Shifting to community-based care and socially inclusive mental health care in Europe

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Trieste, 21 June 2018

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EU Initiatives on Mental Health and Well-being in the last decade

2005

Green Paper on Improving the Mental Health of the Population

2008

European Pact for Mental Health and Well-being

2013 -2016

Joint Action on Mental Health and Wellbeing

2015 -2018

EU Compass for Action on Mental Health and Wellbeing

JOINT ACTION RESULTS

I – Situation Analysis

+

II– Establishment of National and European Networks

+

III– Framework for Action

- Literature review
- Questionnaires
- SWOT analysis
- Best practices

MEMBER STATES   AND   EUROPEAN LEVEL

The JA Network

27 European countries

30 Associated Partners

20 Collaborating Partners

MH in all policies

MH & Schools

Depression, suicide and e-health

Transition to community care

MH at Workplaces
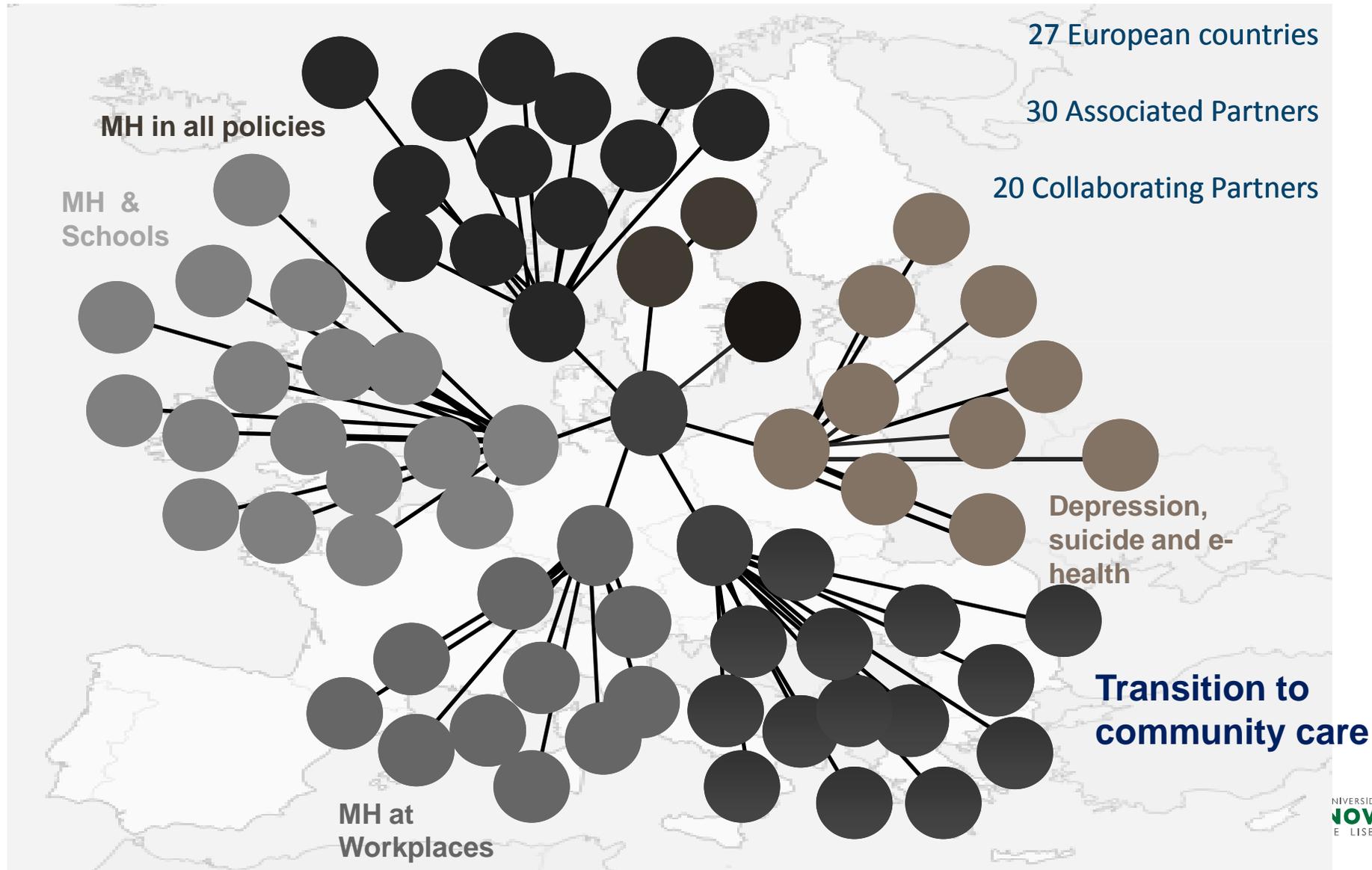
Situation analysis
Transition to community care

