

CONGRESS '19

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**INNOVATIVE HEALTHCARE STRATEGIES**

**11 > 14 SEPTEMBER 2019**

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# **INNOVATIVE HEALTHCARE STRATEGIES**





## **Workshop 4:** **Challenges and roadmap for Mental Health**





**Mr. Paul Bomke**

**CEO Pfalzkrlinikum, Service Provider of Mental  
Health and Neurological Services**

Welcome by the workshop chair

We shall redefine the role and the functions of our  
hospitals – the WHO and Public Health Approach

## Challenges and roadmap for Mental Health

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# Welcome to the Workshop 4

Paul Bomke  
Chief Executive Officer (CEO)  
Pfalzkrlinikum

## Challenges and roadmap for Mental Health

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## Where we started ...

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**Bologna 2016:**  
**Let us start a Discussion about the role of Hospitals – Modern Cathedrals or Part of a Network in the Community?**

## Agenda

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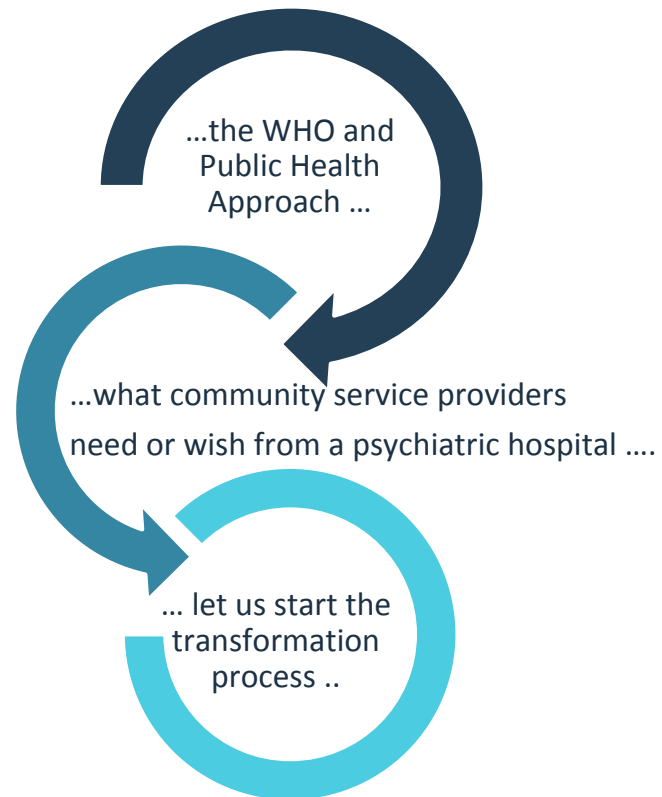
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**MR. NIELSEN  
NIELS  
AAGAARD**

Head of  
department of  
Forensic Mental  
Health Service



**VAN DEN STEEN  
JOCHEN**

Coordinator  
VZW IPSO  
Ghent

... there is much to do in Europe!

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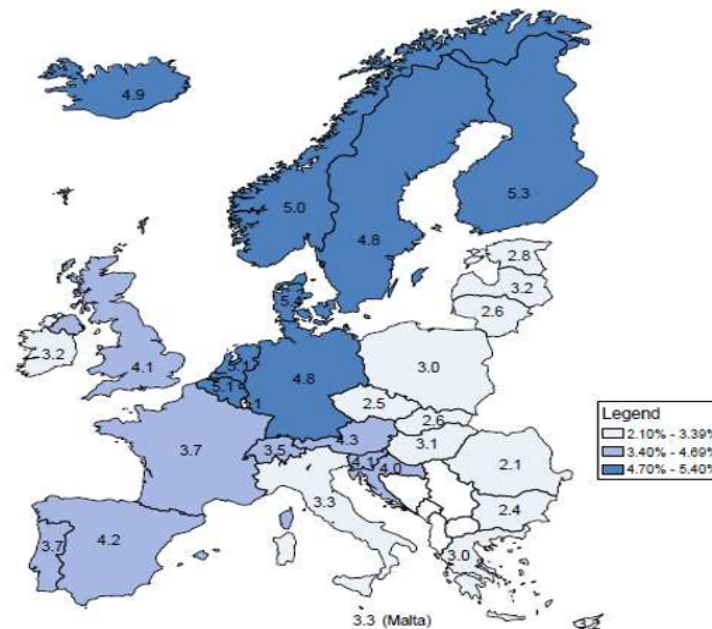
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## The total costs of mental health problems are more than 4% of GDP across EU countries, ranging from 2% to 5%

Estimated direct and indirect costs related to mental health problems across EU countries, as a % of GDP, 2015



Download (16.04.2019):  
<https://www.oecd.org/eis/health-systems/Health-at-a-Glance-Europe-2018-CHARTSET.pdf>

Source: OECD estimates based on Eurostat Database and other data sources.

