Project idea form - small projects

Registration no. (filled in by MA/JS only)   _____

Project Idea Form

Date of submission   05.06.2025

1. Project idea identification

Project idea name	mhGAP in Practice: Community-Based Accessible Mental Health Services and Sustainable Funding Models in Pärnu and the Baltic Sea Region
Short name of the project	mhGAP4Access
Previous calls	yes ○ no ◉
Seed money support	yes ○ no ◉

2. Programme priority

1. Innovative societies

3. Programme objective

1.2. Responsive public services

4. Potential lead applicant

Name of the organisation (original)	Eesti Psüühikahäiretega Inimeste ja Lähedaste Huvikaitse Liit (EPill)
Name of the organisation (English)	Estonian Mental Health Advocacy Association for Patients and Families (EPill)
Website	www.epill.ee
Country	EE

Type of Partner	NGO
	Non-governmental organisations, such as Greenpeace, WWF, etc.

Contact person 1	
Name	Lenne Lillepuu
Email	info@epill.ee
Phone	37259196615

Contact person 2	
Name	Liina Käär
Email	liina@epill.ee
Phone	3725083834

Which organisation(s) in the planned partnership take part in a project within the Interreg Baltic Sea Region Programme for the first time? Please list the respective partners.

Estonian Mental Health Advocacy Association for Patients and Families (EPill, Estonia): www.epill.ee

The disability rights federation in Jönköpings county (Sweden): https://f.jonkopingslan.se

TIEK – psychological support centre (Latvia): https://tiek.lv

5.1 Specific challenge to be adressed

Mental health services in Estonia and across the Baltic Sea Region remain fragmented, bureaucratic, and often top-down. Community voices and service users are frequently excluded, resulting in poor access to early, low-threshold, and preventative services. Resources are still concentrated on crisis intervention rather than prevention. Existing services often do not meet the needs of small towns and rural areas, and there is a lack of sustainable funding models to ensure long-term viability (EIA 2023, pp. 86–88; OECD 2023, pp. 89–92). This project addresses these systemic gaps by co-creating access pathways and building financial infrastructure for inclusive, community-based mental health care.

5.2 Focus of the call

This project applies mhGAP guidance to build sustainable access to community-based mental health services that are stigma-sensitive and inclusive, especially for men and persons with disabilities in rural areas. The project will focus on co-developing a practical and transferable funding and accessibility model in collaboration with municipalities, employers, third-sector organisations, and community

leaders and community champions. Services will be co-created with users, local governments, employers, NGOs, and local champions to ensure flexibility, accessibility, and sustainability—especially in rural areas. This strengthens social cohesion and community resilience (EIA 2023, pp. 86–88).

6. Transnational relevance

Mental health challenges and fragmented services are common across the Baltic Sea Region. Cross-border collaboration allows the exchange of best practices, experimentation with innovative funding and service models, and comparison of results across different national contexts. Partners from Latvia, Sweden, and Norway bring valuable and diverse expertise and help adapt and scale solutions across regions (WHO 2021, pp. 27–34).

7. Specific aims to be adressed

Building trust that could lead to further cooperation initiatives

This project builds trust by actively engaging rural citizens—including men and persons with disabilities—in the development of local mental health services. Through transparent co-creation processes, municipalities, NGOs, community leaders, and employers collaborate to design and implement services grounded in real needs. Participants are not only recipients but co-owners of solutions. The project promotes mutual learning and respect across sectors, reducing stigma and increasing confidence in mental health systems. These trust-based relationships create a strong foundation for further collaboration, both locally and internationally. The approach ensures sustainability and shared responsibility, and it strengthens ties between local actors, regional partners, and international advisors, paving the way for deeper future cooperation.

Initiating and keeping networks that are important for the BSR

The project will initiate and strengthen networks at multiple levels. Locally, we will establish a network of community champions to mobilise and engage hard-to-reach populations, especially men. Nationally, we will connect service providers, municipalities, employers, and peer support structures to foster cooperation. Internationally, our cross-border partnership includes Latvia, Sweden, and Norway—each contributing expertise in community engagement, accessibility, and mental health systems. These networks will support long-term collaboration beyond the project, enabling knowledge transfer, shared learning, and the scaling of successful approaches across the region. By embedding mental health into trusted community networks, the project will enhance regional cooperation and resilience in a lasting and user-driven way.