Policy and legislation

- Deinstitutionalisation and development of community-based care: assumed by more than half of EU countries as a major goal of their mental health policies

- The shift of services and resources from mental hospitals to community mental health facilities: included in the policy of 17 of the 28 EU countries.

Mental hospitals

- Although with large variations between countries, the number and size of mental hospitals decreased in most countries

- Overall, mental hospitals lost the central role they had in the system of care in some countries, but in many places the number of mental hospitals continue to be very high and still consume the majority of resources allocated to mental health

Mental hospitals (Cont.)

- Only in Italy, Sweden and UK , all or the majority of the PH were closed down.

- From 2005 to 2011, about one third of the 28 EU countries maintained or even increased the rates of beds in mental hospitals, about one third made some reduction and about one third made a significant or very significant reduction.

Development of community-based care

- Despite the advances already made in EU, community-based networks were only partially developed in most countries, and in most cases there was not a timely replacement of the old model by the new one.

General hospitals

- Very significant advances were made in the development of short-stay inpatient care in general hospitals: beds in community-based facilities, including general hospitals, became an important component of the mental health system in most of the 27 EU countries.

- It should be noted, however, that this development did not mean that acute inpatient treatment stopped in mental hospitals in the majority of countries.

Residential facilities

- Although in a less systematic and variable way, residential facilities in the community were also developed in most EU countries

- Yet, in some countries, these patients were also transferred to large residential facilities that are not health care and that present the risk of replicating the institutional model of traditional psychiatric institutions.

Outpatient services and Community care

- The number of outpatient facilities and outpatient visits has been increasing in most countries where information is

- Community mental health centers also augmented in a significant way in most countries.

- The same cannot be said about home treatment. Only 8 countries ensure access to home treatment to more than 50% of the people with mental disorders

- Regarding access to community-based rehabilitation, only 12 offer access to community-based rehabilitation to more than 50% of the people with mental disorders.
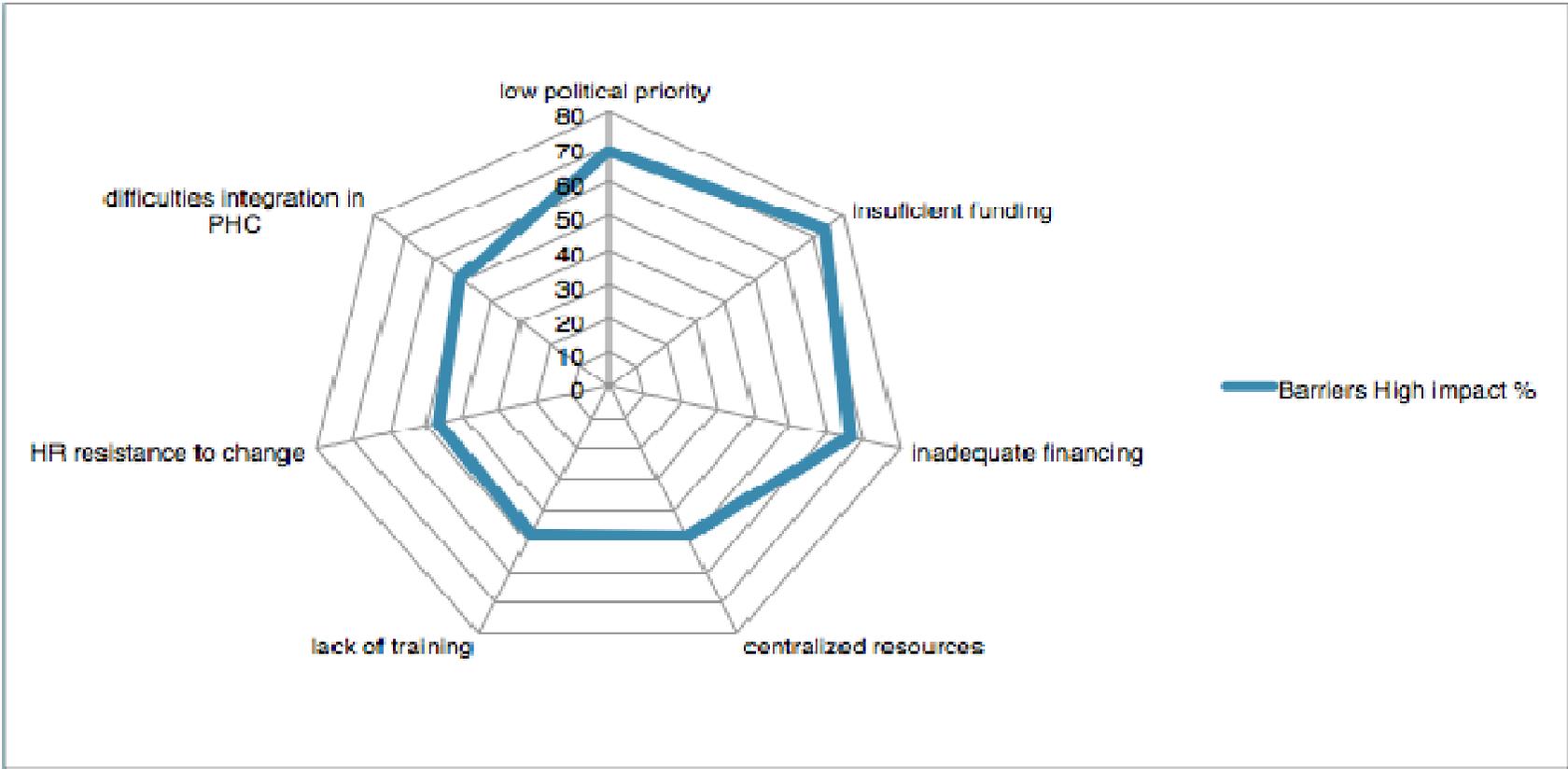
Human rights

