STANDARD TWINNING PROJECT FICHE

1. Basic Information

1.1 Publication notice reference: EuropeAid/ 137-112/IH/ACT/HR
1.2 Programme: Transition Facility IPA/2013/24986 (Annex of C(2013) 8057 final)
1.3 Twinning Number: HR 14 IB SO 02
1.4 Title: Ensuring optimal health care for people with mental health disorders (CRO MHD)
1.5 Sector: Health/social sector projects
1.6 Beneficiary country: Republic of Croatia

2. Objectives

2.1 Overall objective:

Overall objective of the project is to increase the protection and improvement of mental health, including more accessible and more effective treatment as well as rehabilitation of persons with mental health disorders.

2.2 Project purpose:

Project purpose is strengthening of protection of mental health through strengthening community capacities and improving public knowledge on mental health issues.

2.3 Contribution to Accession Treaty/ Relevant national documents:

Following the signature of the Accession Treaty on 9 December 2011 by the heads of State or Government of the 27 Member States (MS) and the Republic of Croatia and its ratification procedure, Croatia joined the European Union (EU) on 1 July 2013. Accession Treaty of the Republic of Croatia to the European Union states in the Article 36 that Commission shall monitor all commitments undertaken by the Republic of Croatia in the accession negotiation.

National Health Care Strategy 2012-2020 states that mental disorders make 7% of the total hospital morbidity in the Republic of Croatia. In 2009 National Network for Mental Health Protection, Prevention and Outpatient Addiction Treatment has been established. One of the strategic priorities in the mentioned Strategy is development of the preventive activities, with accent among other on the mental disorders.

Results of this Twinning project will lead to improvement of community services and improvement of monitoring and exchanging of information between stakeholders, which are necessary for development of preventive activities and thus, directly contribute to the national strategic priorities in the area of health care.

National Mental Health Care Strategy 2011-2016 states that community mental health care in the Republic of Croatia is underdeveloped, except for individual programs such as prevention of addiction. Priority areas mentioned in the Strategy include promotion of mental health in general
population, undertaking mental health protection through preventive activities, early intervention and treatment of mental health disorders, enhancement of the quality of life for the people with mental health disorders or disabilities, cross-sectoral collaboration and coordination with other activities in the area of mental health care, information and knowledge exchange and research.

This Twinning project will contribute to achievement of the priorities mentioned in the Strategy through improvement of the system for monitoring and exchanging information within the health sector and further development of community services in the Republic of Croatia. Its results will represent a significant gain to the public health sector in relation to policy planning, promotion of mental health and prevention of mental ill-health in general population as well as vulnerable groups (children and youth, older adults, disabled people, unemployed people, etc.).

3. Description

3.1 Background and justification:

Mental disorders account for the largest and fastest growing categories of the burden of disease with which health systems must cope, often accounting for a greater burden than cardiovascular disease and cancer (OECD, 2011). Reasons for such a large impact include that mental disorders are common (over 30% of European population affected each year) and that half of lifetime mental disorders arise by the age of 14.

In the Republic of Croatia there is a tendency to handle the majority of problems related to mental health in psychiatric hospitals, clinics and departments of county hospitals which, along with full hospitalization programs provide outpatient and ambulatory services. Existing outpatient services offered by hospitals do not meet the needs of people with mental disorders (nor by the number of patients nor by its content). Services such as assertive care management, mobile crisis teams and cognitive-behavioural programs for anxiety disorders and depression are currently not available or are limited to some areas without systematic approach (for example, locally established rehabilitation centre for patients suffering from psychotic disorders and programs for first psychotic episodes). Therefore, a system of proactive outpatient health care balanced with currently dominant hospital care needs to be developed in order to ensure optimal care for people with mental health problems and mental disorders. The focus of care for people with mental health problems and mental disorders should be shifted from large institutions to protection on the level of general hospitals, primary health care and local community.

Institutes of Public Health (departments for mental health protection, prevention and outpatient addiction treatment) offer services related to mental health promotion and protection, early recognition of mental health problems, and prevention and outpatient addiction treatment. However, needed services related to mental health care are currently insufficiently covered by experts from the mentioned Institutes of Public Health, psychiatrists in community health centres, private practitioners and family practitioners, while most of the services related to mental health care are organized and covered by hospitals.

Deinstitutionalization has not been implemented yet. National Health Care Strategy 2012-2020 anticipated strengthening day-hospitals affiliated with medical centres, specialist services, and services for mental health protection, prevention and outpatient addiction treatment in Institutes of Public Health and primary health care services. In the context of deinstitutionalization the
Ministry of Health and Social Welfare\textsuperscript{1} in October 2010 adopted common strategy document: Plan for the Deinstitutionalization and Transformation of Social Welfare Homes and Other Legal Entities Performing Social Welfare Activities in the Republic of Croatia 2011-2016 (2018). Deinstitutionalization is important part of ensuring the optimal health care since many patients with psychotic disorders are often re-hospitalized, deprived of their ability to work and placed in social welfare institutions.

Since there is a high concentration of specialized experts for treatment of mental health disorders in psychiatric hospitals, implementation of services outside hospitals is expected to result with dislocation of hospitals staff and therefore, adequate solutions and guidelines on deinstitutionalization of health care system for people with mental health disorders are needed.

Improvements of the current system are especially needed in relation to specific vulnerable groups. Mental health care for children and youth is not adequate and there are not enough child psychiatrists. According to the Croatian Medical Chamber statistics, there are about 25 psychiatrists in Croatia who have a subspecialization in child and adolescent psychiatry. Mental health care for older people (and in homes for the elderly) is also not adequate.