Bringing the Programme closer to the citizens

This project brings the Programme closer to citizens by addressing underserved rural communities in Estonia and Latvia. It empowers residents, including men and persons with disabilities, to co-create mental health solutions adapted to their needs. Local champions, employer involvement, and civil society engagement build trust and community ownership. The flexible co-creation approach supports swift responses to urgent challenges like isolation, stigma, and access barriers. Sweden contributes expertise in accessibility and user-led design to ensure inclusive outcomes. A sustainable funding model will be developed to help local actors maintain services beyond the project and respond to future needs. By embedding solutions in local ecosystems—via municipalities, health actors, and

community hubs—the Programme becomes visible, accessible, and responsive in daily life, supporting social resilience and inclusion.

Allowing a swift response to unpredictable and urgent challenges

The project's flexible, user-centred design enables rapid response to urgent and emerging mental health needs. By focusing on early, low-threshold support and local empowerment, communities will be equipped to act before crises escalate. The co-creation model ensures services are tailored, inclusive, and responsive—especially to rural men and persons with disabilities. Activities will be adapted based on ongoing feedback, enabling a quick pivot when new challenges arise. The sustainable funding model we co-develop will further enhance local capacity for action, ensuring that communities can respond quickly and independently in the future. This agility is bolstered by ongoing support and knowledge exchange with Swedish, Latvian, and Norwegian partners, creating a resilient and responsive service ecosystem.

8. Target groups

All target groups will play an active role in developing the project's sustainable funding and accessibility model. This co-creation approach ensures that the final model is grounded in real community needs and practical implementation knowledge.

Rural and young men (aged 16–65) – especially those in need of mental health support or at risk of exclusion. They will be engaged through co-creation activities, peer-to-peer methods, and the development of a Local Champions Network, where respected community members are trained and potentially employed to act as role models, advocates, and connectors. Social entrepreneurship will be explored as a pathway to involve men in meaningful community roles, reduce stigma, and promote locally rooted sustainability.

Persons with disabilities – involved through accessible materials, inclusive service design, and co-creation workshops. Partnerships with national disability organisations will ensure their experiences directly inform funding models and service design that meet diverse accessibility needs.

Mental health professionals and community-based care providers – engaged as implementers of mhGAP-aligned services. While they already have the clinical expertise, the project will provide added support through better infrastructure, coordination, and integration into the accessibility and funding model design.

Local governments and municipalities – involved in all stages of co-designing, testing, and embedding the sustainable funding and service models. They will contribute policy insight and local governance experience.

Civil society organisations and NGOs – co-creators and delivery partners, shaping both the content and format of accessible services and supporting local implementation of funding pathways.

Employers and local business associations – mobilised as co-funders and collaborators in creating mental health-friendly communities. Their input will help shape employer-inclusive models that link wellbeing with local economic s

Please use the drop-down list to define up to five target groups that you will involve through your project's activities.	Please define a field of responsibility or an economic sector of the selected target group	Specify the countries and regions that the representatives of this target group come from.
1. Local public authority	Health and social care service coordination in rural municipalities	Estonia (Pärnu County), Latvia (Preiļi Region)
2. NGO	Community mental health, peer support, stigma reduction	Estonia, Latvia, Sweden
3. Small and medium enterprise	Chamber of commerce, SME engagement in community wellbeing	Estonia, Latvia
4. Interest group	Community leaders, local champions and informal rural influencers	Estonia, Latvia, Sweden
5. Hospital and medical centre	Health professionals and local clinics contributing to community-based mental health service access	Estonia, Latvia

9. Contribution to the EU Strategy for the Baltic Sea Region

Please indicate if your project idea has the potential to contribute to the implementation of the Action Plan of the EU Strategy for the Baltic Sea Region (https://eusbsr.eu/implementation/).

yes ◉   no ◯

Please select which policy area(s) of the EUSBSR your project idea contributes to most.

PA Health	
PA Innovation	
PA Education	

The MA/JS may share your project idea form with the respective policy area coordinator(s) of the EUSBSR. You can find contacts of PACs at the EUSBSR website (https://eusbsr.eu/contact-us/).

☐ If you disagree, please tick here.

10. Partnership

Lead Partner:
Estonian Mental Health Advocacy Association (EPill, Estonia)

National Partners (Estonia):
Social Innovation and Community Hub in Pärnu (Vabakonna Maja)
NGO Depression Support Network
University of Tartu Pärnu College
Estonian Chamber of Commerce (Advisory role)
Estonian Chamber of People with Disabilities (Advisory role)

International Partners:
TIEK (Latvia): Will implement activities in Preiļi Region and co-develop funding and engagement models with a focus on social enterprise: https://tiek.lv, contact: Māra Laizāne
The disability rights federation in Jönköpings county (Sweden): Accessibility and inclusive service design expertise:https://f.jonkopingslan.se, contact: Johan Steirud
Mental Helse (Norway): We have identified a potential contact and plan to engage them as an expert partner contributing strategic and sustainability guidance:https://mentalhelse.no

11. Workplan

The project will implement mhGAP-based, community-centred mental health services in rural areas of Estonia (Tõstamaa and Häädemeeste) and in the Preiļi region in Latvia. A central innovation and community hub in Pärnu (Social Innovation & Community Hub) will coordinate activities, host training, and support co-creation workshops with users, local governments, and NGOs.

