



Large scale Implementation of community based mental health care for people with severe and enduring mental ill health in Europe

## Advancing community-based mental health care: moving forward in Eastern and Central Europe

*Post press release, 14 April 2021*

*RECOVER-E Symposium at the EPA Virtual - 29<sup>th</sup> European Congress of Psychiatry*

Partners in the RECOVER-E project from Bulgaria, Croatia, Montenegro, North Macedonia, the Netherlands, and Romania discussed the importance of and experiences with shifting towards strengths-based and recovery-oriented care and in delivering care in community settings through a multidisciplinary community mental health team (CMHT). The symposium covered how mental health systems in RECOVER-E implementation sites have changed since the start of the project in 2018, the involvement of a peer worker in a community mental health team, how the COVID-19 pandemic impacted people with severe mental illness in project sites, lessons learned in adapting the intervention in the pandemic, and policy dialogues.

In Zagreb, Croatia, both the COVID-19 pandemic and several earthquakes affected service delivery; however, the CMHT model of care worked despite challenges: *“The pandemic disrupted standard care, but this did not happen in the community mental health team.”* **Dr. Martina Rojnic Kuzman**, Speaker (Zagreb University Hospital Center, Croatia).

As in Croatia, the team in Kotor, Montenegro noted the benefits of applying this new model of care. *“The basic assumption is that certain treatment will present a more comprehensive approach, which will result in better quality in life, more recovery and better resocialisation.”* **Dr. Aleksandar Tomcuk**, Speaker (Health Institution Special Psychiatric Hospital Dobrota Kotor, Montenegro)

Dr. Vladimir Nakov discussed that in Bulgaria, the national Health Act in Bulgaria focuses very little on mental health and there is limited systematic cooperation between medical and social services. This new model of care makes that possible, while simultaneously empowering service users. **Dr. Vladimir Nakov**, Speaker (National Centre of Public Health and Analyses, Sofia, Bulgaria)

CMHTs in all sites are composed of psychiatrists, psychologists, social workers, nurses and a peer worker (person with lived experience of a severe mental illness). Although initially the function of a peer worker was met with resistance from other mental health professionals, having peer workers as staff in the CMHTs is now seen as *“the big game changer”* **Dr. Miloš Milutinović**, Speaker (University Clinic of Psychiatry, UCPS Skopje, North Macedonia)

Ultimately, the project aims to contribute to shaping plans to continue the work of community mental health service development: *“We would like to be able to finance the possible scale up of the CMHT [...] and financing the role of the peer workers”* **Dr. Tiberiu Rotaru**, Speaker (Siret Psychiatric Hospital, Romania)

During the live Q&A chair dr. Hans Kroon (Trimbos Institute) and co-chair Dr. Laura Shields-Zeeman (Trimbos Institute) initiated a dialogue with the speakers and audience on the impact of the COVID-19 pandemic, strategies to reduce resistance among mental health professionals of



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working as a CMHT, and lessons learned throughout project implementation. Dr. Aleksandar Tomcuk said that the CMHT creates better care for service users, but also makes it easier for professionals to understand a patient's context.

One of the main elements of the project are home visits, but implementing this did not always come naturally, for example due to cultural barriers. Dr. Tiberiu Rotaru said *"In Romania it is a big thing to have guests in your house. It was challenging for beneficiaries to receive people in their house. [...] We found that meeting outside their house for example was easier[...]. After we met several times outside, the home visit [...] goes more smooth."*

All sites are eager to continue this work after the project ends, but also understand this is not easy. Policy engagement and collaboration with stakeholders working in other domains and in other health services are some of the elements needed to continue to advance to community-based care.

### **Chairs:**

Chair: Prof. Hans Kroon, Trimbos Institute, The Netherlands

Co-chair: Dr. Laura Shields-Zeeman, Trimbos Institute, The Netherlands

### **Speakers:**

Dr. Laura Shields-Zeeman, Trimbos Institute, The Netherlands

Dr. Martina Rojnic Kuzman, Zagreb University Hospital Center, Croatia

Dr. Aleksandar Tomcuk, Health Institution Special Psychiatric Hospital Dobrota Kotor, Montenegro

Dr. Vladimir Nakov, National Centre of Public Health and Analyses, Sofia, Bulgaria

Dr. Miloš Milutinović, University Clinic of Psychiatry, UCPS Skopje, North Macedonia

Dr. Tiberiu Rotaru, Siret Psychiatric Hospital, Romania

### **The RECOVER-E project**

The overall goal of the RECOVER-E project is to contribute to the implementation of and research on an evidence-based community-based service delivery model for recovery-oriented care in five sites in middle-income countries (Croatia, Montenegro, North Macedonia, Bulgaria, and Romania) to improve functioning, quality of life, and mental health outcomes for people with severe and enduring mental ill health (such as schizophrenia, bipolar disorder, and/or severe depression).

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