

Standard Summary Project Fiche for the Transition Facility

1. Basic Information

CRIS Number: 2007/019-303.07.01

1.2. Title: **Strengthening the Legal and Administrative Capacity for Mental Health Reform**

1.3. Sector: Public Administration Reform

1.4. Location: Ministry of Health

Duration: 1 year

2. Objectives

2.1. Overall Objective(s)

- To guarantee the institutional support of the ongoing reform in the mental health care by establishing sustainable coordination between institutions, state and public administration on national and local level.
- To improve the legal basis in order to facilitate the implementation of the adopted principles and strategic goals of the mental health reform

2.2. Project purpose

The Project aims to establish a sustainable network of local institutions and organizations involved in the process of implementation of the strategic goals in the National Mental Health Policy. It will improve the capacity for evidence based decision-making by relevant administrative structures at national and regional level in Bulgaria for successful completion of the Action Plan related to the introduction of a system of community mental health care in Bulgaria. It will also improve the specific legal basis needed for that implementation by elaboration of a proposal for a separate Mental Health Act.

2.3. Justification

The recommendations in the last Monitoring report from the Commission in the field of mental health underline that substantial effort are needed to ensure the prevention of further institutionalisation and the realisation of the actions set out in the National Action Plan for implementation of the Mental Health Policy of Bulgaria 2004-2012. It is still needed to strengthening the need of administrative capacity for the implementation of the adopted official documents and papers of different origin (Bulgarian Council of Ministries, Stability Pact for South Eastern Europe, EC, WHO Europe). The steps that are made so far in the field of mental health legislation must be developed further in order to create a friendly legal basis for the ongoing reform and to guarantee the sustainability of the achieved results. Recommendations for a separate Mental Health Law were given by different experts (Master Plan of the Twining Project 2006, TAEX 2003 and National Action Plan on Mental Health etc.)

3. Description

3.1. Background and justification

Mental ill health is a major contribution to disability across the world. Five of the ten leading causes of disability worldwide are psychiatric disorders. Poor mental health contributes to physical diseases and to poor compliance with prevention and treatment programmes. Mental ill health is also a major contributor and suicide alone is the tenth leading cause of death in the world.

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A recent epidemiological study (EPIBUL, in a WHO initiative) of a random population sample provides a detailed picture of the mental health situation in Bulgaria especially regarding the common mental disorders. The total 12-month prevalence of mental disorders in Bulgaria raises up to 20% in this study, and it is amongst the highest in comparison to the other seven European countries. The highest prevalence is for anxiety disorders (13.1%), followed by depression (8.5%). This provides a sound basis for estimating needs for services among those with common mental disorders and partially covering those with severe mental disorders.

Parental illness contributes to intellectual and emotional consequences for the next generation of Bulgarian children.

The cost of not tackling mental disorder efficiently and effectively in Bulgaria arises from:

- Lost production from people with mental illness being unable to work in short, medium or long term.
- Reduced productivity from people being ill while at work.
- Cost of accidents by people who are psychologically disturbed (especially people responsible for the safety of others like bus drivers, factory workers).
- Supporting dependants of the mentally ill person.
- Unemployment, alienation, and crime in young people whose childhood problems (e.g. depression, conduct disorder) were not sufficiently well addressed for them to benefit fully from the education available.
- Cost of not properly addressing the consequences of dyslexia, mild mental retardation and other special educational needs in childhood.
- Poor cognitive development in the children of mentally ill parents.
- Higher costs incurred if disorders are not tackled early and if they remain untreated.
- Lost production from premature deaths from suicide.

Currently the psychiatric services in Bulgaria are offered by 11 psychiatric hospitals with 3075 beds, by 12 psychiatric dispensaries (or mental health centers) with 593 beds, by 9 psychiatric clinics with 896 beds, and by a number of psychiatric units to general hospitals. The distribution of hospital beds in the different regions is uneven and specialized services for children and adolescents are largely lacking. No strict requirements are observed for the various categories of hospital beds and nursing care and 20-30% of the beds in hospitals actually function as 24 supported accommodations without stating so and without offering psychosocial rehabilitation. At present the costing of psychiatric services takes into account only the direct costs. The resources are unevenly distributed among the different services without clear criteria for this.

The current situation in the field of mental health care has the following flaws:

- Motivation and adequate qualification among some of the staff are lacking
- Stigma and prejudice shape negative attitudes among the general population towards mental illness.
- Standards and indicators for the quality of care in the field of psychiatric care are lacking.
- Insufficient information is available about the mental health services and the burden of mental illness.
- The current institutional model of psychiatric care is an obstacle to the implementation of the reform.
- Financial resources and high expertise in the field of mental health are scarce.

