Modern Mental Health Services: the Evidence

Professor Graham Thornicroft

g.thornicroft@iop.kcl.ac.uk

Vaasa 21.10.05
Number of psychiatric beds in western Europe

Beds per 100,000


Austria
Belgium
Denmark
Finland
France
Germany
Greece
Iceland
Ireland
Italy
Luxembourg
Netherlands
Norway
Portugal
Sweden
Switzerland
United Kingdom
Policy Context
WHO Declaration & Action Plan: Priorities

1. Foster awareness of mental wellbeing
2. Tackle stigma, discrimination and inequality
3. Comprehensive, integrated mental health systems
4. Competent, effective workforce
5. Recognise experience services users/carers
Evidence-Based Practice: Types of Evidence

Type I  ≥ 1 good systematic review
Type II ≥ 1 good randomised trial
Type III >1 intervention study (not randomised)
Type IV >1 observational study
Type V expert opinion:
   including service users and carers
# The Ethics Base: Core Principles and Human Rights

<table>
<thead>
<tr>
<th>S. Africa (Dept. Health)</th>
<th>UK (Dept. Health)</th>
<th>USA (Nat. Inst. Med.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure of info.</td>
<td>Involve consumers</td>
<td>Patient centred</td>
</tr>
<tr>
<td>Rights to representation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Effective &amp;</td>
<td>Effective &amp; efficient</td>
</tr>
<tr>
<td></td>
<td>acceptable</td>
<td></td>
</tr>
<tr>
<td>Admission to facilities</td>
<td>Accessible</td>
<td>Timely</td>
</tr>
<tr>
<td>Unfair discrimination</td>
<td>Non Discriminatory</td>
<td>Equitable</td>
</tr>
<tr>
<td>Respect</td>
<td>Promote safety</td>
<td></td>
</tr>
<tr>
<td>Consent</td>
<td>Choice</td>
<td></td>
</tr>
<tr>
<td>Dignity &amp; privacy</td>
<td>Co-ordinated</td>
<td></td>
</tr>
<tr>
<td>Exploitation &amp; abuse</td>
<td>Empower staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuity</td>
<td></td>
</tr>
</tbody>
</table>
Standards in National Mental Health Plan for England

- Mental health promotion
- Access to primary care / specialist referral
- Services for severe mental illness
- Caring for carers
- Preventing suicide
Literature Review Procedure

MEDLINE 1980-2003

- Search terms: mental AND community AND hospital
- 3177 records
- Only English language articles: 1810 records
- 141 were review articles

COCHRANE LIBRARY

- All relevant systematic reviews
Low Resource Countries & Regions
Step 1 of Balanced Care Model
(Additive and Sequential)

STEP 1
Primary care mental health with specialist back-up
1. Low Level of Resources Countries

(A) Primary care mental health with specialist back-up
   - screening / assessment by primary care
   - talking treatments
   - pharmacological treatments

   Limited specialist psychiatric resources available for:
   - training
   - consultation for complex cases
   - in-patient assessment and treatment
Medium Resource Countries & Regions
Step 2 of Balanced Care Model

STEP 1
Primary care mental health with specialist back-up

STEP 2
Mainstream mental health care
2. Medium Levels of Resource Countries

(A) Primary care mental health with specialist back-up and

(B) Mainstream mental health care
(2B) Mainstream Mental Health Care

1. Out-patient / ambulatory clinics
2. Community mental health teams
3. Acute in-patient care
4. Community-based residential care
5. Work, occupation and day care
High Resource Countries & Regions
Step 3 of Balanced Care Model

STEP 3
Specialised / Differentiated mental health services

STEP 2
Mainstream mental health care

STEP 1
Primary care mental health with specialist back-up
3. High Levels of Resource Countries

(A) Primary care mental health with specialist back-up and

(B) Mainstream mental health care and

(C) Specialised/differentiated mental health services
C1: Specialised / Differentiated Mental Health Services: Clinics

Specialised clinics for specific disorders or patient groups including:

- e.g. eating disorders
C2: Specialised / Differentiated Mental Health Services: CMHT

Specialised community mental health teams (CMHT) including:

- e.g. assertive community treatment
C3: Specialised / Differentiated Mental Health Services: Acute

Alternatives to acute hospital admission:

- e.g. home treatment / crisis resolution teams
Croydon Women’s House

- Planned because of service user demand
- Service for women run by women
- User friendly atmosphere
- Evaluation findings positive
Local Mental Health Services for Croydon (330,000 population)

- 8 Community Mental Health Teams (each for a 40,000 catchment area)
- 82 acute in-patient beds (for 330,000)
- 1 Women’s service - 8 acute beds in a house
- 1 Home Treatment Team (for 330,000)
- 1 Early Intervention Team (for 330,000)
- 1 Community Forensic Team (for 330,000)
C4: Specialised / Differentiated Mental Health services: Residential

Range of long-stay community residential care:

- e.g. from intensive 24 hours staffed residential care to independent appartments
Deinstitutionalisation: Evidence
TAPS Study in London (1)

- 5 year follow-up of 670 patients discharged
- little cost difference (hospital vs community)
- more positive outcomes for community group: quality of life, needs (Leff et al, 1997)
- little change in symptoms or social behaviour
- community-based care more cost-effective
Deinstitutionalisation: Evidence
TAPS Study in London (2)

- did not increase death rate or the suicide rate
- fewer than 1 in 100 patients homeless
- over one third readmitted during follow-up
- >75% preferred community to hospital life
- >80% would recommend community care
C5: Specialised / Differentiated Mental Health Services: Work

Alternative occupation / day care

- e.g. individual placement and support
Balance of Community & Hospital Care

- evidence: need both hospital & community
- services close to home and mobile not static
- interventions for symptoms & disabilities
- treatment specific to individual needs
- services reflect priorities of service users
- it takes time to embed quality...
Evidence-based Practice

What are the Arguments for Preferring Community-based Mental Health? The Evidence Base

Graham Thornicroft and Michele Tansella

Paper prepared for World Health Organisation, Health Evidence Network (HEN)

www.who.dk/document/hen/mentalhealth.pdf

British Journal of Psychiatry, October 2004, 185, 283-290
Stakeholders

- Involve all groups with an interest in planning
  - Patients / consumers
  - Family members / carers
  - Professionals (mental health and primary care)
  - Other service provider groups eg NGOs
  - Policy makers
  - Advocacy groups
  - Planners
What is Stigma?

- Problems of knowledge = ignorance
- Problems of emotions = prejudice
- Problems of behaviour = discrimination
References


Patterns of Care (1979-2003)
South-Verona Psychiatric Case Register (Ratios x 1.000)

- Days in hospital
- Day care
- Sheltered accommodation
- Outpatient and community care

Year
79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00 01 02 03

Ratios per 1,000 adult South-Verona residents

0 50 100 150 200 250 300 350 400
Evidence Based Practice

New MSc Programme

Next course starts in London next October

www.iop.kcl.ac.uk/iop/hsr/msc.shtml
References & Resources


Modern Mental Health Services Model (WHO)
www.who.dk/document/hen/mentalhealth.pdf

Evidence for Carers
www.mentalhealthcare.org.uk

Masters Course in Mental Health Services Research
www.iop.kcl.ac.uk/iop/hsr/msc.shtml


- Web site for UK Mental Health Policy
www.doh.gov.uk/mentalhealth