Moreover, a large number of people with anxiety disorders and depression wait for a long time for their first examination and treatment because of the small capacity of day hospitals. There is a need for development of specific organizational structure, such as a mental health dispensary, that will provide assistance to these persons.

There is a need to strengthen the knowledge of health and non-health professionals in the field of community mental health care, as well. Even residents in psychiatry receive little training on these types of services in Croatia.

User associations in the area of mental health care are few and unrecognized by providers of mental health care services. They should be supported and empowered to take more active role in the area of mental health care. Knowledge of media representatives on mental health care issues also needs to be enhanced in order to improve their way of presenting facts about mental health towards the public, which is currently unsatisfactory.

In conclusion, there is no balanced system of mental health care services with connection between different institutions and community services. Majority of mental health care services are provided in psychiatric hospitals without an elaborate and effective system of community day care centres. Psycho-social services for persons suffering from mental health disorders such as depression and anxiety are not easily accessible and adequately organized. System of rehabilitation and intensive case management should be further improved and supported during the deinstitutionalization process and access to outpatient treatment programs in the community should be facilitated.

This Twinning project will strengthen national capacities for mental health care by recommending ways of transition to a more balanced system of mental health care through development of community services and raising public awareness. The project will strengthen capacity of health professionals (physicians, nurses, psychologists, occupational health therapists, etc.) and non-health professionals (school psychologists and pedagogues, social pedagogues, etc.) who deal with people with mental health problems and mental disorders at all

\textsuperscript{1} The name of the Ministry of Health and Social Welfare has been changed into the Ministry of Health (Law on Structure and Scope of Work of Ministries and Other Central State Administration Bodies, OG no.150/11).
levels of the health care. It will also strengthen collaboration of health system and civil society organizations (CSO) as well as support CSO’s inclusion into activities regarding mental health care, thus strengthening community support to people with mental health problems and mental disorders, empower service users (people with mental health problems and disorders and their family members and/or other care givers), reduce stigmatization and increase understanding of mental health issues in general. Strengthened community services and raised awareness in the area of mental health care will lead to establishment of a comprehensive and coordinated approach and improvement of health care on a community level, including mental health promotion and protection, early recognition and after-care interventions.

3.2 Linked activities:

**Joint Action for Mental Health and Well-being financed by the European Union**
(February 2013-January 2016)
The main objective is to contribute to promotion of mental health and well-being, prevention of mental disorders and improvement of care and social inclusion of people with mental disorders in Europe. The Joint Action includes 27 EU Member States and is co-ordinated by Universidade Nova de Lisboa (Portugal). Ministry of Health of the Republic of Croatia participates in work packages related to promotion of mental health at the workplaces and schools. The Ministry of Health will pay special attention to achieve synergy between the Joint Action activities and activities of this Twinning project.

**National Public Health Information System (NJZIS) project** aims to improve the management of health registers at the Croatian National Institute of Public Health. The project will connect all CNIPH’s databases and registers on a single platform for managing registers’ databases which will improve the reception, scope, analysis and reporting. The end of the project is expected in December 2015, when the system with all the registers should be delivered and installed at CNIPH. For the psychosis register, improvement of acceptance and processing data, including transition from paper to digital form of acceptance and exchange of information is currently ongoing. NJZIS will establish connection of psychosis register with other databases and public registers (OIB register, State Geodetic Administration, the cause of death database, suicide database, etc.).

**National Program of Child and Youth Suicide Prevention, Ministry of Health of the Republic of Croatia** (January 2011- December 2013)
Ministry of Health was the coordinator of this program that included a range of promotion, prevention, early recognition and after-care interventions in the field of children and youth mental health. In particular, one recommendation of this program was to include monitoring of self-inflicted injuries into the existing system of public health monitoring (Suicides Registry) and support IT information exchange on this topic between public health sector, primary health care and hospital sector. During implementation of this Twinning project the Ministry of Health will pay special attention to achieve synergy with the National Program and build upon its results.

**Transition Facility - Ensuring optimal health care for people with mental health disorders**
(Technical Assistance component)
This Twinning project is part of the overall project which consists of two components: Twinning and Technical Assistance. The purpose of the Technical assistance component is to

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2 Poland is not participating.
3 This date is stated in the contract signed between CNIPH and APIS IT d.o.o.
improve information system on mental disorders with full integration of all processes and data bases. Recommendations for improvement of the existing solutions of monitoring of mental health disorders will be developed through the Twinning component. Those recommendations will be taken in consideration for the improvement of software solutions created within the Technical assistance component. The Twinning component should start three months before the Technical assistance since recommendations produced through the Twinning project (Result 1) should be taken into account by the Technical assistance component and thereafter both contracts will be carried out simultaneously. The envisaged duration of the Technical assistance component is 12 months.