- Almost all participating countries have review bodies to assess human rights protection of users in mental health services.

- However, regular inspections are not regularly made and users and carers are not represented in the review bodies in a significant number of countries.

Italy
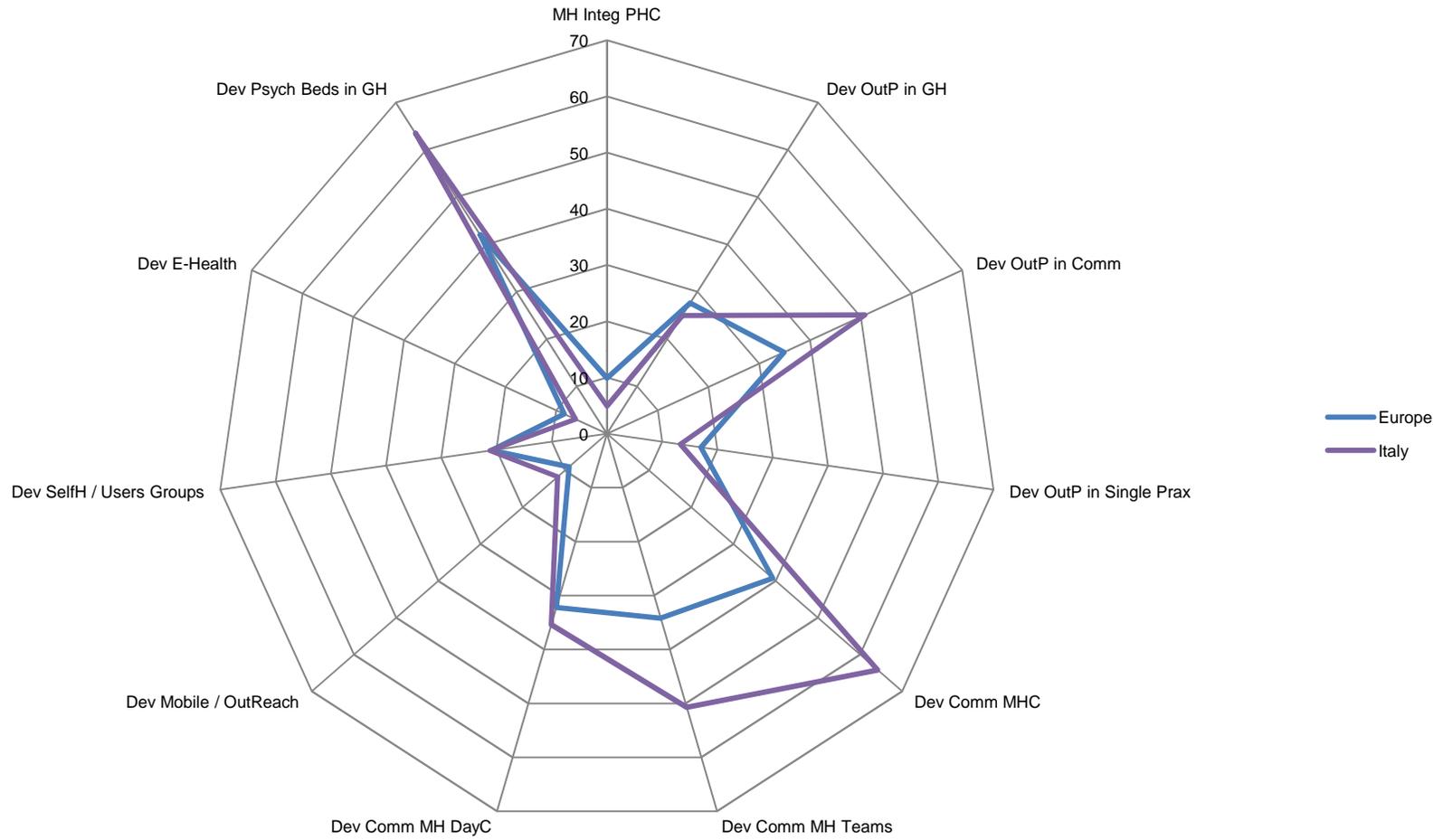
Barriers impact (%)

