Integration of mental health into primary health care and other service delivery platforms

Dr Dan Chisholm, Programme Manager for Mental Health

Division of NCDs and Promoting Health through the Life-course
WHO Regional Office for Europe

World Health Organization
REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения
Европейское региональное бюро

What happened in 2004?

1. Bird flu
2. Iraq war
3. Mars landing
4. Indian ocean tsunami

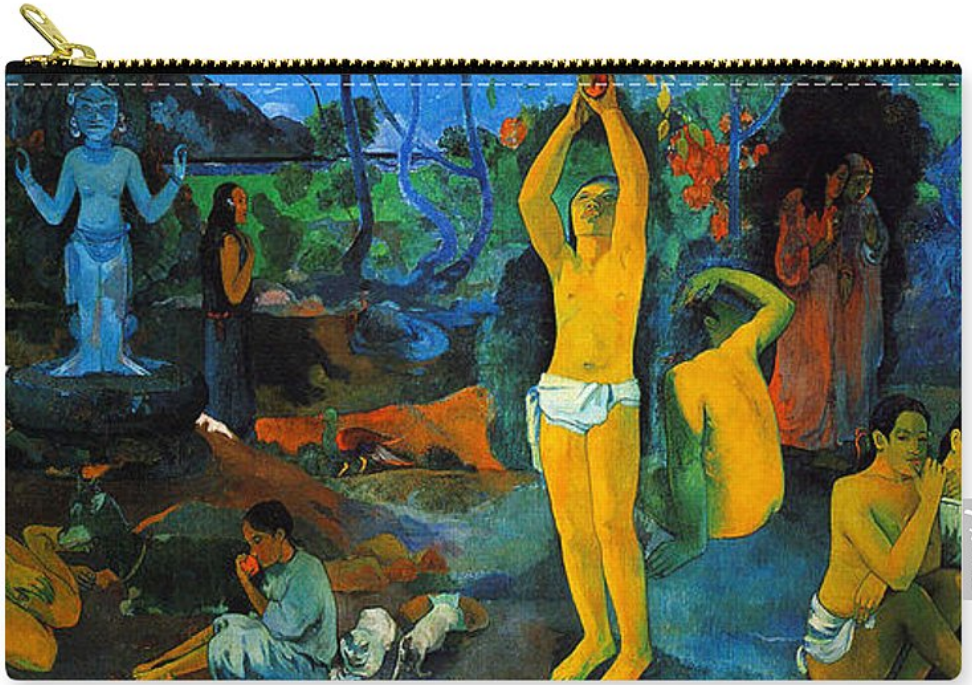
and

5. Slovakia joined the EU ... and launched its mental health programme

15 years on … some questions

1. Where do we come from?
2. What are we?
3. Where are we going?

Paul Gauguin, 1897



Looking back at the last 25 years

- Paper in *Lancet Psychiatry* by Dr Petr Winkler and other authors
- An expert survey in 24 countries
- Overviewing the last 25 years of development of mental health care systems in the region

A blind spot on the global mental health map: a scoping review of 25 years' development of mental health care for people with severe mental illnesses in central and eastern Europe

Petr Winkler, Dzmitry Krupchanka*, Tessa Roberts, Lucie Kondratova, Vendula Machů, Cyril Höschl, Norman Sartorius, Robert Van Voren, Oleg Aizberg, Istvan Bitter, Arlinda Cerga-Pashoja, Azra Deljkovic, Naim Fanaj, Arunas Germanavicius, Hristo Hinkov, Aram Hovsepyan, Fuad N Ismayilov, Sladana Strkalj Ivezic, Marek Jarema, Vesna Jordanova, Selma Kukić, Nino Makhashvili, Brigita Novak Šarotar, Oksana Plevachuk, Daria Smirnova, Bogdan Ioan Voinescu, Jelena Vrublevska, Graham Thornicroft*

Just over 25 years have passed since the major sociopolitical changes in central and eastern Europe; our aim was to map and analyse the development of mental health-care practice for people with severe mental illnesses in this region since then. A scoping review was complemented by an expert survey in 24 countries. Mental health-care practice in the region differs greatly across as well as within individual countries. National policies often exist but reforms remain mostly in the realm of aspiration. Services are predominantly based in psychiatric hospitals. Decision making on resource allocation is not transparent, and full economic evaluations of complex interventions and rigorous epidemiological studies are lacking. Stigma seems to be higher than in other European countries, but consideration of human rights and user involvement are increasing. The region has seen respectable development, which happened because of grassroots initiatives supported by international organisations, rather than by systematic implementation of government policies.