## ... WHO Europe: Challenges and Opportunities

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### Challenges

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

### Opportunities / needs

- + **Information** (enlightenment/ empowerment)
- + **Investment** (scale-up)
- + **Innovation** (interventions / service models)
- + **Integration** (service delivery)
- + **Intersectoral collaboration**

From a talk, hold by Dan Chisholm (WHO Europe) on the 5th of Sept. 2019 in Bratislava (Mental Health and Meaningful Life)



## ... WHO Europ. Mental Health Action Plan '13 - '20

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### Overarching aims

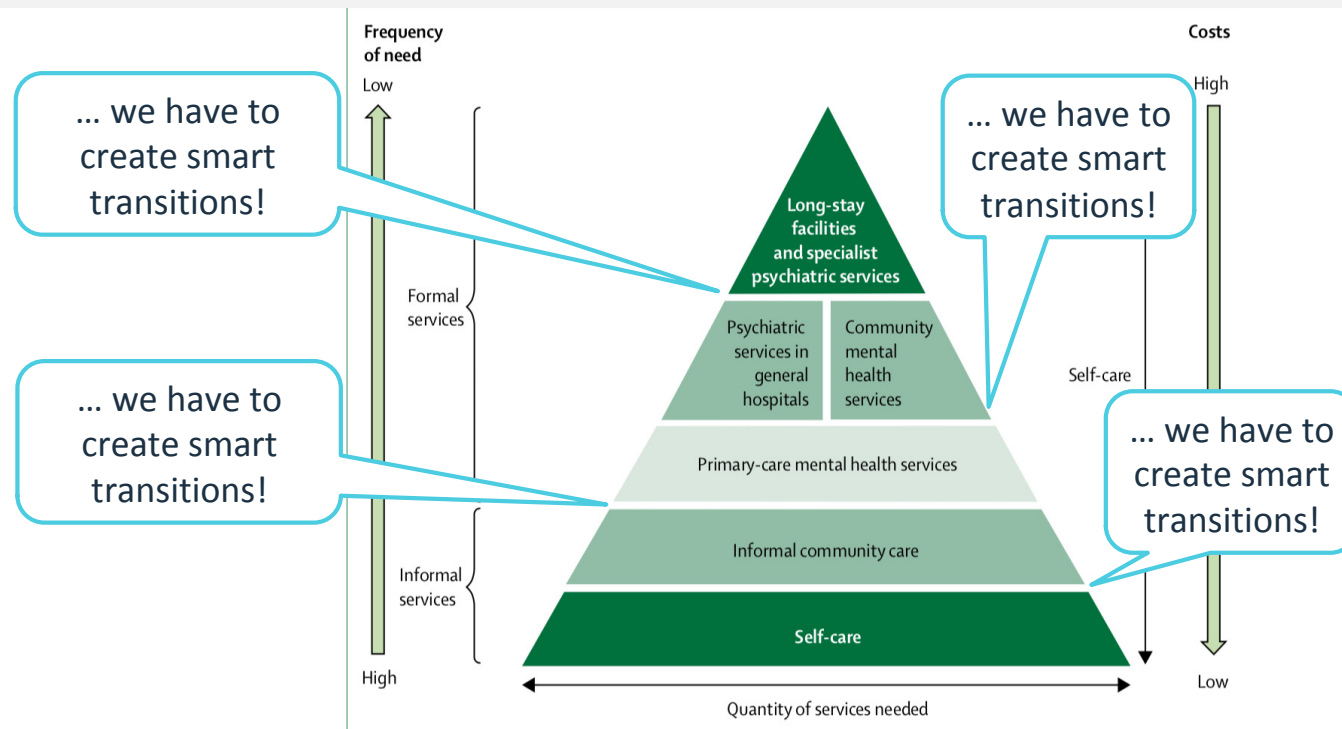
- » Improve the mental well-being of the population and reduce the burden of mental disorders, with a special focus on vulnerable groups, exposure to determinants and risk behaviours.
- » Respect the rights of people with mental health problems and offer equitable opportunities to attain the highest quality of life, addressing stigma 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.