3.3 Results:

**Result 1: Recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community prepared**

Indicators of achievement:

- Analysis of the legislative and institutional framework conducted and analysis report prepared
- Working Group composed of the national stakeholders’ representatives in the area of mental health care established
- Meetings of the Working Group conducted with the aim to assess the existing system of care for people with mental health problems and mental disorders and minutes of the meetings prepared
- Assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community prepared, including:
  - Recommendations on improvements of the legislative and institutional framework, financing models and allocation of human resources
  - Recommendations on improvements of the system for protection and promotion of mental health of children and youth (adolescents)
  - Recommendations on monitoring indicators, existing and additional data that need to be monitored (including definitions) and institutions that need to be included
  - Report prepared by the Working Group on intersectoral coordination and synergy achievements with recommendations on further actions to be undertaken

**Result 2: Guidelines for improvement and protection of mental health in the community prepared**

Indicators of achievement:

- Guidelines on procedures for early recognition of mental health problems in the community prepared
- Guidelines for improvement of the approaches to children and youth education in the field of mental health prepared
- Guidelines on procedures for after care services in the community prepared
Result 3: Capacities of health and non-health professionals on early recognition and mental health care in the community strengthened

Indicators of achievement:

- Training needs analysis (TNA) of health and non-health professionals conducted and TNA report prepared
- Training curriculum for health and non-health professionals and accompanying materials (including knowledge and attitude assessment questionnaire) on procedures of early recognition and after care services in the community prepared and translated into Croatian language
- 6 train-the-trainers workshops in Zagreb for total of 150 health professionals from Zagreb and regional centres (Osijek, Rijeka Split) conducted and their knowledge statistically significantly improved
- 5 train-the-trainers workshops for total of 125 non-health professionals from Zagreb and all Croatian counties conducted and their knowledge statistically significantly improved
- 60% of the total number of trained non-health professionals conducted 1 workshop per trainer (75 workshops in total)
- 1 study visit in an EU Member State, with the aim of strengthening knowledge and skills in the area of community care, in duration of 5 working days for 9 health professionals (3 community mental health care experts from bodies responsible for the project management, 3 community mental health care experts from regional level (Osijek, Rijeka, Split), 1 representative from user association (CSO) and 2 representatives from other stakeholders) conducted and study visit report prepared
- Evaluation of trainings with the purpose to identify needs for further trainings performed and corresponding report with long-term training programme prepared

Result 4: Public awareness on the importance of mental health protection and early recognition of mental disorders as well as good treatment possibilities and after care raised

Indicators of achievement:

- Guidelines on public presentation of issues connected to mental health problems and mental disorders prepared
- 200 brochures with the main information on mental health problems and mental disorders prepared, translated into Croatian language, published and disseminated to target groups (CSOs, media representatives and general public)
- 1 workshop for 5 representatives of user associations and 25 media representatives that are active in relation to mental health care conducted and their knowledge statistically significantly improved

3.4 Activities:

The activities listed below represent the minimum activities to be implemented in the course of the Twinning project. Member State(s) may propose additional activities in line with the methodology elaborated in its proposal.

Activities related to Result 1
1.1 Conducting analysis of the legislative and institutional framework (laws, regulations, strategic policy documents, decisions, methodology, procedures, technical data and information, financing models, human resources, etc.) and preparing analysis report

1.2 Establishing Working Group composed of the national stakeholders’ representatives\(^4\) in the area of mental health care

1.3 Conducting meetings of the Working Group with the aim to assess the existing system of care for people with mental health problems and mental disorders (focusing on early recognition and aftercare, legislative and institutional framework, epidemiological data and statistics, types of services, financing, human resources and training, evaluation procedures, monitoring, exchanging and dissemination of data) and preparing minutes of the meetings

1.4 Preparing assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community, including:
- Recommendations on improvements of the legislative and institutional framework, financing models and allocation of human resources
- Recommendations on improvements of the system for protection and promotion of mental health of children and youth (adolescents)
- Recommendations on monitoring indicators, existing and additional data that need to be monitored (including definitions) and institutions that need to be included
- Report prepared by the Working Group on intersectoral coordination and synergy achievements with recommendations on further actions to be undertaken

Activities related to Result 2

2.1 Preparing guidelines on procedures for early recognition of mental health problems in the community

2.2 Preparing guidelines for improvement of the approaches to children and youth education in the field of mental health

2.3 Preparing guidelines on procedures for after care services in the community

Activities related to Result 3

3.1 Conducting training needs analysis (TNA) of health and non-health professionals\(^5\) and preparing TNA report

3.2 Preparing training curriculum for health and non-health professionals and accompanying materials (including knowledge and attitude assessment questionnaire) on procedures of

\(^4\) Ministry of Health; Croatian National Institute of Public Health; Zagreb Institute of Public Health; Croatian Health Insurance Fund; Psychiatric Hospital Sv. Ivan; Psychiatric Hospital Vrapče; Psychiatric Hospital for Children and Adolescents; Health Care Centre Zagreb West; Croatian Medical Association and user associations; Ministry of Social Policy and Youth; Institute of expertise, Vocational Rehabilitation and Employment of Persons with Disabilities (representing Ministry of Labour and Pension System); Ministry of Education, Science and Sports and Education and Teacher Training Agency.

\(^5\) Health professionals include: physicians, nurses, psychologists, occupational therapists, etc., while non-health professionals include psychologists and pedagogues from preschool, primary and secondary schools, social pedagogues, etc.
early recognition and after care services in the community and translating training curriculum/materials into Croatian language.  
3.3 Conducting 6 train-the-trainers workshops in Zagreb for total of 150 health professionals from Zagreb and regional centres (Osijek, Rijeka, Split) and statistically significantly improving their knowledge.  
3.4 Conducting 5 train-the-trainers workshops for total of 125 non-health professionals from Zagreb and all Croatian counties and statistically significantly improving their knowledge.  
3.5 60% of the total number of trained non-health professionals conducting 1 workshop per trainer (75 workshops in total).  
3.6 Conducting 1 study visit in an EU Member State, with the aim of strengthening knowledge and skills in the area of community care, in duration of 5 working days for 9 health professionals (3 community mental health care experts from bodies responsible for the project management, 3 community mental health care experts from regional level (Osijek, Rijeka, Split), 1 representative from user association (CSO) and 2 representatives from other stakeholders) and preparing study visit report.  
3.7 Performing evaluation of trainings with the purpose to identify needs for further trainings and preparing corresponding report with long-term training programme.  