Lancet Psychiatry 2017
Published Online
May 8, 2017
http://dx.doi.org/10.1016/S2215-0366(17)30135-9

*Contributed equally

Department of Social Psychiatry, National Institute of Mental Health, Prague, Czech Republic (P Winkler PhDr, D Krupchanka PhD, L Kondratova MSc, V Machů BSc, Prof C Höschl DrSc); **Department of Population Health, London School of Hygiene & Tropical Medicine,**

Introduction

2016 marked a quarter of a century since the dissolution of the Soviet Union, which was the symbolic end of

illnesses. These initiatives have been largely in line with the principles enshrined by the Universal Declaration of Human Rights[6] and Alma Ata Declaration,[7] and included

World Health Organization REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения Европейское региональное бюро

Barriers and challenges to reforms

- Resources for mental health centralized in big cities and large institutions
- Resistance by mental health professionals and workers
- Difficulties in integrating mental health into primary health care
- Mental health leadership often lacks public health skills and experience
- Political will (and thus funding) for mental health is low

Public mental health in Europe:
Immense challenges … but also big opportunities

Challenges

- Increasing prevalence / health loss
- Inadequacy (resources)
- Inefficiency (use of resources)
- Inequalities (risks, access)
- Institutionalisation
- Indifference (stigma, rights violations)
- International migration / IDPs

Opportunities / needs

1. Information (enlightenment / empowerment)
2. Investment (scale-up)
3. Innovation (interventions / service models)
4. Integration (service delivery)
5. Intersectoral collaboration

World Health Organization REGIONAL OFFICE FOR Europe
Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe
Weltgesundheitsorganisation REGIONALBÜRO FÜR Europa
Всемирная организация здравоохранения Европейское региональное бюро

Current situation and context

WHO European Region

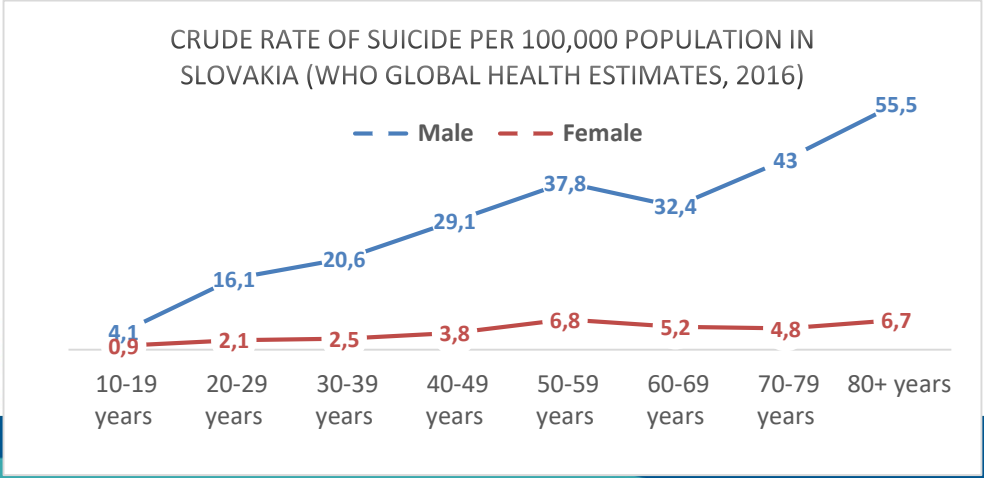
- Global and European mental health action plans (2013-2020), plus WHO global report on suicide (2014)
- Increasing number of EURO countries developing and implementing mental health & suicide prevention strategies
- Increasing availability of evidence, tools and resources for national suicide prevention and mental health protection strategies

World Health Organization REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe

Slovakia *(Atlas data)*

- Updated mental health policy (2017?)
- Service development in some areas
- Limited financial / human resource base
- A concerning rate of suicide, esp. men



WHO European Mental Health Action Plan 2013-2020

Overarching aims

- Improve the mental well-being of the population and reduce the burden of mental disorders, with a special focus on vulnerable groups, exposure to determinants and risk behaviours.

- Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma and discrimination.

- Establish accessible, safe and effective services that meet people's mental, physical and social needs and the expectations of people with mental health problems and their families.

World Health Organization
REGIONAL OFFICE FOR Europe

Mental health, human rights and standards of care

Assessment of the quality of institutional care for adults with psychosocial and intellectual disabilities in the WHO European Region

CNN Health » European mental health institutions fall 'far below the standard,' WHO reports International Edition +

European mental health institutions fall 'far below the standard,' WHO reports

By Rory Smith, CNN
Updated 1838 GMT (0238 HKT) June 6, 2018

A WHO report examines European mental health institutions.

News & buzz

5 things for June 11: Summit, migrants, Anthony Bourdain, Tony...

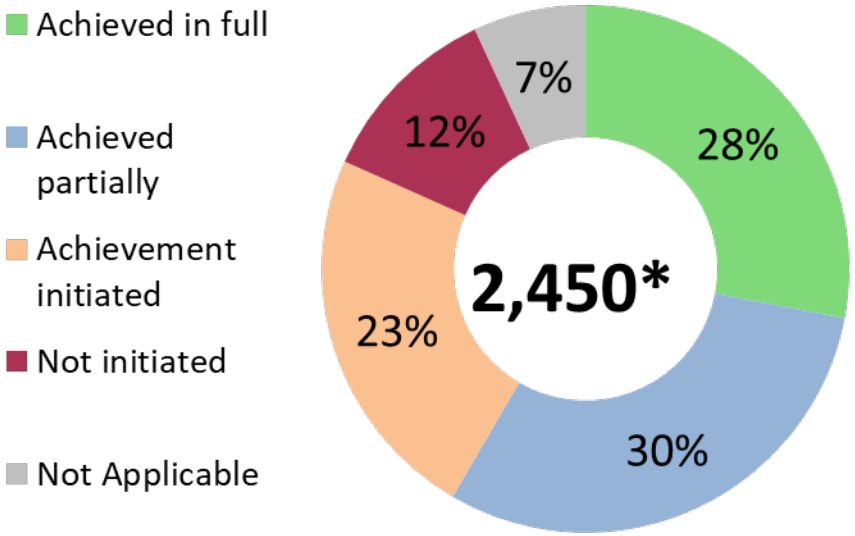
Salmonella outbreak linked to pre-cut melon grows

Phase 2: WHO *QualityRights* assessment themes
(relevant article of the CRPD)