From a talk, hold by Dan Chisholm (WHO Europe) on the 5th of Sept. 2019 in Bratislava (Mental Health and Meaningful Life)





## ... let us create transitions to follow the UN-CRPD



**Figure 1: WHO pyramid model**

The WHO model is a service organisation pyramid describing an optimal mix of services for mental health. The most costly services are the least frequently needed, whereas the most needed services can be provided at a relatively low cost. Self-care features through all services and all levels of the pyramid. Reproduced from WHO.<sup>81</sup>

Bhugra et. Al. 2017: The Lancet Psychiatry Commission, p. 784, nach: World Health Organisation (WHO) 2009: pyramid for optimal mix of mental health services,

## .. how can we translate the UN-CRPD ?

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Normal World  
first

Focusing on the individual  
Needs

on even handed  
Level

Orientation into the  
Community

Negotiation First

Self-Help

Participation

Hometreatment

Deinstitutionalization

Source of the photo: <https://www.pfalzkrankenhaus.de/angebote/ambulant/aufsuchende-hilfe-nach-mass/>

## ... and what is the new view on Mental Health!

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Old View	New View
offer for a patient/client/case	One offer for one human being
passive User	Student for Wellbeing
Expert for Illness	Expert for Recovery
Outputs	Outcomes
Managing the Illness	Managing Prevention & Recovery

Source: 2018 Culture Change: Talk of Nigel Henderson on the 10.10.2018 (Mental Health Day), Penumbra, Scotland, in Bucarest during the MHE-Meeting (<https://www.penumbra.org.uk/how-we-will-work-with-you/hope-and-recovery/>)



## ... what does this mean in our real world ?

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### Development of the outreach sector

- Home treatment, assertive community treatment
- Support in daily life, help in daily life, continuous treatment support

### Expansion of the offers

- Strengthen available measures
- Establish missing measures / what helps (Outcome, not output)

### Networking

- Build teams across different wards and settings
- Investments in eMental Health

### Change of clinic structures

- Treatment planning and offers across different settings
- Further development by continuous exchange with cost bearing units

### Optimisation of resources

- Effective use of available resources by reorganisation
- Transfer of clinic resources and know-how beyond sector boundaries

### Promotion of self-help

- Strengthen established organisations by clinical expertise
- Support of self-determination and empowerment

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# Contact me!

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**Mr. Jochen Van den Steen**

**Co-ordinator VZW IPSO Ghent**

What community service providers need or wish from a psychiatric hospital: the Ghent approach



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# Roadmap for mental health

Jochen Van den Steen

Coordinator VZW IPSO Ghent

Staf member Network of Mental Health 'Het PAKT'



# Organization of Health Services in Belgium

- Belgium: Health Care Responsibilities:
  - Federal government
  - Communities: Flemish, French and German Community
  - Regions: Flemish, Brussels, Wallonie
  - Provinces and municipalities
- Interministerial conferences



# Health Care in Belgium



**Hospitalocentric**  
**Sick Care vs. prevention**



**Fee for service as a financing**  
**principle**



**Very big challenges from 2020**  
**– 2040**



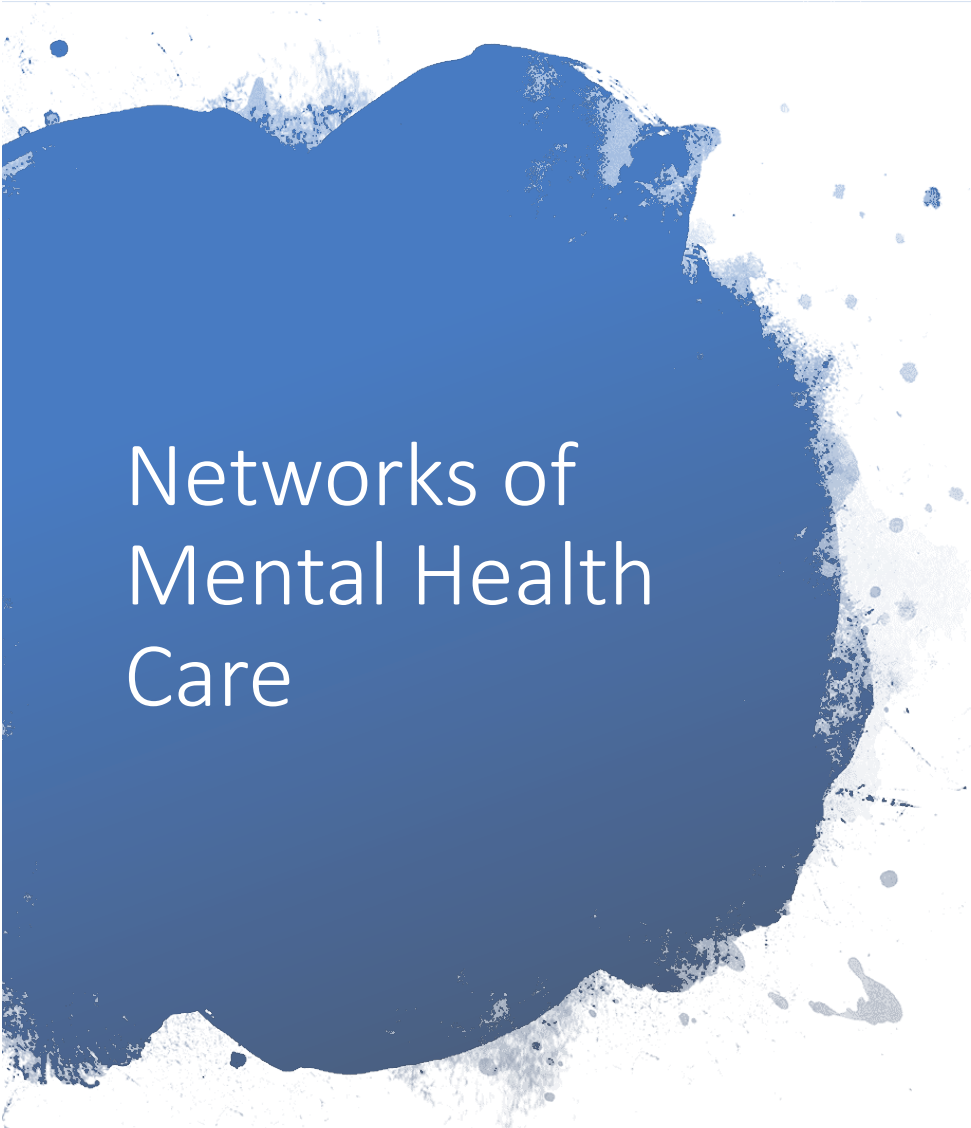
**Financing principles need to**  
**be changed**