Although the main responsibility for mental health (services) in Bulgaria rests with the Ministry of Health (MoH) and with the Governmental Institutes under the Ministry of Health especially the National Centre for Public Health Protection (NCPHP), there are many actors involved:

- The Ministry of Health for the inpatient psychiatric care,
- The Ministry of Labour and Social Policy (MLSP) for the day care centres, supporting housing and social and nursing homes,
- The Ministry of Education and Science (MES) for the specialized schools,
- The municipalities for the outpatient care in the dispensaries and
- The private sector for the most of the psychiatric outpatient care.

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The collaboration between the above-mentioned ministries has been thin and problematic. For improving it the minister of Health and the minister of Labour and Social Policy signed on 13th of January 2006 a Framework agreement for regulating the rules for collaboration between these two ministries regarding the deinstitutionalization process of the services for people with mental disability/severe mental disorders. It also defines the obligations for both ministries regarding the deinstitutionalization process. The strengthening policy links with different ministries: the MoH, MLSP, MES and MoF are crucial issue. Without a flexible and equal collaboration with relevant sectors at all levels the successful transition from institutional based to community based services is not possible.

The MoH has no special structure for mental health, which is however needed. It should be preferably a multidisciplinary team but at least a psychiatrist with a vision for modern mental health policy and treatment practices as well as experience in these for implementing the National Mental Health Policy (NMHP) with a focus on community based mental health care. Mental health should also be strengthened in all relevant departments in the MoH. The supporting structures for the MoH in mental health are the National Council for Mental Health Care (NCMHC), which started its work in the beginning of 2006 and the National Consultant for Psychiatry (NCP). The NCPHP has a functioning structure for mental health, but it does not have a decision making power.

The role of regional governance is limited. After the general reforms in the health care some of the functions of Regional Health Centres (RHC) as branches of MoH were reduced. The main reason for that was the privatisation in the outpatient sector as well as introduction of the National Health Insurance Fund (NHIF). Although the Regional health centres play important role in licensing health facilities and collecting health care information, the process of decentralisation was not replaced successfully with a relevant procedure of monitoring and control.

The existing psychiatric services were replaced with private ambulatory cabinets and medical centres and many of the patients were taken over by these structures. Working on a contract with NHIF most of them are not motivated to provide relevant information to RHC for statistical and other reasons although legally obliged to do that. On the other hand the information required by the NHIF is mostly oriented to serve the audit and accounting needs of this institution rather than to acquire relevant statistical information.

During the last decade many projects with different sources of funding, related with establishing models of community based psychiatry were initiated in the country. Still there is no procedure for monitoring and assessment of what they are doing in that field. Establishing a system of reporting and monitoring, based on defined standards or methodology, especially in the field of psychosocial rehabilitation is important challenge for the future. Only through well organised regional governance and coordination streaming out from a clearly defined legal basis, that challenge could be faced and solved.

One good opportunity for achievement of the formulated goals of this project is the fact that in all the 28 regions in Bulgaria there are regional councils on health, which include representatives of different institutions related with the health care issues. These are: MoH, MLSP, NHIF, BMA, and Municipality. All these structures are involved in the process of gathering and analysing health information regarding the existing facilities and exploring the real needs of the population of health care. These activities are important part of the preparation and updating the National Health Map.

The municipalities are responsible for organizing the community based services, which means the outpatient visits usually in dispensaries and day care centres as well as supporting housing. These activities except the outpatient services in dispensaries are still few in Bulgaria. Also, at municipal level the collaboration between health and social sector is often problematic and usually thin. There are plans that the role and responsibilities of the municipalities in organizing the mental health services will be highlighted following a general decentralization process.

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There is usually no systematic inter-sectoral liaison either on horizontal or vertical level. It is missing or problematic liaison with social affairs, police, prisons, schools, etc. usually at every level: national, regional and local. There are no joint work programmes, joint agreements or trainings for key partners from other sectors, although in few regions, there are informal joint agreements on local level between the mental health services, police departments and the court, regarding implementation of the emergency and obligatory treatment procedures. Specifically, there is a lack of mental health training for police, prison staff and teachers. There is a general prison hospital with one psychiatrist which is not enough.

In 2004 a new Health Law with a separate Mental Health Chapter was adopted by the Bulgarian government. The Chapter describes mainly the groups of people targeting by this Law, the rights of mentally ill, respective institutions and services which are responsible for their treatment and procedures for compulsory treatment. By drafting this Chapter as an element of the Health Law the most urgent needs for changes in the existing mental health regulation were met.