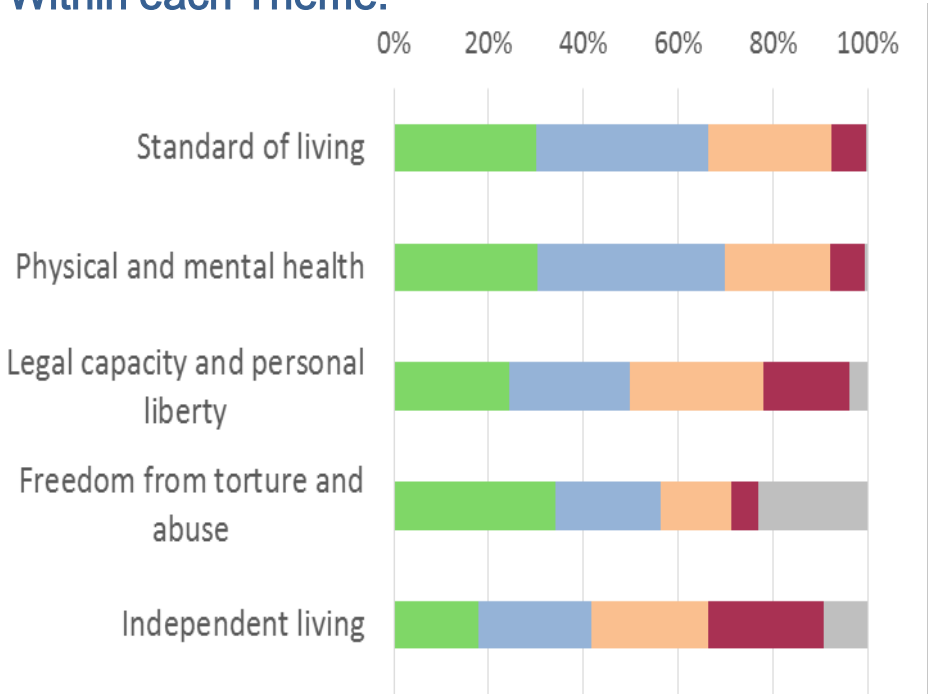
1. Standard of living (*Article 28*)
2. Physical and mental health (*Article 25*)
3. Legal capacity and personal liberty (*Article 12 and 14*)
4. Freedom from torture and abuse (*Article 15 and 16*)
5. Independent living (*Article 19*)

The percentage of scoring opportunities for Standards

In total:



Within each Theme:



* 98 facilities x 25 standards

World Health Organization
REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения
Европейское региональное бюро

- The assessment team members in Slovakia:
  - Miroslav Cangár,
  - Ľubomíra Izáková,
  - Marian Horanič and
  - Veronika Mészárosová

- Four long-term social care facilities in Slovakia were assessed in July 2017.

Theme 1: The right to an adequate standard of living (Article 28 of the CRPD)	Facility			
	F1	F2	F3	F4
Standard 1.1: The building is in good physical condition.	A/P	N/I	N/I	N/I
Standard 1.2: The sleeping conditions of service users are comfortable and allow sufficient privacy.	A/I	N/I	N/I	A/I
Standard 1.3: The facility meets hygiene and sanitary requirements.	A/I	A/I	A/P	A/P
Standard 1.4: Service users are given food, safe drinking-water and clothing that meet their needs and preferences.	A/P	A/P	A/P	A/P
Standard 1.5: Service users can communicate freely, and their right to privacy is respected.	A/P	A/P	A/P	A/P
Standard 1.6: The facility provides a welcoming, comfortable, stimulating environment conducive to active participation and interaction.	A/I	N/I	A/I	A/I
Standard 1.7: Service users enjoy a fulfilling social and personal life and remain engaged in community life and activities.	A/F	A/F	A/P	A/P

Theme 2: The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD)	Facility			
	F1	F2	F3	F4
Standard 2.1: Facilities are available to everyone who requires treatment and support.	A/F	A/F	A/F	A/F
Standard 2.2: The facility has skilled staff and provides good-quality mental health services.	A/P	A/P	A/I	A/I
Standard 2.3: Treatment, psychosocial rehabilitation and links to support networks and other services are elements of a service user-driven recovery plan and contribute to a service user's ability to live independently in the community.	A/I	A/I	A/I	A/I
Standard 2.4: Psychotropic medication is available, affordable and used appropriately.	A/P	A/P	A/P	A/P
Standard 2.5: Adequate services are available for general and reproductive health.	A/P	A/P	A/P	A/P

Theme 3: The right to exercise legal capacity and the right to personal liberty and the security of person (Articles 12 and 14 of the CRPD).	Facility			
	F1	F2	F3	F4
Standard 3.1: Service users' preferences for the place and form of treatment are always a priority.	N/I	N/I	N/I	N/I
Standard 3.2: Procedures and safeguards are in place to prevent detention and treatment without free and informed consent.	A/I	A/I	A/I	A/I
Standard 3.3: Service users can exercise their legal capacity and are given the support they may require to exercise their legal capacity.	A/I	A/I	N/I	A/I
Standard 3.4: Service users have the right to confidentiality and access to their personal health information.	A/I	A/I	A/P	A/I

