coordinated activities will enable WHO to support governments to lead substantial scale up of care for mental health conditions.



WHO's Quality Rights Initiative

- Based on a multicomponent framework and strategies to promote mental health systems, services, and practices that prioritize respect for human rights, in line with the United Nations Convention on the Rights of Persons with Disabilities (CRPD).
- The initiative is working to provide practical solutions to promote inclusion, legal capacity, and non-coercive approaches in mental health, focusing on five main areas of work:
 - Fostering dialogue and action toward implementation of the CRPD
 - Strengthening knowledge and capacity on rights and recovery
 - Support for transforming mental health and related services
 - Aligning policy and law with the CRPD
 - Country support.



Pan-European Mental Health Coalition

- Launched on 30 September in Brussels, the Coalition is a partnership dedicated to improving mental health across the WHO European Region.
- Its key purpose is to fulfil the objectives of the European Framework for Action on Mental Health (2021–2025), the roadmap for mental health system reform endorsed by all Member States, which includes transforming mental health services, supporting mental health in emergencies, and protecting mental health across the life-course.
- It will target gaps in mental health services by gathering national leaders, professionals, members of civil society, representatives of international organizations and experts to collaborate on bringing mental health out of the shadows and into the mainstream.



Our Journey in the UK

- Tapping into policy drivers and high profile cases
- Using data and the media to push the agendas
- Publishing to push the evidence further
- Networks and COPs are key to gather momentum and coalition of the willing
- Working with policy initiatives and enterprises
 - Dedicated evidence reviews and events
 - Round tables
 - Stakeholder and parliamentary events
 - Policy related research avenues and calls
 - Metropolis and Policy Connect (Examples)

For discussion

What links do we currently have and how do we capture this?

What do we need to do to engage with such policy makers and initiatives?

Next steps