However, the Mental Health Chapter does not address all cases and problems emerging from the every day practice of treatment of mentally ill. This calls for a separate Mental Health Law that will guarantee and extend the range of priorities of community mental health care, the human rights of patients in the institutions and respective regulations regarding involuntary treatment and coercive actions.

3.2. Linked activities

The *National Mental Health Program for the Citizens of the Republic of Bulgaria* is an early attempt to adopt the general principles of the community-based and evidence-based policy approach in the field of mental health. The implementation of the program became possible in 2002 with a small budget from the Government and grants from external sponsors approached by NGOs from the field. Specifically, a fully operational mental health day care center was established in Sofia with funds from MATRA and other Dutch Funds, which set the pattern for a Bulgarian tradition in community psychiatry. Similarly, attempts with less spectacular results were made with acute psychiatric care in general hospitals, with risk assessment and management, and with starting an information system. Notably, the program funded the participation of the country in a representative epidemiological morbidity study (International Survey on Health and Stress, ISHS, 2002) coordinated by World Mental Health Initiative 2000 of the World Health Organization. The survey comprehends more than 5000 interviews all over the country and is coming to the end in the first quarter of 2007. A serious insufficiency of the Program that was pointed out by the inspecting agency at the end of the implementing period was the lack of regional development, hence – poor achievement of the initial goals. In practice the Program had only demonstrative character because number of reasons – among which, poor governance, lack of coordination, lack of authorization of the coordinative body to exercise control functions. All those were linked with the insufficient financing – far below the original proposal when the Program started.

In 2002 *Southern Eastern Europe's Mental Health Project under Stability Pact* initiative was started. The project objectives are to enhance the social cohesion in the region through introducing modern forms of mental health care. The project is in a phase of implementing model of community based psychiatric care since March 2004. In Bulgaria a pilot in community based psychiatry started is carried out in Blagoevgrad with a day care centre and supporting housing activities.

In 2004 the Government of Bulgaria adopted *National Mental Health Policy and Action Plan until 2012* as a continuation of the National Mental Health Program and resulting from the activities stipulated in the First Component of the project mentioned above.

As part of the Stability Pact's Social Cohesion Initiative and also in an attempt to implement a policy based on specific local needs, in 2004 Bulgaria proposed the project *Establishing Regional Networks and Systems for the Collection and Exchange of Social and Health*

Information. The project aims the setting up of a local information system for the purposes of the pilot Community Mental Health Centres, established in the 9 South Eastern European Countries. The project will also create a new approach to data collection and enable the proper implementation of newly-developed programmes, and also provide for more in-depth analysis of the overall operation of community mental health services in each of the countries.

The **BG EuropeAid/120165/D/SV/BG Phare project 'Improvement of quality of life of people with mental disabilities'** started in the beginning of December 2005. This project has many common objectives and activities with the ongoing Twinning Project. But it also has many activities in local level operating in eight different municipalities eg. in preparing action plans for mental health services in these municipalities.

BG2004/016-711.01.02 Title: De-institutionalisation through provision of community based services for risk groups is another PHARE project which aims are to continue and to enlarge the achievements of the first PHARE project in the same direction including more areas of funding and developing the community based mental health facilities.

PHARE TWINNING 2004 Facilitating the transition from institutionalized mental health care to a model of community psychiatry in Bulgaria. The Purpose of the project is to support the efforts directed towards reform of psychiatric health care system in compliance with the principles of community psychiatry. The final product of the project was a Master Plan with analysis and recommendations defined in 50 tasks much of which are put as planned activities in this project proposal.

There are also other minor projects, which have relative influence on the mental health reform and are less connected with this proposal, among which are:

Attitudes and needs assessment in psychiatry. The survey develops attitudinal scales to assess attitude to mental illness, psychiatry and psychiatric reforms. It applies instrument to groups of staff and patients and reveals that both groups have pessimistic perceptions of the social and clinical outcome of severe mental illness in Bulgarian context, that both groups disagree on whether current services encourage patients' participation (staff's opinion) or encourage dependence (clients' opinion), and are equally skeptical of Bulgarian communities' capacity to accommodate and integrate people with severe mental illness.

Equalize is an EU sponsored project, which compares traditional rehabilitation with early employment approaches in 6 European countries. The study is coordinated by London (St. George Medical School).

Eunomia is similarly a research projects on the level of coercion deployed by institutional psychiatric settings in 6 European countries.