Main activities:

Mapping and service design: Using a community-based approach, we will map local needs and barriers to accessing support, especially for men and persons with disabilities. Co-creation workshops will involve users, local authorities, employers, and health professionals in designing low-threshold mental health services.
Implementation of mhGAP principles: The services developed will follow WHO's mhGAP guidelines adapted to local rural needs, ensuring accessible, community-led delivery models in collaboration with local municipalities and NGOs.
Development of a sustainable funding model: A core output will be a locally adaptable funding and operational model involving local employers, municipalities, third-sector partners, and potential social entrepreneurship initiatives. The model will be stress-tested for sustainability and inclusion.

Capacity building: Training and peer learning for community champions, NGOs, and health/social professionals will be organised to support grassroots leadership, especially from underrepresented groups. Champions will be supported to initiate and normalise mental health conversations within their networks.

Dissemination: Results and the co-creation toolbox will be shared with local and international stakeholders via a final report, a policy brief, regional conferences, and targeted dissemination activities. Mental Helse (Norway) will contribute expert guidance on stigma reduction, awareness campaigns, and community mobilisation based on their national experience.

Involvement of target groups:

All key target groups—rural men, persons with disabilities, local governments, NGOs, employers, and community leaders—will be involved through design workshops, feedback groups, pilot activities, and dissemination. The co-creation process ensures their lived experience and knowledge shape both service content and delivery methods.

Expected outcomes:

Implemented mhGAP-based services tailored to local needs.
A tested and scalable funding and delivery model.
A champion network trained to sustain impact.
Tools and methods applicable across the Baltic Sea Region.
The final outcomes will be used by municipalities, NGOs, employers, policymakers, and mental health professionals in the region, providing a transferable and sustainable approach to inclusive community-based care.

12. Planned budget

ERDF budget (planned expenditure of partners from the EU)	EUR 480,000.00
Norwegian budget (planned expenditure of partners from Norway)	EUR 20,000.00
Total budget (including preparatory costs)	**EUR 500,000.00**

13. Project consultation

Please indicate if you wish to have a consultation (online meeting) with the MA/JS to discuss your project idea

yes ◉ no ○

14. Questions to the MA/JS

Questions related to the content of the planned project	Is the development of a practical and replicable funding model to implement mhGAP considered eligible under this call?
	Do you have recommendations for structuring the project budget across

	implementation and expert partners to meet eligibility and impact expectations? Can the results of this project support future mainstreaming into policy or long-term funding programmes, and how can we maximise that potential?
Questions related to budgeting and expenditure	Could you advise how the 80% ERDF and 50% Norwegian co-financing work in practice — especially regarding pre-financing, payment structure, and how the remaining funds should be covered by partners (e.g. own contribution, in-kind support)? Additionally, are there guidelines on what proportion of the budget can be allocated to staff costs, such as project management and community champion roles?
Any other questions	Is it acceptable that partner roles and responsibilities are not yet fully finalised at this stage, as some flexibility is needed for potential implementation adjustments—for example, if the Swedish partner expands from an expert role to piloting activities such as a local champions network?

15. Additional information

This project builds on and aligns with key European and international frameworks:

1. World Health Organization. European Framework for Action on Mental Health 2021–2025. WHO Regional Office for Europe; 2022. Available at: https://iris.who.int/bitstream/handle/10665/352549/9789289057813-eng.pdf
2. World Health Organization. WHO European Framework for Action on Mental Health 2021–2025. WHO Regional Office for Europe. Available at: https://www.who.int/europe/publications/i/item/9789289057813
3. OECD. A New Benchmark for Mental Health Systems. OECD Health Policy Studies; 2021. Pages 26–27, 91–92. Available at: https://www.oecd.org/content/dam/oecd/en/publications/reports/2021/06/a-new-benchmark-for-mental-health-systems_c0cce868/4ed890f6-en.pdf
4. Estonian Human Development Report 2023. Pages 86–88. Available at: https://inimareng.ee/2023/

Your account in BAMOS+

Please remember that to officially submit your application you need to access our electronic data exchange system BAMOS+. More information about the process of applying for your account in BAMOS+ you will find here:
https://interreg-baltic.eu/gateway/bamos-account