Get Active for Mental Health, a shared National project in Catalonia that enhances recovery in the community (Activa’t per la salut mental)

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Project promotors:

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Get Active for Mental Health, a shared National project in Catalonia that enhances recovery in the community

1. **Empowerment, basic tool to recovery.**
2. Catalonia and its Mental Health model and system.
3. Get Active!
   1. Reasons and origins
   2. Structure and process
   3. Evaluation
4. Conclusions: Impact over the future
Recovery is a concept that can open our eyes to new possibilities for those we serve and how we can go about serving them. The 1990s might also turn out to be the “decade of recovery.”

William A. Anthony, 1993
Custody → Care → Remission → Recovery

Psychiatric Model → Community Model

Risks, symptoms
Risks, symptoms, functions, treatments, quality of life
Risks, symptoms, functions, treatments, quality of life, wellbeing, rights, participation, vital project

Psychiatrists
Nurses
Guardians

Psychiatrists
Psychologists
Nurses
Social workers
Occupational therapists
Physiotherapists
Caregivers..

Damaged People
Caregivers
Social workers
Occupational therapists
Physiotherapists
Psychiatrists
Psychologists
Nurses..

ICD1 → ICD 9 → ICD 10 → ICD 11/ICF

Fee for Services → Pay for Performance → Pay for outcomes

Risks, symptoms
The International Classification of Functioning, Disability and Health

ICF

Approved by the World Health Assembly in May 2001

ICF categories

Body Functions  Body Structures  Activities & Participation  Environmental Factors

b1 – b8  s1 – s8  d1 – d9  e1 – e5

b110 – b899  s110 – s899  d110 – d999  e110 – e599

b1100 – b7809  s1100 – s8309  d1150 – d9309  e1100 – e5959

b11420 – b54509  s11000 – s76009

Increase of specificity
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The life expectancy (Catalunya, 2013) is 83.2 years; 80.3 in men and 86.0 in women.

Mental Health Care Public Services: 8% Public 92% Others (more than 40 different trusts)

Primary Care: 78% Public 22% Others

Common criteria and strategic guidelines Mental Health:
- Director plan for Mental Health and Addictions
- Integral Plan for the care of people with mental disorders

Mental Health Care Data (2018):
- 235,189 people attended, with 6.4 visits per person
- 33.8% with a severe mental disorder (9.2% requiring Hospital admission)

Most frequent diagnosis: depression

People with good satisfaction with public healthcare services is 88.7%
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Context for the project

- International and European **recommendations** point out the need to empower users and families and enhance information services and peer support (Helsinki declaration, European Pact for Mental Health, Mental Health Plan of the WHO).

- Responds to gaps identified in **different studies in Catalonia**: lack of information, isolation, lack of tools for daily management…

- **Historic demand** of families.

- It’s a part of **Integral Plan for Mental Health**, lead by the Presidency of the Catalan Government jointly with the different departments.

- Pilot project evaluated with the aim to incorporate it to the public services portfolio.
Get active for mental health

- **AIM:** Making people with mental health problems, and their families, become active agents in their own process of recovery and wellbeing enhancement.

- Partnership formed by professionals, family members and people with mental disorders, developed jointly by:
  - the Health Department and the Work and Social Affairs Department of the Catalan Government (*Generalitat de Catalunya*),
  - the Federation *Salut Mental Catalunya* (families and self-experience people)
  - the Federation *VEUS* (people with self-experience)

⇒ This coalition at regional level was replicated and local level, where municipalities have been included as well.
HEALTH PLAN OF CATALONIA 2016-2020
A fair, universal, public system centered on the person

Strategic lines:
Line 1. People, their health and the health care system
   *Project 1.4. Self-responsibility, self-care and promotion of the autonomy of people (L’Activat)*
Line 2. Implication of professionals
Line 3. Public health
Line 4. Accessible, resolutive and integral health care
Line 5. Pharmacy and medication policy
Line 6. Integrated service and chronicity
Line 7. Research and innovation in health
Line 8. Management of excellence and security
Line 9. Evaluation of results and transparency
Line 10. Digital health
Line 11. Territorial integration
Line 12. Interdepartmental and intersectorial policies
   *12.4.3. The participation of people with mental health problems and their families in the process of recovery: the "Activa’t“ project*
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What is Activa’t?

Another way of working that complements what was being done, to put in the center the users and family members expressed needs and wishes.
What is Activa’t?

Information Service
Located in public community centres (libraries, cultural centres, associations buildings..)

Psychoeducation for families and users
At mental Health services, with their own staff

Empowerment training
lead by Federació Salut Mental Catalunya and peer volunteers (no membership needed)

Peer Support groups
Inside the local associations of users and families. Peer moderators trained and supported by the project.

A bridging professional, integrated in care networks, coordinates the interventions and links with other community services
What is Activa’t?

Common coordination: committees with people with self-experience and families associations at national and local level.

- Common criteria, tools and materials to guarantee territorial equity, tailored to each territory.

Evaluation and continuous improvement.
What is Activa’t?

- 5,782 Persons participating
- 150 Professionals involved from Mental Health Services
- 135 Volunteers

- 4,160 Persons using Espai Situa’t
- 2,458 Persons in group activities
- 5,471 Information interventions
- 3,843 Participations at group activities
- 9,314 Total interventions

| Acumulated 2015- August 19 |
The information and orientation service: Espai Situa’t

- It offers **information, orientation and support** on any issue on mental health, asked by a person with mental health problems, a family member, a professional, or any citizen.
- Linked with a legal advice service for rights vulnerabilities and counselling.