Theme 4: Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD).	Facility			
	F1	F2	F3	F4
Standard 4.1: Service users have the right to be free from verbal, mental, physical or sexual abuse and physical or emotional neglect.	A/I	A/I	A/I	A/I
Standard 4.2: Alternative methods are used in place of seclusion and restraint as means of de-escalating potential crises.	A/I	A/I	A/P	A/I
Standard 4.3: Electroconvulsive therapy, psychosurgery and other medical procedures that may have permanent or irreversible effects, whether performed at the facility or referred to another facility, must not be abused and can be administered only with informed consent.	x	x	x	x
Standard 4.4: No service user is subjected to medical or scientific experimentation without his or her informed consent.	x	x	x	x
Standard 4.5: Safeguards are in place to prevent torture or cruel, inhuman or degrading treatment or other forms of ill-treatment and abuse.	A/I	A/I	A/I	N/I

Theme 5: The Right to live independently and be included in the community (Article 19 of the CRPD).	Facility F1	F2	F3	F4
Standard 5.1: Service users are supported in gaining access to a place to live and have the financial resources necessary to live in the community.	A/I	A/I	A/I	A/I
Standard 5.2: Service users can access education and employment opportunities.	A/I	A/I	A/P	A/P
Standard 5.3: The right of service users to participate in political and public life and to exercise freedom of association is supported.	N/I	N/I	A/I	A/I
Standard 5.4: Service users are supported in taking part in social, cultural, religious and leisure activities.	A/P	A/P	A/I	A/P

Next steps: from quality assessment to quality improvement

Aim

- To implement WHO quality standards for selected mental health facilities based on the QualityRights assessment reports and the CRPD, and to promote actions towards the realization of deinstitutionalization

Steps

1) Train national teams in mental health, human rights, recovery and service improvement (Vilnius, June 2018)
2) Develop and implement improvement plans in selected institutions (ongoing)
3) Evaluate costs, processes and impacts of quality improvement

Content of (face-to-face) training modules

Core mental health, human rights and recovery modules:

- Understanding human rights
- Mental heath, human rights, and disability
- Improving the mental health service environment and promoting community inclusion
- Realising recovery and the right to health
- Protecting the right to legal capacity in mental health services
- Creating mental health services free from coercion, violence and abuse

Advanced modules:

- Supported decision making and advance planning
- Promoting recovery in mental health and related services
- Implementing strategies to end the use of seclusion and restraints and other coercive practices

Four training workshops on reducing restraint and seclusion have been held so far in 2019 (Czechia, Latvia, Croatia and Serbia)

Gauguin’s final question

WHERE ARE WE GOING?

World Health Organization
REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения
Европейское региональное бюро

Dimensions of mental health

Positive mental health — Mental distress — Mental disorder — Psychosocial Disability

Promotion — **Prevention** — **Remission** — **Recovery**

World Health Organization
REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé
BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation
REGIONALBÜRO FÜR Europa