3.3. Results

3.3.1. Specific unit for mental health issues established within the Ministry of Health to lead the psychiatric reform

3.3.2. Regional plans for developing and monitoring comprehensive community based mental health activities

3.3.3. Network of community mental health centres in the defined catchment areas taking into consideration the following issues:

- Human resources according to international standards
- Training personnel
- Psychosocial rehabilitation
- Continuity of care
- Case management

3.3.4. Primary health care and other sectors involved, especially the social sector

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- 3.3.5. Mental Health Law endorsed to ensure that all activities needed to support the implementation of the community-based mental health care have the legislative basis including e.g. promotion/prevention, psychosocial rehabilitation, establishment of catchment areas and proper funding.
- 3.3.6. Adopted and updated regulations for the regional level as defined in the Framework Agreement between Ministry of Health and Ministry of Labour and Social Policy
- 3.3.7. National accounting system developed to monitor the mental health costs, based on minimum data set of indicators in use all over the territory of the country.
- 3.3.8. Regional plan for de-institutionalisation based on evaluation by interdisciplinary expert groups of all long-stay patients (over one year stay in hospital) regarding their medical and social situation and suitability for rehabilitation services.
- 3.3.9. Electronic patient record system adopted to ensure comparable data collection in all relevant treatment settings and introduction of integrated information system for evaluation and feed-back for the invested efforts as a evidence base tool for the effect of the reform
- 3.3.10. Regular national mental health surveys to ensure monitoring of the mental health situation of the population
- 3.3.11. A network of national and international experts established
- 3.3.12. Strategy meetings organized where the outcomes of the project will be linked to European policies;
- 3.3.13. Coordination between sector planning and budgeting and ongoing analysis of service provision data.

3.4. Activities

- 3.4.1. Establishing a specific unit for mental health issues within the Ministry of Health to lead the psychiatric reform
- 3.4.2. Preparing regional plans for developing and monitoring comprehensive community based mental health activities
- 3.4.3. Preparing a plan to establish a network of community mental health centres in the defined catchment areas taking into consideration the following issues:
 - Human resources according to international standards
 - Training personnel
 - Psychosocial rehabilitation
 - Continuity of care
 - Case management
- 3.4.4. Collaboration with primary health care and between different sectors, especially with the social sector
- 3.4.5. To assist the working group in preparing a separate Mental Health Law to ensure that all activities needed to support the implementation of the community-based mental health care have the legislative basis including e.g. promotion/prevention, psychosocial rehabilitation, establishment of catchment areas and proper funding.
- 3.4.6. Implementing and monitoring the regulations for the regional level by the established working group with the TA expertise as defined in the Framework Agreement between Ministry of Health and Ministry of Labour and Social Policy
- 3.4.7. Ensuring a national accounting system to be able to monitor the mental health costs, based on minimum data set of indicators all over the territory of the country.
- 3.4.8. Preparation of a regional plan for de-institutionalisation based on evaluation by multiprofessional expert groups of all long-stay patients (over one year stay in hospital) regarding their medical and social situation and suitability for rehabilitation services.
- 3.4.9. Implementation of an electronic patient record system to ensure comparable data collection in all relevant treatment settings, based on a commonly agreed list of items; introducing and operating a integrated information system for clinical and managerial support of the already existing and the new emerging centers for mental health and establishing and maintaining a monitoring centre for evaluation and feed-back for the invested efforts as a evidence base tool for the effect of the reform

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- 3.4.10. Using the data from the existing epidemiological surveys conducted to date to assess the mental health service needs of the population and conducting regular national mental health surveys to ensure monitoring of the mental health situation of the population
- 3.4.11. Exchange of experts and expertise from the network and the international community
- 3.4.12. Organizing strategy meetings, where the outcomes of the project are linked to (European) policies;
- 3.4.13. Sector planning and budgeting is informed by ongoing analysis of service provision data and by results from service evaluation research

3.5. Lessons learned

The practice and amounted experience so far show that the process of the reform in the mental health field is not systematic, coordinated and appropriately guided. Although the first official document adopted by the Government in 2001 was the National Mental Health Program, replaced later by the National Mental Health Policy, where the main principles of the reform were announced explicitly – i.e. – intersectoral cooperation, evidenced based approach and decision making, cost-effectiveness and client oriented approach, - most of these principles remain on paper. The main reason for that is lack of governance and coordination on central and local level. These pitfalls of the ongoing reform were clearly identified by number of experts and took place in important documents as Master Plan prepared by the Finish experts as a result of the PHARE Twinning project 2004, Report by the Accounting Chamber 2004 regarding the implementation of the National Mental Health Programme, National Mental Health Policy, WHO recommendation etc.

