



Executive Summary

This project is the first attempt to build up a comprehensive model which might serve as a basis for future mental health promotion strategies and programmes in Hungary. As part of that, in order to **establish a common knowledge base** both for professionals and the general public, and for the purpose of **evaluating and conjoining the available workforce**, a **national methodology** has been developed; additionally, **the feasibility of local implementation models has been evaluated, through measuring the effectiveness of building knowledge, attitudes and networking, within the framework of launching novel Mental Health Promotion Centres (MHPCs) in pre-existing Health Promotion Offices (HPOs), in six micro-regions** which are very dissimilar in terms of social and economic measures. Besides studying local models, **sectoral and intersectoral policy recommendations** have been elaborated, in order to present mental health promotion in all national policies.

As a perspective, a **long-term goal** has been established to create a system for national dissemination, with the view that the newly established Mental Health Promotion Centres convey the message to the wide population that mental health and wellbeing is a value, and that all stakeholders can actively contribute to its preservation. The activities of these Centres have focussed on enabling the local communities to get acquainted with strategies of achieving and maintaining good mental health, to recognise the signs and symptoms of the most important mental illnesses, and to find out more about the significance and ways of illness prevention and providing and asking for support.

Throughout the implementation process, we made **central methodological developments**, and we evaluated and analysed **local models of operation**.

Central methodological developments

Under the supervision of the **Methodological Centre**, **literature research**, evidence analysis and the **review of national and international guidelines and recommendations**.

Thematic (sectoral, intersectoral and horizontal) **expert workgroups** of the project performed an in-depth **situation analysis**, and outlined **sectoral and intersectoral policy recommendations** along with **recommendations for legislation**. These recommendations covered the following specialities:

- Youth and family protection
- Public education
- Labour and economic development
- Protection of the elderly
- Social convergence
- Other social issues
- Healthcare
- Environment
- Media and communication
- Law

As part of the recommendation package, specific objectives with budgeting estimates were established for the **Action Plan of Kopp Mária National Strategy for Mental Health Promotion** (currently under coordination).

In the project, **foreign study visits** were organised, which aimed to disseminate the results and explore the comparability of the model in the international context, and to facilitate knowledge exchange (studying Mental Health First Aid; bi-lateral connections with the Donor Country).



Evaluating local models

The **Methodological** Centre has prepared the technical contents of operation, and the six Mental Health Promotion Centres (MHPCs) have been launched. As part of that, following a **local needs assessment**, **new staff** were recruited 2 WTE in each MHPCs, who, along with the HPO team leaders, underwent **team building** and thorough **preparatory trainings**.

Organisational and professional functioning of the MHPCs were **monitored and analysed** with set of indicators developed by the project, while the Methodological Centre provided ongoing **face-to-face peer supervision** to the MHPCs. For the purpose of integrating the MHPCs into the value chain of healthcare services, an in-depth system analysis was performed, including **an analysis of the possibilities for changing the legal environment plus possible models for funding**.

The Mental Health Promotion Centres performed the following tasks:

- **Local problem mapping and analysis**
- **Mapping local human capacities**, ie. mapping all local stakeholders in mental health promotion
- **Networking** in the given micro-regions and communities;
- **Awareness raising regarding mental health** in the given micro-regions and communities;
- **Knowledge transfer and awareness raising by the TTT (train the trainer) approach** in the given micro-regions and communities;
- **Seeking good practices** in the given micro-regions and communities.

As an overarching principle of the implementation, we defined as a basic principle that **the needs, the focus, measures and types of planned interventions will surface by the community needs and patterns of the microregion**, based on the local specificities, while „central“ processes offer technical, methodological and communicational support. In the meantime, decisions are always made locally. Also, throughout the duration of the project, the Mental Health Promotion Centres had the task to perform **community health promotion and disease prevention** while, for the time being, individual services were evaded. Understanding that the underlying assumptions behind mental wellbeing and mental disorders are conserved on a community level, the **primary focus of the project was the community level knowledge transfer, educative and awareness raising activities of the MHPCs primarily among the**

stakeholders who are likely to get in contact with the risk populations.

In accordance with the strategic goals and requirements of effectiveness, a major expectation was that the MHPCs should **build on synergies**, ie. they should utilise, broaden and further develop the pre-existing networks, services and knowledge repertoire of the Health Promotion Offices.

As part of the local activity repertoire, **sporting events** and **stress management trainings** were organised, with the purpose to popularise the activities of the MHPCs.

Results of the analysis of the local models

In each of the micro-regions, the local **problem maps** revealed that there are a number of **unique problems** to the individual areas (like prominent alcohol misuse, salient suicidality, or specific local problems of the healthcare system), which might be tackled by local activity plans. In the meantime, there exist some **general, ubiquitous issues**, like **inadequate mental health awareness of the general population** and **negative public attitudes**. *This underlines the importance of knowledge transfer regarding mental health awareness, hence justifying the core concept of the project.*

Considering stigmatization and dysfunctional public attitudes to mental disorders, we gave emphasis to the „domino effect“ and „brand building process“, where:

- Active members and stakeholders of community mental health promotion have undergone the process of synergic network building;
- Utilising the TTT and training approach, the awareness raising of the target groups and the knowledge transfer adapted to the target group both carried through;
- Finally, networking stakeholders transmit the knowledge further on to the community or the general public, and mental health awareness starts to improve.