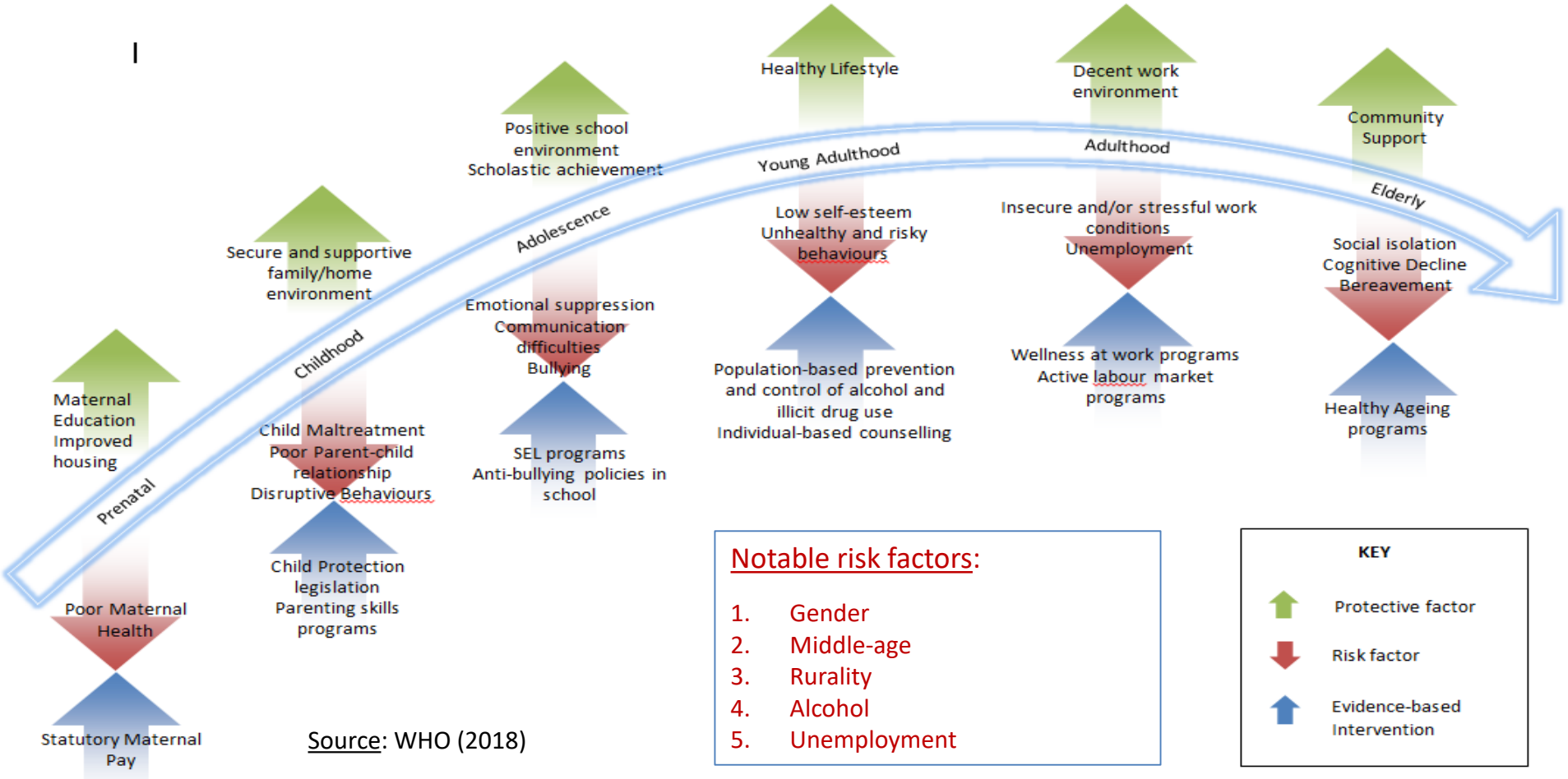
Всемирная организация здравоохранения
Европейское региональное бюро

Strategically vital approaches to mental health promotion and protection

1. A life course approach
2. An evidence-based approach
3. A multi-sectoral approach
4. An equitable, rights-based and person-centred approach

   (i.e. a genuine public health approach)

Mental health risks, protective factors and interventions **over the life course**



Source: WHO (2018)