One of the expressed concerns in all the mentioned documents is the poor implementation of the legislation in practice, which means that either the legislation is not explicit enough or the administrative recourse on central and local level is not sufficient.

4. Institutional Framework

National Center of Public Health Protection

The National Centre of Public Health Protection (NCPHP) is an agency of the Ministry of Health, established in 1998 as a successor of four National health centers, among them the National Centre for Interdisciplinary Human Studies (which had been designated as WHO Collaboration Centre for Research and Training in Mental Health since 1984).

The main spheres of activity of the National Center of Public Health Protection are:


- ✓ Assistance in formulation and implementation of the national health policy;
- ✓ Consultation and expertise in the formulation of new legislative acts;
- ✓ Development of technologies for evaluation of health services;
- ✓ Carrying out of scientific programmes and programmes for health prevention and promotion;
- ✓ Education in the field of public health;
- ✓ WHO Collaboration Centre for Research and Training in Mental Health.

The National Center of Public Health Protection consists of 4 departments:

Department “Health Promotion and Disease Prevention” – engaged in complex investigations of health and risk factors and development of related programmes;

Department “Health Systems Functioning” – engaged in exploring the needs of different types of health services delivery and accreditation;

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Department “Global Mental Health” – successor of the former National Centre for Interdisciplinary Human Studies (see description below)

Department “Public Relations”- engaged in health information, education and public relations.

A number of regional, national and international programmes are run by the sections.

28 Regional Councils of Health Care

The network of the 28 RCHC is established by Ordinance of MoH as part of the functions of the existing Regional Health Centers. The composition of the each RCHC consists of representatives from: Municipality, RHIF, Regional Agency of Social Assistance, RHC, Directors of the Regional Health Facilities. The main purpose of the RCHC is to coordinate and support the national health policy on regional level.

5. Detailed Budget

€million	Transition Facility support			Co-financing			Total cost
	Investment	Institution Building	Total Transition Facility (=I+IB)	National Public Funds (*)	Other Sources (**)	Total co-financing of the project	TF plus cofinancing
Contract TA		0.225	0.225				0.225
Total		0.225	0.225				0.225

6. Implementation Arrangements

6.1. Implementing Agency

The CFCU will be the Implementing Agency responsible for tendering, contracting and accounting with assisting in good project design and implementation and Phare procurement and payment rules. The CFCU (Ministry of Finance) is in charge of the contracting and financial management of the project. The State Treasurer will act as PAO of the project. The contact details are:

State Treasurer of the MoF and PAO

Address: 102 Rakovski Str.

1040 Sofia

Tel: 359 2 9859 2772, 9859 2777

Fax: 359 2 9859 2773

- SPO will be Dr. Mihail Abrashev, acting as a Director of the Projects and Programmes Management Directorate, Ministry of Health:

Tel.: +359 2 80 56 282,

Fax: +359 2 951 55 64,

E-mail: mabrashev@mh.government.bg

The final beneficiary of the Project will be the Ministry of Health through the National Centre for Public Health Protection. The latter will have the responsibility for technical preparation and control.

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Ministry of Health contact point: Milena Grigorova, State Expert of Projects and Programmes Management Directorate, address: 15, Acad. Ivan Geshov Blvd, 1431 Sofia, Bulgaria, tel: + 359 2 8056 283, fax: + 359 2 951 55 64, e-mail: mgrigorova@mh.government.bg

Project Steering Committee

A Project Steering Committee will monitor, supervise and evaluate the implementation of the project. It will provide strategic project direction and guidance to the key institutions involved in the project..

The Project Steering Committee comprises representatives of all the key parties in concern. The PSC will be composed of:

- Authorised representative from the Ministry of Health;
- Authorised representative from the Ministry of Finance;
- Authorised representative from the Association of Bulgarian Municipalities;
- Authorised representative from the Ministry of Labour and Social Policy.

The Project Steering Committee will be in close cooperation with the National Council for the Mental Health Policy in order to support the administrative capacity of the Project, the coordination of the activities and the avoidance of overlapping of the efforts in the field.

6.2. Twinning N/A

6.3. Non-standard aspects

N.A.

6.4. Contracts

Contract (1) – Technical Assistance

€ 0.225 mln

7. Implementation schedule

Contract 1 - TA		
Start of tendering	March	2008
Start of project activities	July	2008
Completion of all activities	June	2009

8. Sustainability

Sustainability of project results is assured through the need and commitment by Bulgaria to replace the existing institutional model of hospital-dispensary psychiatric system by community based mental health services.