Activities related to Result 4  
4.1 Preparing guidelines on public presentation of issues connected to mental health problems and mental disorders.  
4.2 Preparing brochure with the main information on mental health problems and mental disorders, its translation into Croatian language, publishing of at least 200 brochures and their dissemination to target groups (CSOs, media representatives and general public).  
4.3 Conducting 1 workshop for 5 representatives of user associations and 25 media representatives that are active in relation to mental health care conducted and their knowledge statistically significantly improved.  

Minimum two visibility events will be organized in the course of the implementation of the project; Kick-off meeting at the start of the implementation and the Final meeting at the end of the implementation of the project activities.  

3.5 Means/ Input from the MS Partner Administration:  

MS Project Leader may participate in the project also as the short-term expert (STE) and in case the MS Project Leader should satisfy requirements stipulated in the fiches for both the Project Leader and the relevant STE profile.  

3.5.1 Profile and tasks of the Project Leader  

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6 Participation of both mental health professionals and users i.e. representatives from user associations is expected within this activity.  
7 The workshops will be implemented by the BC trainers.  
8 Printing of the brochures is envisaged to be financed through private sector input specified in the point 5. Budget of the Twinning fiches.  
9 Assessment via questionnaire will be conducted at the beginning and the end of the workshop with the purpose to measure and evaluate the difference in knowledge and in attitudes of participants.
Profile of the Project Leader

Requirements:
- University level education or equivalent professional experience of 10 years in the health care
- Minimum 5 years of experience in the field of mental health care
- Working level of English language
- Computer literacy
- Experience in project management
- Proven contractual relation to public administration or mandated body, as defined under the Twinning manual 5.4.5

Assets:
- Experience in implementation of EU funded projects in the health system
- Experience in institution building activities related to improvement of mental health care

Tasks of the Project Leader:
- Overall coordination and managing of the implementation of the project in cooperation with the BC Project Leader
- Ensuring sound implementation of the envisaged activities
- Monitoring the project implementation and proposing remedial actions if needed
- Coordination of MS experts’ work and availability
- Ensuring backstopping and financial management of the project in the MS
- Providing efficient leadership of the project
- Participation in Steering Committee meetings
- Organization of study visit
- Project reporting

3.5.2 Profile and tasks of the RTA

Profile of the Resident Twinning Adviser

Requirements:
- University level education or equivalent professional experience of 10 years in the health care
- Minimum 4 years of experience in the field of mental health care
- Experience in providing mental health care in the community services or coordinating mental health care in the community services
- Working level of English language
- Experience in project management
- Computer literacy
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5

Assets:
- Experience in institution building activities related to improvement of mental health care
- Experience in organizing or conducting trainings

Tasks of the Resident Twinning Adviser:
- Support and coordination of all activities in the BC
- Day to day management of the project in the beneficiary institution
- Coordination and assistance to the short-term experts
- Coordination of the project implementation and proposing corrective actions, if required
- Organization of visibility events (kick-off and final event)
- Organization of PIU and Steering Committee meetings
- Participation in Steering Committee meetings
- Executing administrative issues (e.g. assisting in reporting)
- Providing technical advice on EU policies and best practices, and assisting Croatian administration in the context of project work plan
- Networking with institutions relevant to this project in Croatia and in MS

The duration of the RTA secondment is 12 months.

3.5.3 Profile and tasks of the short-term experts

For each of the proposed experts in the submitted proposal the Member State(s) is kindly requested to indicate the expert’s profile.

Profile of Short-term expert (STE 1)

Requirements:
- University level education or equivalent professional experience of 8 years in the health care
- Minimum 3 years of experience in the field of mental health care
- Working level of English language
- Computer literacy
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5

Assets:
- Experience in preparation of legislation or recommendations for improvement of legislation
- Experience in preparation of guidelines or procedures for providing community services in the field of mental health care
- Experience in preparing training programmes or curricula
- Experience in evaluation of trainings

Tasks of the Short-term expert 1:
- Close cooperation with the Croatian experts in undertaking all activities
- Advance preparation and familiarization with relevant documentation
- Participating in relevant activities under the scope of the project in cooperation with other experts:
  - Analysing legislative and institutional framework and preparing analysis report
  - Establishing Working Group composed of the national stakeholders’ representatives and participating in meetings of the Working Group
  - Preparing assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community
Preparing guidelines for improvement and protection of mental health in the community

Conducting training needs analysis (TNA) of health and non-health professionals and preparing TNA report, training curriculum and accompanying materials

Conducting train-the-trainers workshops for health and non-health professionals and assessing their knowledge

Evaluating trainings and preparing corresponding report with long-term training programme

Preparing guidelines on public presentation of issues connected to mental health problems and mental disorders and brochure for raising public awareness

Conducting workshop for representatives of user associations and media representatives that are active in relation to mental health care

Profile of Short-term expert 2 (STE 2)

Requirements:
- University level education or equivalent professional experience of 8 years in the health care
- Minimum 3 years of experience in providing mental health care in the community services or coordinating mental health care in the community services
- Working level of English language
- Computer literacy
- Proven contractual relation to public administration or mandated body, as defined under Twinning manual 5.4.5