Our assessments and measurements indicate that **the our TTT educations were popular, had mobilising power, stimulating the reduction of stigmatising attitudes towards depression, while promoting confidence in being able to help someone in suicidal crisis. Finally, the willingness to transfer knowledge was high.** We summarised that **the need for reliable information transfer regarding mental health is universal**, and that knowledge and community building is positively valued by motivated professional helpers, and it is effective at least on the short term.



These results all **prove, that the concept of the project and the MHPC model have been effective** (at least on the short term).

In the process of **good practice mapping and evaluation**, one of our goals was to identify good practices contributing to the mental health promotion of the six locations, which thereafter were processed through a **system of methodological and technical analysis**, the result of which might yield a **recommendation** for further development; moreover, in the case of adequate preparedness, it might mean a recommendation for national dissemination of the good practice, along with funding. In accordance with that, a **thorough approach for identifying and evaluating good practices** has been elaborated.

Our results relating to good practices indicate that **evidence based good practices are most likely present in all locations; however, the evaluation of their effectiveness, and dissemination planning, are unmet needs in most locations.** In the meantime, good practices might **greatly contribute to the processes of preventive services in the healthcare value chain**, and they might reduce the burden on healthcare in the long term.

In the process of assessing and evaluating the **operational models of the MHPCs for legislation and budgeting**, the most viable model appeared to be that with **the MHPCs functioning as part of the HPO networks, as either healthcare service units, or standalone health promotion service units** (either way, operating under the terms of the Healthcare Act). During a transient period of fixed funding, definitive criteria of future **performance based funding** should be developed, to which the performance indicator system of the current project could serve as a good starting point.

Important prospects for further progress

- ✓ With adequate human resourcing, technical support, and quality control, **Mental Health Promotion Centres might be suitable units for co-ordinating mental health promotion in the micro-regions.**
- ✓ Following problem mapping, the next step should be **to set up local health promotion plans.**
- ✓ It is likely that the greatest ripple effect could be expected from further **pre-designed awareness building of the communities.**
- ✓ Following the mobilization of the “critical mass”, **the process could become self-managed and self-stimulating**, as the increasing public knowledge and awareness would generate

further need for information (domino effect). Subsequently, surfacing factors and problems related to mental health can lead to the further adaptive development of the HPO/MHPC service repertoire on the long term, based on the needs of the local communities, and health related services could then become integrated in the value chain in an increasingly effective manner.

- ✓ It is worthwhile to start further network integration of the **stakeholders for potential collaboration** and develop the **good practices** fit for evaluation and to outline a plan for their dissemination.
- ✓ While monitoring the MHPC activities, it became evident that **the conditions of long-term operation and national dissemination are measurability and comparability**, to which **further measures will be required, based on our current set of indicators.** Thus, long-term HPO-MPHC operations might become adaptable, while analysing the strengths and weaknesses could subserve the emergence of a synergistic national network.
- ✓ Supportive national environment for mental health promotion could be corroborated by the **implementation of the policy guidelines** elaborated in this project. The most suitable **framework could be a finalised national strategy for mental health promotion.**
- ✓ For future interventions in mental health promotion, **it is profitable to adhere to the results of this project as a starting point.** This model still holds **further potential for development** (for example, by expanding the time span of interventions or the re-defining the target populations). In case of nationwide dissemination, there is hope that Hungary might catch up to Western Europe in the field of mental health promotion.



Mental Health Promotion Centres established by the project



Main results of the project in numbers

- ✓ Pilot Mental Health Promotion Centres in 6 micro-regions, employing 12 team members in total;
- ✓ 1 Methodological Centre with national scope;
- ✓ 10 thematic (sectoral, intersectoral and horizontal) workgroups with more than 70 contributing experts;
- ✓ 186 networking stakeholders in the 6 micro-regions in total;
- ✓ 31 network building events nationally;
- ✓ 286 participants in total on the networking events (TTT events, national workshop, trainings);
- ✓ 17 identified and evaluated good practices;
- ✓ 1 Pilot Knowledge Base;
- ✓ 20 events with 2,423 participants in total (project opening, complex project presentation and closing events, sporting events);
- ✓ lelkiegeszseg.antsz.hu portal;
- ✓ 2 television and 1 radio interviews;
- ✓ 4 press statements, 26 press releases;
- ✓ 12 different editions (information leaflets about stress, dementia and depression, project summaries and communication issues, MHPC manual, closing report), 12,420 issues in total;
- ✓ 2 half an hour long educational movies and their 10-minute-long extracts (four of each)
- ✓ one awareness raising virus video;
- ✓ Modules for online self-monitoring software (META) and mobile apps (MENTA);
- ✓ 97 technical and methodological documents (local policies, national policy guidelines, operation manuals, educational materials, etc.);
- ✓ One study visit with the view of getting acquainted with the mental health promotion practice of the Donor Country;
- ✓ Dissemination of the project results on 5 international conferences (Florence, Roma, Venice, Göteborg, Genf);
- ✓ 4 MHPC professionals participating on international trainings of Mental Health First Aid (London, Birmingham).



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