Future maintenance and operation costs will be covered by the Bulgarian national and municipal budgets.

9. Conditionality and sequencing

Successful implementation of the activities of the project will contribute to the sustainable introduction of the National Plan of Action of Mental Health Policy 2006-2012 through the empowerment of the established regional structures and the trained staff.

Annexes to Project Fiche:

1. Logical framework matrix in standard format (compulsory)
2. Detailed implementation chart (compulsory)

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3. Contracting and disbursement schedule by quarter for full duration of programme (including disbursement period) (compulsory)
4. List of relevant Laws and Regulations (optional)
5. Project Implementation Plan

ABBREVIATIONS

MoH	– Ministry of Health
MoF	- Ministry of Finance
MES	- Ministry of Education and Sciences
MLSP	- Ministry of Labour and Social Policy
NCPHP	– National Center for Public Health Protection
NHIF	- National Health Insurance Fund
RHC	- Regional Health Centre
NMHP	- National Mental Health Policy
NCMHC	- National Council for Mental Health Care
NCP	- National Consultant for Psychiatry
RCHC	- Regional Council of Health Care
NHP	- National Health Map
WHO	- World Health Organisation

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ANNEX 1

LOGFRAME

LOGFRAME PLANNING MATRIX FOR Project		Programme name and number Transition Facility	
Institutional and legal support of the mental health reform in Bulgaria		Contracting period expires on	Execution of contracts period expires on 15.12.2010
		Total budget : 0.225m€	TF budget : 0.225m€

Overall objective	Objectively verifiable indicators	Sources of Verification
<ul style="list-style-type: none"> To guarantee the institutional support of the ongoing reform in the mental health care by establishing sustainable coordination between institutions, state and public administration on national and local level. 	<p>Sustainable local commissions established. Persons involved, their qualifications, positions and institutional affiliations</p> <p>Allocation of</p> <ul style="list-style-type: none"> - responsibilities - resources - subject area 	<p>Project organization Plan</p> <p>Terms of reference established</p> <p>List of National experts</p> <p>List of Regional office staff and local experts</p> <p>Annual Progress reports of National Mental health Program</p> <p>Annual report of the Ministry of health</p> <p>Framework contract between MoH and MLSP updated</p> <p>Regional contracts between MoH and MLSP representatives</p> <p>Regional plans and activities reports. National health map.</p> <p>Job descriptions and professional profiles</p>

<ul style="list-style-type: none"> To improve the legal basis in order to facilitate the implementation of the adopted principles and strategic goals of the mental health reform 	Harmonization of the legal basis and the national recommendations with the CoE and EU recommendations in the field of mental health Harmonization of national with local standards and recommendations in the field	State gazette Standards applied	
Project purpose <p>The Project aims to establish a sustainable network of local institutions and organizations involved in the process of implementation of the strategic goals in the National Mental Health Policy. It will strengthen the administrative capacity in Bulgaria for successful completion of the Action Plan related with introduction of a system of community mental health care in Bulgaria. It also will improve the specific legal basis needed for that implementation by elaboration of a proposal for a separate Mental Health Act.</p>	Objectively verifiable indicators <p>Sustainable network between involved institutions and groups on central and local level.</p> <p>Regular meetings between the involved institutions and organizations on local level</p> <p>Study tours, number of conferences and meetings of experts</p>	Sources of Verification <p>Standards of work Progress reports Job descriptions</p> <p>State gazette Regular reports from the regional health centres</p> <p>Job descriptions</p> <p>Clinical standards adopted</p>	Assumptions <p>Political stability Available partners for project implementation</p> <p>Change of the overall policy</p> <p>Political stability</p>
Results <p>3.3.1. Specific unit for mental health issues established within the Ministry of Health to lead the psychiatric reform</p>	Objectively verifiable indicators <p>Improvement of the coordination among institutions and organizations involved.</p> <p>Increased percentage of the GDP for mental</p>	Sources of Verification <p>Mental health budget. Relevant documents</p>	Assumptions <p>Good working relations with all stakeholders and partners. Political stability. Change of</p>