Assets:
- Experience in preparation of guidelines or procedures for providing community services in the field of mental health care
- Experience in conducting trainings
- Experience in preparation of PR materials related to mental health care

Tasks of the Short-term expert 2:
- Close cooperation with the Croatian experts in undertaking all activities
- Advance preparation and familiarization with relevant documentation
- Participating in relevant activities under the scope of the project in cooperation with other experts:
  o Analysing legislative and institutional framework and preparing analysis report
  o Establishing Working Group composed of the national stakeholders’ representatives and participating in meetings of the Working Group
  o Preparing assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community
  o Preparing guidelines for improvement and protection of mental health in the community
  o Conducting training needs analysis (TNA) of health and non-health professionals and preparing TNA report, training curriculum and accompanying materials
  o Conducting train-the-trainers workshops for health and non-health professionals and assessing their knowledge
  o Evaluation of trainings and preparing corresponding report with long-term training programme
Preparing guidelines on public presentation of issues connected to mental health problems and mental disorders and brochure for raising public awareness

Conducting workshop for representatives of user associations and media representatives that are active in relation to mental health care

Note:

The pool of experts should include:

- At least one short-term expert who in addition to the respective profile requirements has experience in preparation of guidelines or procedures for providing community services in the field of mental health care;

- At least one short-term expert who in addition to the respective profile requirements has experience in conducting trainings in the area mental health care.

4. Institutional Framework

The main beneficiary of the project is the Ministry of Health of the Republic of Croatia.

Ministry of Health (MH) will be the responsible for the implementation of the Twinning project and coordination of all stakeholders. The main role of the Ministry is to coordinate improvement, promotion and protection of health of Croatian citizens. The Ministry will also ensure funds needed for co-financing of this project.

Croatian National Institute of Public Health (CNIPH) is the operator of the epidemiology of infectious diseases and chronic mass non-infectious diseases, public health, health education to promote health and disease prevention, health ecology, microbiology, school health, mental health and addiction prevention to achieve the basic purpose public health, and that is the preservation and improvement of population health. CNIPH is the main institution of public health which coordinates the network of public health institutes. CNIPH has in total 230 employees. In this project CNIPH will be involved in the implementation of all project activities and will be the leader of the working group.

The management structure of the project will be based on the following responsible bodies:

- Ministry of Health, Senior Programme Officer;
- Ministry of Health, Directorate for Accession and Structural Funds / Project Implementation Unit;
- Croatian National Institute of Public Health;
- Croatian Institute for Health Insurance;
- Psychiatric Hospital Sv. Ivan;
- Psychiatric Hospital Vrapče;
- Health Care Centre Zagreb West;
- Croatian Medical Association;
- Ministry of Social Policy and Youth.

Stakeholders targeted by the project and subsequent multipliers of the project results are as follows:
- Public Hospitals (special psychiatric hospitals, clinics for psychiatry) – will be involved in activities linked to prevention and monitoring of people with mental disorders, providing specialized treatment programs in day hospitals and continuation of treatment in the community, case management and rehabilitation of people suffering from mental disorders;
- County Institutes of Public Health (CIPH) – will be involved in activities linked to public health education, mental health promotion and protection, early recognition of mental disorders, monitoring of people with mental disorders, treatment and rehabilitation in the community;
- Health Care Centres – will be involved in activities linked to mental health protection, early recognition of mental disorders, monitoring of people with mental disorders, case management, treatment and rehabilitation in the community;
- Ministry of Social Policy and Youth – will be involved in the activities linked to children and youth mental health which will lead to improvement of the life quality of the youth;
- Non-health professionals (education specialists, school psychologists and pedagogues, social pedagogues) – will be included in activities linked to children and youth mental health;
- Civil Society Organizations (CSOs) – will be included in activities linked to assessment, planning and education, as well as support and rehabilitation in the community;
- Media – will be included in activities linked to public health education.

The project stakeholders also include the Ministry of Education, Science and Sports, Ministry of Labour and Pension System, Croatian Health Insurance Fund, Education and Teacher Training Agency, Croatian Medical Chamber and Croatian Chamber of Nurses and others as determined during the project implementation.

Protection of mental health in the Croatian health system is implemented through primary, secondary and tertiary health care:

- On the primary level: mental health care is conducted mainly in health centres by teams for family medicine (rarely also by mental health teams) and in the County Institutes of Public Health by teams for school medicine and teams for mental health and addiction prevention;
- On the secondary level: mental health is protected in psychiatric departments of general hospitals and in special psychiatric hospitals;
- On the tertiary level: mental health care is carried by university affiliated clinics for psychiatry (within clinical hospitals and clinical hospital centres) and CNIPH. At tertiary level, some clinics offer community services - support to rehabilitation in the community.

Protection of mental health in Croatian health system is carried out by the Croatian National Institute of Public Health, County Institutes of Public Health and health institutions.

Results of the project may lead to the modification of the institutional framework as described above depending on the recommendations produced through Result 1.

The beneficiary institution will dedicate all necessary human and financial resources in order to guarantee an effective implementation of the respective project. In particular, the beneficiary institution will insure the availability of the following provisions:
Adequately equipped office space for the RTA and the RTA assistant for the entire duration of their secondment (in particular a desk, a telephone line, PC with e-mail account and internet access, possibility to use fax & copy services);

Adequate conditions for the STEs to perform their work while on mission to the BC;

Training and conference venues as well as presentation and interpretation equipment;

Costs for travel by BC participants from their capitals to a MS or between MS (study visits);

Its active involvement in preparation of the PIU and Steering Committee meetings and participation of its members on the same;

The availability of the BC human resources (BC experts) during the implementation of the activities.