Centralised information  Time for listening  Citizen perspective

5,471 information demands

*Since the start in 2015 until August 2019*
Group interventions

Psychoeducation

- Offered by public Mental Health services professionals
- For people with mental health problems: Klau de Re, by Lidia Ugas and Joan Ribas and others. → 15 or 22 weekly sessions (45 or 60 min)
- For families: PROENFA, by Dr Emilio Rojo and others. → 15 weekly sessions (90 min)

Since the start in 2015 until august 2019
Group interventions
Prospect Program - Empowerment

- Developed by EUFAMI in a Leonardo Da Vinci project, coordinated in Spain by Salud Mental España
- 4 modules:
  - One for each profile: people with mental health problems, families, professionals.
  - a common module joining the three profiles to establish improvements for services
- Peer volunteer trainers of each profile. Training of trainers also provided (57 until August, now 69)
- 22 hours average for each profile, intensive format

Since the start in 2015 until August 2019

1,580 participants
Group interventions

Mutual support

- Peer support groups of people with mental health problems and families (separately)
- Integrated in the family and self-experience people local associations
- Weekly/every two weeks sessions
- Training is offered to volunteer moderators, (until august 364, just starting 4 training courses more)
- Definition, values, common difficulties were manualized
- At least 20 extra peer support groups (not in the project) functioning as a consequence of the project.

854 direct participants

Since the start in 2015 until august 2019
Other resources and projects

Tools available to everyone

- Website contents
- Leaflets and Guides
- Videos with testimonials
Who are the local partners?

People with self-experience and Families advocacy groups partners
Who are the local partners?

Mental Health Service Providers

other municipalities
How is the pilot financed?

Institutional collaborating partners

Generalitat de Catalunya

Other collaborators

Obra Social "la Caixa"

Fundació Privada Llagost Roça i Pi
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Evaluation

- **External evaluation of Activa’t circuit** by IVALUA (Catalan agency for evaluation of public policies).

  - Experimental design (RCT) with 448 participants
  - Evaluation of implementation: with quantitative and **qualitative methods** with the aim of detecting improvement opportunities.

  - **Improvement of the personal recovery stage** of people with self experience (more significative at 6 tan 12 months after the psychoeducation) measured with STORI scale.

  - **Improvement of families perceptions** of the experience of living with someone with a mental health problem (personally and for family unit) - Family Burden Interview Schedule

  - It has **enhanced working from the recovery** model perspective at mental health services.

  - It has facilitated **coordination synergies** creation and **collaborative work** in territories, specially between services and with users and family members.
Evaluation

External evaluation of the information and orientation service
by Dep Institute

- Evaluation of Orientation service Espai Situà’t, survey to 100 people, a week and a month after the visit.
- Analysis of data base of registers of visits.

- **Utility:** Average result of 8.5/10 (1º survey) and 8.3/10 (2º survey)

- People feel:
  - Better informed
  - They find resources more easily
  - They know better how to cope
  - Better emotionally
Evaluation

- And also:
  - **Satisfaction questionnaires** in all the activities
  - **Meetings and participation groups**
  - **Activa’t Congress 2018**: 400 people debating and making improvement proposals (prior to scaling up the project), with the participation of different profiles: people with own-experience in mental health, relatives and professionals.
  - **Self-reflection tool for peer support groups**
  - **Listening and observation**

→ **improvements needed identified**
Carlos, moderator of users mutual support group, aquarist (fish lover, it is not a diagnosis)

"It helps us to see that we are not alone. That is very important for a person with mental illness."

"I have seen people who have made great efforts to come to the mutual support group after an admission, arriving with one face and leave with another."

"All this empowers the person. Empowerment is a word I have learned here. **We go beyond the limits that we set ourselves.** We stigmatize ourselves many times. In the Prospect this comes out. There is a before and after. It would not have been possible without the Activa't."

Pilar, mother of a 34-year-old daughter with diagnosis, owner of an ecological shop in Manresa (rural town)

"You have given us tools, with a plain language. My daughter says that now she can talk to me."

"Now we have managed to have a calm dialogue, without getting nervous. When something happened, nobody has shouted. We understand better what happens to her."

"Now I see the light at the end of the tunnel ... At least now I believe it, you have helped me to believe"
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What we ‘ve learnt from Activa’t?

Strenghts

• Participation in decision making at all levels of users and families or their associations, at local and national level.

• Commitment of presidency, health and social affairs departments from government, regions, municipalities and most services and associations.

• A common framework for action (common coordination of the project) has allowed:
  o continuity from health to social support networks
  o equity and homogeneity of interventions, that are tailored at local level.
  o Doing a follow up, through team meetings and common data base.
  o Confidence in the professional, selected jointly by stakeholders.
  o Multidisplinariety and updating through a unique team of professionals, and volunteers.
What we ‘ve learnt from Activa’t?

Strengths

• Promoted **dialogue and debate**, discussing resistances and promote changes.

• Using and **strengthening existing** networks, services and programmes, with positive outcomes, spread associations.
• Adjuvant for common outcomes and revulsive for the system
• Change in the way of looking and relating for professionals, families and people with self experience
• Enhanced perceived wellbeing, sense of community, life projects and hope
What we ‘ve learnt from Activa’t?

Some improvements needed

- Flexibility of interventions (shorter in time, modular format)
- Reaching better profiles not fully reached (children and adolescents, migrants, very rural areas..)
- Increase stakeholders’ implication, not yet absolutely incorporated in all professionals daily work.
- Further analysis of RCT data base to design ongoing evaluation.
- Updating training programmes
- ....

Huge Challenge ➔
Design and implement the inclusion in public portfolio so that it is extensive to all the population
Thank you!
www.activatperlasalutmental.org

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