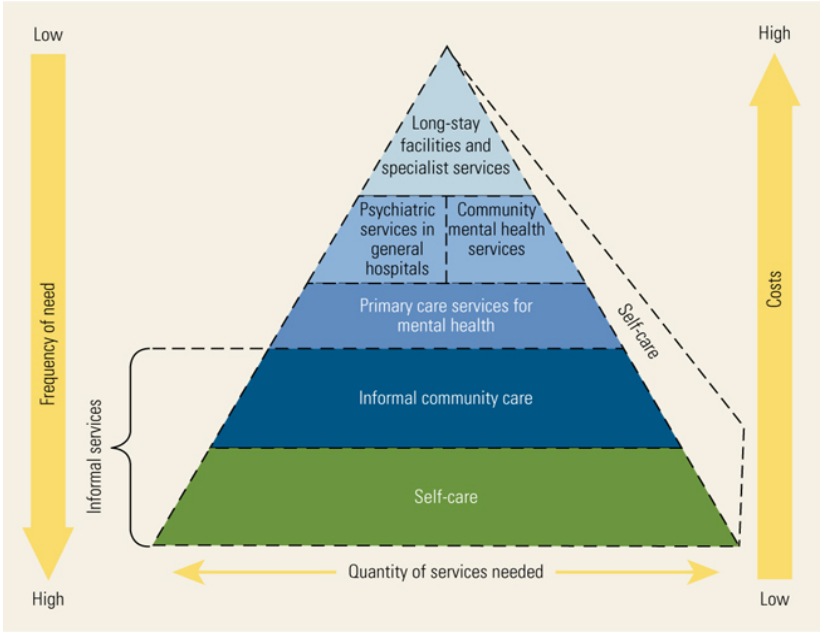
Notable risk factors:

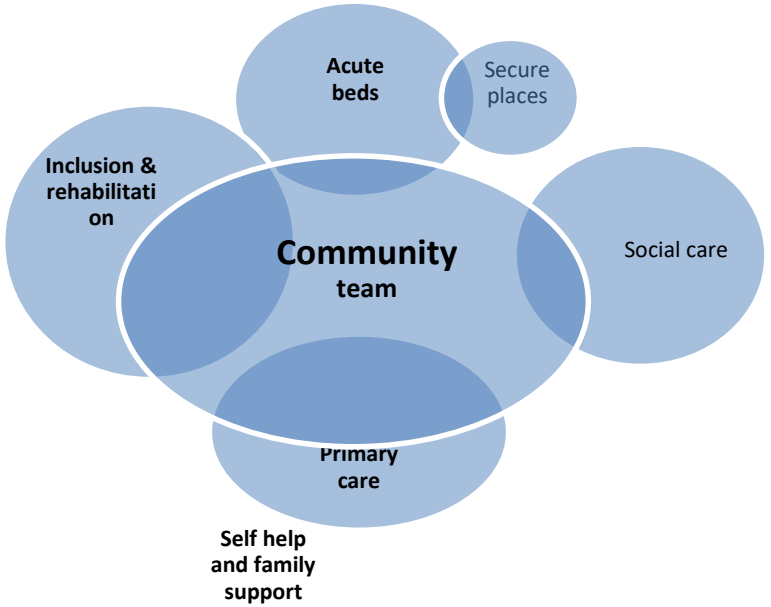
1. Gender
2. Middle-age
3. Rurality
4. Alcohol
5. Unemployment

Implementing a genuine public health approach

Key principles or functions	Practical steps that can be taken
Life course approach	(Re)design policies and plans to address the health & social needs of people at all stages of life, including infancy, childhood, adolescence, adulthood & old age.
Healthy living/behaviours	Promote mental & physical health and well-being through public awareness & targeted programmes.
Person-centred, holistic care	Involve patients in the planning of their care; provide self-management support; promote and adopt a recovery approach to care and rehabilitation.
Coordinated care	Provide training in chronic disease management and prevention; strengthen clinical and health management information systems; develop integrated care pathways.
Continuity of care/follow-up	Develop or enhance case management mechanisms.

Different levels and components of a community-based mental health service





World Health Organization REGIONAL OFFICE FOR Europe

Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe

Weltgesundheitsorganisation REGIONALBÜRO FÜR Europa

Всемирная организация здравоохранения Европейское региональное бюро

Source: WHO (2003). *Organization of services for mental health. Geneva, (Mental Health Policy and Service Guidance Package).*