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3.3.2. Regional plans for developing and monitoring comprehensive community based mental health activities	health in comparison to 2007	Regular reports from the national health centres	the overall policy
3.3.3. Network of community mental health centres in the defined catchment areas taking into consideration the following issues:	Persons involved, their qualifications, positions and institutional affiliations, team building, at least 20 Regional plans developed	Minutes from meetings of the working group. Job descriptions, Regional reports	Cooperation among the local authorities
<ul style="list-style-type: none"> ➤ Human resources according to international standards ➤ Training personnel ➤ Psychosocial rehabilitation ➤ Continuity of care ➤ Case management 	Optimal number of services in the region – established network between at least 20 Mental health centres	Job descriptions Regular reports from the national health centres Signed contracts between partners	Change of the overall policy
3.3.4. Primary health care and other sectors especially the social sector involved	Increase of the number of referrals from GP up to 5% Increase of the number of referrals of clients from medical to social services up to 10%	Meeting reports Activities reports Annual regular reports of regional health centers Job descriptions	
3.3.5. Mental Health Law endorsed to ensure that all activities needed to support the implementation of the community-based mental health care have the legislative basis including e.g. promotion/prevention, psychosocial rehabilitation, establishment of catchment areas and proper funding.	Significant changes of the everyday practice toward community based approach to the mentally ill. Increase in the number of people with severe mental illness living in the community up to 10%		
3.3.6. Adopted and updated regulations for the regional level as defined in the Framework	Optimal number of services in the region Increase of the number of referrals of clients from medical to social services up to 10%		

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<p>Agreement between Ministry of Health and Ministry of Labour and Social Policy</p>	<p>Optimisation of the provided services in the region</p>	
<p>3.3.7. National accounting system developed to monitor the mental health costs, based on minimum data set of indicators in use all over the territory of the country.</p>		
<p>3.3.8. Regional plan for de-institutionalisation based on evaluation by interdisciplinary expert groups of all long-stay patients (over one year stay in hospital) regarding their medical and social situation and suitability for rehabilitation services.</p>	<p>Decreasing number of clients within the institutions</p>	<p>Regular meetings, peer review, Interdisciplinary conferences</p>
	<p>Improved collaboration between institutions</p>	
<p>3.3.9. Electronic patient record system adopted to ensure comparable data collection in all relevant treatment settings and introduction of integrated information system for evaluation and feed-back for the invested efforts as a evidence base tool for the effect of the reform</p>	<p>Case management as a basic procedure adopted</p>	
	<p>Improvement of the information flow between the professionals involved</p>	
<p>3.3.10. Regular national mental health surveys to ensure monitoring of the mental health situation of the population</p>	<p>Optimisation of the provided services in the region</p>	
<p>3.3.11. A network of national and international experts established</p>	<p>Standards of care approved Professional interests activated and accepted</p>	
<p>3.3.12. Strategy meetings organized where the outcomes of the project will be linked to European policies;</p>	<p>Improvement of the information flow between the professionals involved</p>	
<p>3.3.13. Coordination between sector planning and budgeting and ongoing analysis of service provision data.</p>	<p>Number of meetings, expert conferences, study tours, common research</p>	
	<p>Standards of care approved Improvement of the information flow</p>	

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Activities	between the professionals involved. Optimisation of the provided services in the region	Means	Assumptions
<p>3.4.1. Establishing a specific unit for mental health issues within the Ministry of Health to lead the psychiatric reform</p> <p>3.4.2. Preparing regional plans for developing and monitoring comprehensive community based mental health activities</p> <p>3.4.4. Preparing a plan to establish a network of community mental health centres in the defined catchment areas taking into consideration the following issues:</p> <ul style="list-style-type: none"> ➤ Human resources according to international standards ➤ Training personnel ➤ Psychosocial rehabilitation ➤ Continuity of care ➤ Case management <p>3.4.4. Collaboration with primary health care and between different sectors, especially with the social sector</p>	<p>Technical Assistance Contract</p>	<p>Annual reports from the meetings of the national council for mental health</p> <p>Regional Reports</p> <p>Annual regular reports of regional health centers</p>	