5. **Budget**

<table>
<thead>
<tr>
<th>Ensuring optimal health care for people with mental health disorders (CRO MHD)</th>
<th>Transition Facility Contribution</th>
<th>National Co-financing</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning Contract</td>
<td>95%</td>
<td>5%</td>
<td>670.000,00 EUR</td>
</tr>
</tbody>
</table>

The total amounts of the Transition Facility Contribution and National Co-financing stipulated in the above table represent the total maximum amounts and therefore, they may be reduced at the level of the Twinning contract, while the relevant ratio (percentages) should be maintained as fixed.

The co-financing requirement foreseen under Transition Facility will be considered fulfilled according to the provision of the relevant Financing Decision.

Interpretation costs will be reimbursed from the budget only for the purpose of workshops and seminars, up to 7% of the Contract amount can be used for translation and interpretation purposes.

Services for preparation and printing of the brochure under Activity 4.2 are foreseen to be implemented through private sector subcontracting. The envisaged cost for preparation and printing of approx. 200 brochures is 500,00 EUR.

6. **Implementation Arrangements**

6.1 Implementing Agency responsible for tendering, contracting and accounting:

Central Finance and Contracting Agency (CFCA)
Ulica grada Vukovara 284
10000 Zagreb, Croatia
Ms Nataša Mikuš Žigman, Director
Phone: +385 1 4591 245
Fax: +385 1 4591 075
E-mail: procurement@safu.hr

Twinning Administrative Office
6.2 Main counterpart in the BC:

Senior Programme Officer (SPO)
Mr Miljenko Bura, Assistant Minister
Ministry of Health (MH)
Ksaver 200a
10 000 Zagreb, Croatia
Phone: +385 1 4607 514
Fax: +385 1 4677 008
E-mail: miljenko.bura@miz.hr

**Project Leader Counterpart**

Tamara Poljičanin, Director
Croatian National Institute of Public Health
Rockfellerova 7
10 000 Zagreb, Croatia

**RTA counterpart**

Maja Silobrčić Radić, Head of Department of Mental Disorders with register for psychosis and completed suicides register, Service for epidemiology
Croatian National Institute of Public Health
Rockfellerova 7
10 000 Zagreb, Croatia

6.3 Contracts:

It is envisaged that this Project will be implemented through one Twinning contract with the maximum amount of 670.000,00 EUR.

7. **Implementation Schedule (indicative)**

7.1 Launching of the call for proposals: Q2 2015\(^{10}\)

7.2 Start of project activities: Q1 2016

7.3 Project completion: Q1 2017

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\(^{10}\) Member States submitting proposals for Twinning projects implemented in Croatia, as well as the beneficiary institutions, will be requested to finalise drafting of the contracts in maximum four months regardless of the period of the year during which the drafting will take place.
7.4 Duration of the execution period (number of months): 15 months; the execution period will end 3 months after the implementation period of the Action (work plan) which will take 12 months.

8. Sustainability

New approaches to standard practice in early recognition and after-care interventions in mental health care will be introduced and incorporated in the national mental health care system. Sustainability of the project will further be supported by training of the trainers in both health and non-health sector that will further disseminate the knowledge on these new approaches. At least 60% of the trained professionals will train a group of professionals in their local community. The enhanced users and media literacy in the community mental health procedures further supports the sustainability of the project.

9. Crosscutting issues

Based on the fundamental principles of promoting equality and combating discrimination, participation in the project will be guaranteed on the basis of equal access regardless of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. Equal participation of men and women during the implementation of the project will be assured. Environmental impact of the project is not applicable.

10. Conditionality and sequencing

a) Conditionality

n/a

b) Sequencing

Taking into consideration the overall project “Ensuring optimal health care for people with mental health disorders” that is divided into two components (Twinning and Technical Assistance) the Twinning component is envisaged to start three months before the Technical Assistance component.
ANNEXES TO PROJECT FICHE

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)
**Annex 1. Logical framework matrix in standard format**

<table>
<thead>
<tr>
<th>Overall objective</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Project purpose</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring optimal health care for people with mental health disorders (CRO MHD)</td>
<td>Ensure mental health care is accessible and effective</td>
<td>Relevant EC reports, Relevant national Reports, Ministry of Health annual reports, CNIPH statistical reports</td>
<td>Project purpose is strengthening of protection of mental health through strengthening community capacities and improving public knowledge on mental health issues.</td>
<td>Health staff educated on the activities needed for ensuring optimal health care for people with mental disorders, Second opinion for patients with mental health disorders, Users included in planning and education activities</td>
<td>Interim Quarterly Reports, Final Twinning Report, Documentation produced under project (analysis reports, reports)</td>
<td>Government maintains a strong commitment to support upgrading of mental health; Government support the implementation of mental health in community.</td>
</tr>
</tbody>
</table>

**Programme name and number:** Transition Facility IPA/2013/24986 (Annex of C(2013) 8057 final)

**Contracting period expires:** 3 years from the day on which the Commission notifies the Republic of Croatia that all of its internal procedures necessary for the adoption of this Decision have been fulfilled