European Framework for Action on Mental Health and Wellbeing

EU JOINT ACTION ON MENTAL HEALTH AND WELLBEING

Final Conference - Brussels, 21 - 22 January 2016

Co-funded by
the European Union

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Objectives

1. Setup sustainable and effective implementation of policies
2. Develop mental health promotion and prevention programmes
3. Ensure transition to comprehensive mental health care in the community
4. Strengthen knowledge, the evidence base and good practices sharing in mental health
5. Partnering for progress.

Proposed key actions

Developing/updating mental health policies and legislation

- Develop discussion and build consensus at the EU level on the impact of CRPD on mental health legislation

- Monitoring mental health policy implementation in EU

- Promote revision and updating, of mental health legislation, taking into account principles of recovery and recommendations from CRPD, in countries where this is necessary

- Promote revision and updating, of mental health policy, based on evidence and human rights, in countries where this is necessary

- Include in policies and legislation actions aiming at ensuring their effective implementation.

Developing strategic plans for progressive shifting of care from psychiatric institutions to a system based on general hospital and community mental health service

- Integrate mental health in primary health care
- Shift the locus of specialized mental health care towards community-based services
- Establish or increase the number of psychiatric units in general hospitals
- Ensure that community psychosocial supports are available for people with severe mental disorders
- Develop forensic services, children and adolescent services, and programs for vulnerable populations
- Create conditions to overcome barriers and prevent risks usually found in the implementation of development of community-based care

Create conditions to overcome barriers and prevent risks usually found (1)

- Strengthen the Units/bodies/ Groups responsible for the implementation of mental health strategies at the national or regional levels

- Develop capacity of leaders of mental health plans and services

- Strengthen the existing advisory boards involving relevant stakeholders and defining how users and families will be involved in policy development.

- Define efficient financing models of mental health care

Create conditions to overcome barriers and prevent risks usually found (2)

- Promote actions to ensure a rational use of available resources and reallocate resources liberated from psychiatric hospitals to the development of community-based services.

- Promote consensus among stakeholders on mental health priorities and policies

- Increase cooperation between health and social sectors, preventing risks of transinstitutionalization and fragmentation of care.

- Promote participation of users and families, and take measures to prevent burden of carers.