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<p>3.4.5. To assist the working group in preparing a separate Mental Health Law to ensure that all activities needed to support the implementation of the community-based mental health care have the legislative basis including e.g. promotion/prevention, psychosocial rehabilitation, establishment of catchment areas and proper funding.</p> <p>3.4.6. Implementing and monitoring the regulations for the regional level by the established working group with the TA expertise as defined in the Framework Agreement between Ministry of Health and Ministry of Labour and Social Policy</p> <p>3.4.7. Ensuring a national accounting system to be able to monitor the mental health costs, based on minimum data set of indicators all over the territory of the country.</p> <p>3.4.8. Preparation of a regional plan for de-institutionalisation based on evaluation by multiprofessional expert groups of all long-stay patients (over one year stay in hospital) regarding their medical and social situation and suitability for rehabilitation services.</p>		<p>State gazette, existing regulations and job descriptions</p> <p>Job descriptions Regular reports from the national health centres</p> <p>Progress reports</p> <p>Regular reports from the national health centres</p> <p>Annual regular reports of regional</p>
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<p>3.4.9. Implementation of an electronic patient record system to ensure comparable data collection in all relevant treatment settings, based on a commonly agreed list of items; introducing and operating a integrated information system for clinical and managerial support of the already existing and the new emerging centers for mental health and establishing and maintaining a monitoring centre for evaluation and feed-back for the invested efforts as a evidence base tool for the effect of the reform</p> <p>3.4.10. Using the data from the existing epidemiological surveys conducted to date to assess the mental health service needs of the population and conducting regular national mental health surveys to ensure monitoring of the mental health situation of the population</p> <p>3.4.11. Exchange of experts and expertise from the network and the international community</p>	<p>health centers</p> <p>Progress reports</p> <p>Minutes from meetings of the working group</p> <p>Progress reports</p> <p>Minutes from meetings of the working group</p> <p>Progress reports</p> <p>Existing regulations and job descriptions</p> <p>Appropriate documentation</p> <p>Appropriate documentation</p> <p>Clients' satisfaction assessment – focus groups, media monitoring</p> <p>Regular reports from the Regional health centers</p>
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3.4.12. Organizing strategy meetings, where the outcomes of the project are linked to (European) policies; 3.4.13. Sector planning and budgeting is informed by ongoing analysis of service provision data and by results from service evaluation research		Protocols from the meetings, appropriate documentation Protocols from the meeting, appropriate documentation National statistics Regular reports from the Regional health centers	
			Preconditions

ANNEX 2

DETAILED IMPLEMENTATION CHART

Project Title: Strengthening the Legal and Administrative Capacity for Mental Health Reform

Components		2008										2009					
Months		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Contract 1		T	T	T	T	C	I	I	I	I	I	I	I	I	I	I	I
Technical Assistance																	

T - Tendering phase
C - Contracting
I - Implementing phase

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ANNEX 3

CUMULATIVE CONTRACTING AND DISBURSEMENT SCHEDULE

Project Title: Strengthening the Legal and Administrative Capacity for Mental Health Reform

All figures in Million EUR

	III 2008	IV 2008	I 2009	II 2009	III 2009
Contract 1 Contracted	0.225				
Contract 1 Disbursed		0.056	0.112	0.168	0.225

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ANNEX 4

List of Relevant Laws and Regulations

1. Health Act (adopted 2004)
2. Mental Health Policy 2004 – 2012
3. National Action Plan for Implementation of the Mental Health Policy
(adopted on 29.12.2006)
4. Ordinance for the Conditions and the Order for Conducting Medical Activities Related
to the Treatment of Persons with Mental Disorders (adopted 2006).
5. Social Assistance Act and Instruction for its Implementation
6. National Health Map
7. Territorial and Rural Regulation Act
8. Medical Establishments Act
9. Health Insurance Act

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ANNEX 5

Project Implementation Plan (PIP)
For the Implementation of Project "Strengthening the legal and administrative capacity for mental health reform in Bulgaria"
July 2008 – June 2009

Activities	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Establishing a specific unit for mental health issues within the Ministry of Health to lead the psychiatric reform	X	X										
Preparing regional plans for developing and monitoring comprehensive community based mental health activities		RP	RP									
Preparing a plan to establish a network of community mental health centres in the defined catchment areas taking into consideration different issues		X	X									
Collaboration with primary health care and between different sectors, especially with the social sector			X	X	X							
To assist the working group in preparing a separate Mental Health Law to ensure that all activities needed to support the implementation of the community-based mental health care have the legislative basis including e.g. promotion/prevention, psychosocial rehabilitation, establishment of catchment areas and proper funding.		X	X	X	X	X	X	X	X	X		
Implementing and monitoring the regulations for the regional level by the established working group with the TA expertise as defined in the Framework Agreement between Ministry of Health and Ministry of Labour and Social Policy		X	X	X	X	X	X	X	X	X	X	X
Ensuring a national accounting system to be able to monitor the mental health costs, based on minimum data set of indicators all over the territory of the country.					X	X						
Preparation of a regional plan for de-institutionalisation based on evaluation by multiprofessional expert groups of all long-stay patients (over one year stay in hospital) regarding their medical and social situation and suitability for rehabilitation services.				X	X	X	X					

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10/10/07

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