**Disbursement period expires:** 4 years following the expiration of the contracting deadline

**Total budget:** 670,000.00 EUR

**TF financing:** 636,500.00 EUR (95%)

**National co-financing:** 33,500.00 EUR (5%)¹¹

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¹¹ The total amounts of the Transition Facility Programme Contribution and National Co-financing stipulated in the above table represent the total maximum amounts and therefore, they may be reduced at the level of the Twinning contract, while the relevant ratio (percentages) should be maintained as fixed. The co-financing requirement foreseen under Transition Facility will be considered fulfilled according to the provision of the relevant Financing Decision.
- Statistically significant improvement of knowledge on mental health facts in media representatives and education specialists
- Recommendations and guidelines for improvement and protection of mental health care provided
- Brochure for raising public awareness
- Lists of participants on workshops, trainings, study visit
- Study visit report
- Sufficient human capacities on the side of the Ministry of Health to coordinate project activities
- Project implementation unit of the Ministry of Health is strengthened and able to coordinate implementation of the project
- A clear line of decision making process and project coordination is ensured in order to avoid the risk of confusion in relation to recommendations given by the project team
- A good horizontal collaboration and sufficient capacity of institutions responsible for improving the protection of mental health in the community, raising public knowledge on mental health and reducing stigmatization of mental disorders
- Effective participation of trainers and related educational institutions (teachers in schools, psychologists) in the project activities aimed towards the human resource development programme; knowledge passed into the system
- Respective authorities and institutions have sufficient capacities and are available and willing to cooperate on the issues linked to project implementation
- Highly motivated and trained staff remain in the institutions
- Legislative, personnel and administrative frameworks for implementation of the project activities are in place

<table>
<thead>
<tr>
<th>Results</th>
<th>Objectively Verifiable Indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>Result 1: Recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community prepared</td>
<td></td>
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</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Analysis of the legislative and institutional framework conducted and analysis report prepared</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Working Group composed of the national stakeholders’ representatives in the area of mental health care established</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Meetings of the Working Group conducted with the aim to assess the existing system of care for people with mental health problems and mental disorders and minutes of the meetings prepared</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community prepared, including:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  - Recommendations on improvements of the legislative and institutional framework, financing models and allocation of human resources |
  - Recommendations on improvements of the system for protection and promotion of mental health of children and youth (adolescents) |
  - Recommendations on monitoring indicators, existing and additional data that need to be monitored (including definitions) and institutions that need to be included |
  - Report prepared by the Working Group on intersectoral coordination and synergy achievements with recommendations on further actions to be undertaken |
<table>
<thead>
<tr>
<th>Result 2: Guidelines for improvement and protection of mental health in the community prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Guidelines on procedures for early recognition of mental health problems in the community prepared</td>
</tr>
</tbody>
</table>

| • Interim Quarterly Reports |
| • Final Twinning Report |
| • Documentation produced under project (analysis reports, recommendations, guidelines, training plan, training materials, etc.) |
| • Brochure for raising public awareness |
| • Lists of participants on workshops, trainings, study visit |
| • Study visit report |

| • Government maintains a strong commitment to support upgrading of mental health; Government support the implementation of mental health in community |
| • Sufficient human capacities on the side of the Ministry of Health to coordinate project activities |
| • Project implementation unit of the Ministry of Health is strengthened and able to coordinate implementation of the project |
| • A clear line of decision making process and project coordination is ensured in order to avoid the risk of confusion in relation to recommendations given by the project team |
| • A good horizontal collaboration and sufficient capacity of institutions responsible for improving the protection of mental health in the community, raising public knowledge on mental health and reducing stigmatization of mental disorders |
| • Effective participation of trainers and related educational institutions (teachers in schools, psychologists) in the project activities aimed towards the human resource development programme; knowledge passed into the system |
| • Respective authorities and institutions have sufficient capacities and are available and willing to cooperate on the issues linked to project implementation |
| • Highly motivated and trained staff remain in the institutions |
| • Legislative, personnel and administrative frameworks for implementation of the
<table>
<thead>
<tr>
<th>Result 3: Capacities of health and non-health professionals on early recognition and mental health care in the community strengthened</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Guidelines for improvement of the approaches to children and youth education in the field of mental health prepared</td>
</tr>
<tr>
<td>• Guidelines on procedures for after care services in the community prepared</td>
</tr>
<tr>
<td>• Training needs analysis (TNA) of health and non-health professionals conducted and TNA report prepared</td>
</tr>
<tr>
<td>• Training curriculum for health and non-health professionals and accompanying materials (including knowledge and attitude assessment questionnaire) on procedures of early recognition and after care services in the community prepared and translated into Croatian language</td>
</tr>
<tr>
<td>• 6 train-the-trainers workshops in Zagreb for total of 150 health professionals from Zagreb and regional centres (Osijek, Rijeka Split) conducted and their knowledge statistically significantly improved</td>
</tr>
<tr>
<td>• 5 train-the-trainers workshops for total of 125 non-health professionals from Zagreb and all Croatian counties conducted and their knowledge statistically significantly improved</td>
</tr>
<tr>
<td>• 60% of the total number of trained non-health professionals conducted 1 workshop per trainer (75 workshops in total)</td>
</tr>
<tr>
<td>• 1 study visit in an EU Member State, with the aim of strengthening knowledge and skills in the area of community care, in duration of 5 working days for 9 health professionals (3 community mental health care experts from bodies responsible for the project management, 3 community</td>
</tr>
</tbody>
</table>

project activities are in place
**Result 4: Public awareness on the importance of mental health protection and early recognition of mental disorders as well as good treatment possibilities and after care raised**