The EU-Compass for Action on Mental Health and Wellbeing
2015-2018

European Commission

Consortium: Trimbos Institute, NOVA University of Lisbon, Finnish Association for Mental Health and EuroHealthNet

EU-Compass for Action on Mental Health and Wellbeing

Thematic scientific and consensus papers, annual progress reports & good practices collection

1) Prevention of depression and promotion of resilience

2) Provision of more accessible mental health services

3) Mental health at workplace

4) Mental health of young people

5) Providing community-based mental health services;

6) Preventing suicide;

7) Developing integrated governance approaches

Organise consultations:

National awareness raising workshops

Online consultations

Yearly European Forum Mental Health (2016, 2017, 2018) in LUX (150 participants)

- Governments
- NGOs, Civil society org.
- Professional associations
- Users and carers organisations
- Research and knowledge centres

Dissemination:

Updated website

Newsletters

Press notes

Brochures good practices

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EU COMPASS FOR ACTION

ON MENTAL HEALTH AND WELL-BEING

PREVENTION OF DEPRESSION
AND PROMOTION OF RESILIENCE

- Consensus Paper -

Pim Cuijpers, Laura Shields-Zeeman, Bethany Hipple Walters, Ionela Petrea

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EU COMPASS FOR ACTION
ON MENTAL HEALTH AND WELL-BEING

MENTAL HEALTH IN THE WORKPLACE
IN EUROPE

- Position Paper -

Stavroula Leka, Aditya Jain

University of Nottingham

EU COMPASS FOR ACTION
ON MENTAL HEALTH AND WELL-BEING

ACCESS TO MENTAL HEALTH CARE IN EUROPE

- Consensus Paper -

Angelo Barbato, Martine Vallarino, Filippo Rapisarda, Antonio Lora, José Miguel Caldas de Almeida

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EU COMPASS FOR ACTION

ON MENTAL HEALTH AND WELL-BEING

PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

SCIENTIFIC PAPER

Helen Killaspy, Peter McPherson, Chiara Samele, Rene Keet, JM Caldas de Almeida

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PROVIDING COMMUNITY-BASED MENTAL HEALTH SERVICES

IMPLEMENTATION OF SPECIALIST MH SERVICES IN THE COMMUNITY

	Significantly implemented	To small extent or not at all
Specialist outpatient MH services	**77%**	**4%**
Community MH Teams	**46%**	**23%**
Rehabilitation	42%	19%
Crisis intervention	42%	30%
Residential facilities	39%	19%
Primary care liaison	27%	31%
Home care	19%	46%
Assertive outreach	12%	38%
Early intervention	8%	54%

Settings where the majority of patients with severe mental illness receive routine follow-up community care upon discharge

	ALL OR MAJORITY
Outpatient Clinics in the community	**58%**
Home interventions	16%
Assertive outreach	8%
Mental hospitals	**16%**

IMPLEMENTATION OF THE RECOMMENDATIONS TO PROVIDE COMMUNITY-BASED MENTAL HEALTH

Before 2015

- Establish or increase the number of psychiatric units in General Hospitals

- More focus towards community-based services

- Shifting from institutions to General Hospitals and community teams

IMPLEMENTATION OF THE RECOMMENDATIONS TO PROVIDE COMMUNITY-BASED MENTAL HEALTH

After 2015

Most implemented

- Update policies and legislation;

- Improve community psychosocial support;

- Quality of care improvement and protection of human rights;

- Involvement of users and carers;

- Self-help and users and carer groups.

Least implemented

- Monitoring services;

- Stopping new admissions to psychiatric institutions;

- Integrate mental health in primary health care;

- Reallocate resources away from mental hospital to community services.

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Significant progress on:

- Organization of mental health services in catchment areas.
- Development of specialist outpatient mental health care in the community
- Provision of inpatient treatment in psychiatric units of general hospitals
- Improvement of quality of care in the existing mental hospitals

However:

- Only 46% of the countries were able to develop outpatient car carried out by multidisciplinary community-based teams
- Only 27% reported a significant implementation of liaison with primary care
- Community mental health teams continue to be underdeveloped in more than half of the countries, and other interventions (e.g. home treatment and assertive outreach teams) have a significant role only in a small number of countries.

- Is there a Southern European MH Reform model?

- Had the Italian experience (and the Trieste one, in particular) a significant role in the development of this model?

- What have we learned from the experiences from Southern European countries?

- There is no mental health reform without shifting from institutional care to community based and socially inclusive care

- There is no mental health reform without a human rights approach

- There is no mental health reform without a public health approach

- There is no mental health reform without users participation in policy and care

- The specialized community-based mental health team is the core element of the WHO mental health care pyramid.