Skills & competencies needed at different levels of the mental health system

LEVEL	SERVICE COMPONENTS AND FUNCTIONS	SKILLS & COMPETENCIES
COMMUNITY *(providers across relevant sectors)*	• Interventions to promote understanding of mental health • Interventions to reduce stigma and promote help-seeking • School-based and workplace mental health programmes • Supported housing for people with long-term mental disabilities • Rehabilitation for people with psychosocial disabilities	• *Advocacy, communications* • *Health promotion, early identification* • *Rehabilitation, social care / support*
PRIMARY HEALTH CARE *(provided by primary health care workers)*	• Case identification and assessment • Basic psychosocial and pharmacological treatment • Follow-up	• *Identification and basic treatment of mental health conditions (basic)* • *Follow-up and referral*
SECONDARY HEALTH CARE *(provided by general hospital services)*	• Multidisciplinary community mental health outreach teams for people with severe mental health conditions / disabilities • Outpatient clinics (basic care delivered by trained workers) • Acute inpatient care in general hospitals	• *Assessment, referral and follow-up* • *Diagnosis and treatment (basic)* • *Nursing and medical care*
TERTIARY HEALTH CARE *(provided by mental health specialist services)*	• Outpatient clinics (advanced care delivered by specialists) • Targeted specialized services (eg, for children & young people) • Long-term inpatient care (mental hospitals / residential care)	• *Diagnosis and treatment (advanced)* • *Long-term care and support*

Source: Balanced care model (Thornicroft and Tansella, 2012)

Pathways towards integrated care and prevention (for mental health conditions and other NCDs)

Platform	Function	Delivery channels	Pathways to integration (examples)
Population-wide	**Universal prevention and health promotion**	• Legislation / regulation	• Policy measures addressing NCD risk factors *(e.g. alcohol and tobacco demand reduction)*
		• Information / awareness	• Health literacy / awareness campaigns (e.g. physical activity for reducing depression)
		• Intersectoral collaboration	• Mapping / attribution of shared risk factors *(e.g. deprivation, exclusion, education)*
Community	**Selective prevention and health promotion**	• Workplace	• Wellness at work programmes *(e.g. well-being, stress, NCD risk factors)*
		• School	• Health promotion and early identification *(e.g. physical activity, life skills, substance use)*
		• Community	• Self-help and support groups *(e.g. alcohol use; self-harm; overweight)*
Health care	**Targeted prevention, care and treatment**	• Self-care	• Self-management of NCD risk factors *(e.g. for reduced depression & dementia risk)*
		• Primary care	• Linked training in use of treatment guidelines *(e.g. WHO mhGAP and PEN packages)*
		• Hospital care	• Management of physical health conditions *(e.g. adults with severe mental disorders)*

World Health Organization REGIONAL OFFICE FOR Europe
Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe
Weltgesundheitsorganisation REGIONALBÜRO FÜR Europa
Всемирная организация здравоохранения Европейское региональное бюро

Mental health in primary health care: illusion or inclusion?

Opportunities & challenges

- Mental health as an essential element of universal health coverage (improved service access and financial protection)
- Integration of mental health care in PHC can ensure accessible, affordable and acceptable services for people.
- However, several challenges (stigma, low awareness, chronicity).

Actions

- Governance and policy: Inclusion of primary care for mental health as part of universal health coverage.
- Financial and human resources
- Empowerment and engagement of service users
- Enabling environment (inter-sectoral and inter-professional links)

World Health Organization REGIONAL OFFICE FOR Europe
Organisation mondiale de la Santé BUREAU RÉGIONAL DE L' Europe
Weltgesundheitsorganisation REGIONALBÜRO FÜR Europa
Всемирная организация здравоохранения Европейское региональное бюро

Public mental health in Slovakia:

Concluding remarks

- A coordinated, financed and multi-sectoral strategy based on good evidence, anchored in human rights and integrated with other priority programmes can provide a solid foundation for mental health promotion and protection;
- Innovation and use of new technologies (such as e-mental health) can provide a platform for accelerating access to / coverage of evidence-based care;
- Information is central to raising mental health literacy, as well as monitoring performance & tracking progress towards desired mental health system goals

Thanks and feel free to contact:

Dan Chisholm
chisholmd@who.int

Melita Murko
murkom@who.int