- Mental health care experts from regional level (Osijek, Rijeka, Split), 1 representative from user association (CSO) and 2 representatives from other stakeholders) conducted and study visit report prepared
  - Evaluation of trainings with the purpose to identify needs for further trainings performed and corresponding report with long-term training programme prepared

- Guidelines on public presentation of issues connected to mental health problems and mental disorders prepared
- 200 brochures with the main information on mental health problems and mental disorders prepared, translated into Croatian language, published and disseminated to target groups (CSOs, media representatives and general public)
- 1 workshop for 5 representatives of user associations and 25 media representatives that are active in relation to mental health care conducted and their knowledge statistically significantly improved

### Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Means</th>
<th>Specification of costs</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| The activities listed below represent the minimum activities to be implemented in the course of the Twinning project. Member State(s) may propose additional activities in line with the methodology elaborated in its proposal. | Analysis, consultations, discussions, preparation of documentation, trainings, training of trainers, workshops, printing and publishing of brochures, evaluations and statistical analysis | Total budget - Twinning: 670.000,00 EUR | • A good horizontal collaboration among different institutions responsible for improving the protection of mental health in the community raising public knowledge on mental health and reducing stigmatization of mental disorders  
• Project implementation unit of the Ministry of Health is strengthened and able to coordinate implementation of |
and institutional framework (laws, regulations, strategic policy documents, decisions, methodology, procedures, technical data and information, financing models, human resources, etc.) and preparing analysis report

1.2 Establishing Working Group composed of the national stakeholders’ representatives in the area of mental health care

1.3. Conducting meetings of the Working Group with the aim to assess the existing system of care for people with mental health problems and mental disorders (focusing on early recognition and aftercare, legislative and institutional framework, epidemiological data and statistics, types of services, financing, human resources and training, evaluation procedures, monitoring, exchanging and dissemination of data) and preparing minutes of the meetings

1.4. Preparing assessment report with recommendations for improvement of the existing system of early recognition of mental health problems and mental disorders, outpatient care and after care services in the community, including:

- Recommendations on improvements of the legislative and institutional framework, financing models and allocation of human resources
- Recommendations on improvements of the system for protection and promotion of mental health of children and youth (adolescents)
- Recommendations on monitoring indicators, existing and additional data that need to be monitored (including

the operation

- The interlocutors from public bodies are available to the Consultant
- Adequate participation of trainers and related educational institutions in the project activities aimed towards the human resource development programme
definitions) and institutions that need to be included
Report prepared by the Working Group on intersectoral coordination and synergy achievements with recommendations on further actions to be undertaken

Activities related to Result 2

2.1. Preparing guidelines on procedures for early recognition of mental health problems in the community
2.2. Preparing guidelines for improvement of the approaches to children and youth education in the field of mental health
2.3. Preparing guidelines on procedures for after care services in the community

Activities related to Result 3

3.1. Conducting training needs analysis (TNA) of health and non-health professionals and preparing TNA report
3.2. Preparing training curriculum for health and non-health professionals and accompanying materials (including knowledge and attitude assessment questionnaire) on procedures of early recognition and after care services in the community and translating training curriculum/materials into Croatian language
3.3. Conducting 6 train-the-trainers workshops in Zagreb for total of 150 health professionals from Zagreb and regional centres (Osijek, Rijeka, Split) and statistically significantly improving their
knowledge
3.4. Conducting 5 train-the-trainers workshops for total of 125 non-health professionals from Zagreb and all Croatian counties and statistically significantly improving their knowledge
3.5. 60% of the total number of trained non-health professionals conducting 1 workshop per trainer (75 workshops in total)
3.6. Conducting 1 study visit in an EU Member State, with the aim of strengthening knowledge and skills in the area of community care, in duration of 5 working days for 9 health professionals (3 community mental health care experts from bodies responsible for the project management, 3 community mental health care experts from regional level (Osijek, Rijeka, Split), 1 representative from user association (CSO) and 2 representatives from other stakeholders) and preparing study visit report
3.7. Performing evaluation of trainings with the purpose to identify needs for further trainings and preparing corresponding report with long-term training programme

Activities related to Result 4

4.1. Preparing guidelines on public presentation of issues connected to mental health problems and mental disorders
4.2. Preparing brochure with the main information on mental health problems and mental disorders, its translation into Croatian language, publishing of at least
| 200 brochures and their dissemination to target groups (CSOs, media representatives and general public) | 4.3. Conducting 1 workshop for 5 representatives of user associations and 25 media representatives that are active in relation to mental health care conducted and their knowledge statistically significantly improved | Preconditions: n/a |
Annex 2. Detailed implementation chart

<table>
<thead>
<tr>
<th>Ensuring optimal health care for people with mental health disorders (CRO MHD)</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twinning</td>
<td>T</td>
<td>T</td>
<td>T</td>
</tr>
</tbody>
</table>

T – Call for proposals and evaluation
C – Contracting
A/I – Arrival of the RTA/ Start of the implementation of activities
I – Implementation of activities
R – Report
Annex 3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period)

<table>
<thead>
<tr>
<th>Ensuring optimal health care for people with mental health disorders (CRO MHD)</th>
<th>Cumulative contracting schedule by quarters in EUR (provisional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Twinning</td>
<td></td>
</tr>
<tr>
<td>TOTAL (EUR):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensuring optimal health care for people with mental health disorders (CRO MHD)</th>
<th>Cumulative disbursement schedule by quarters in EUR (provisional)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>Twinning</td>
<td>522.926,83</td>
</tr>
<tr>
<td>TOTAL (EUR):</td>
<td>522.926,83</td>
</tr>
</tbody>
</table>