Capita  
Quality  
Fee for service

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# Mental Health Care

- 6 % of the Health Care Budget ( recommendation OESO 10%)
- High number of long – term hospital beds in psychiatric facilities ( 2967)
- High number of acute hospital beds in psychiatric facilities ( 4755)
- Supported Housing ( 4247)
- “Belgium has too much psychiatric beds, long term and acute. The shift towards deinstitutionalization is taking too long and is not enough coordinated by the government.” ( Mapping Exclusion Report, Mental Health Europe)
- Coexistence of institutions and ambulant care



# Networks of Mental Health Care

Network for Mental Health 'Het PAKT': the  
East of Flanders

13 Networks for the whole of Flanders

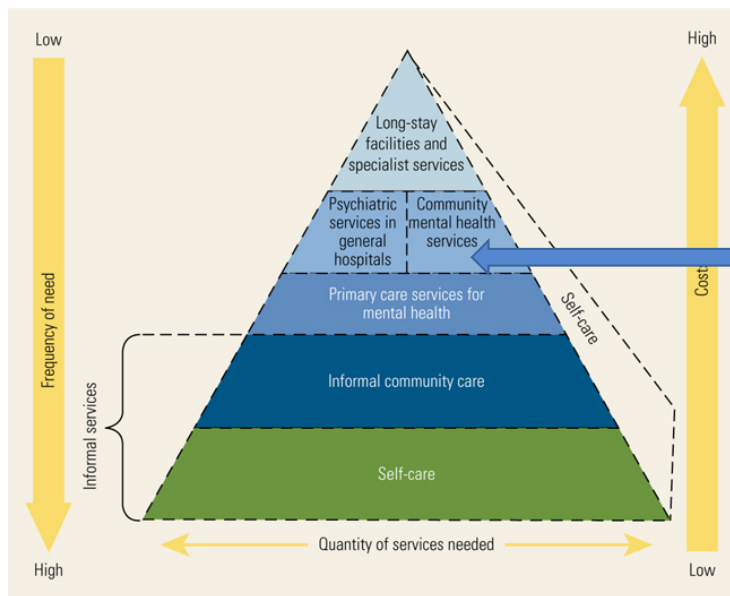
- Function 1: Prevention, framing, psychological function, ... ( Flemish Government Resp.)
- Function 2: FACT, Crisisteam ( Federal Gouvernement, reallocation of Clinical Beds)
- Function 3: Rehabilitation, Work and leisure ( Flemish Gouvernement)
- Function 4: Intensifying residential Care ( Federal Government)
- Function 5: Housing ( Flemish Government)

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## Network for Mental Health 'Het PAKT'

- Inhabitants ( 18 – 64 years): 530 861
- Number of psychiatric beds: 1953 ( 635 A, 921T, 271 PAAZ + K)
- Cases for FACT/ assertive community treatment team: 715 cases ( EPA)
- Cases for Mobile Crisis team: 1002 cases ( crisis – 1 month)
- Assesmentteam: 388 coaching cases

# VZW IPSO

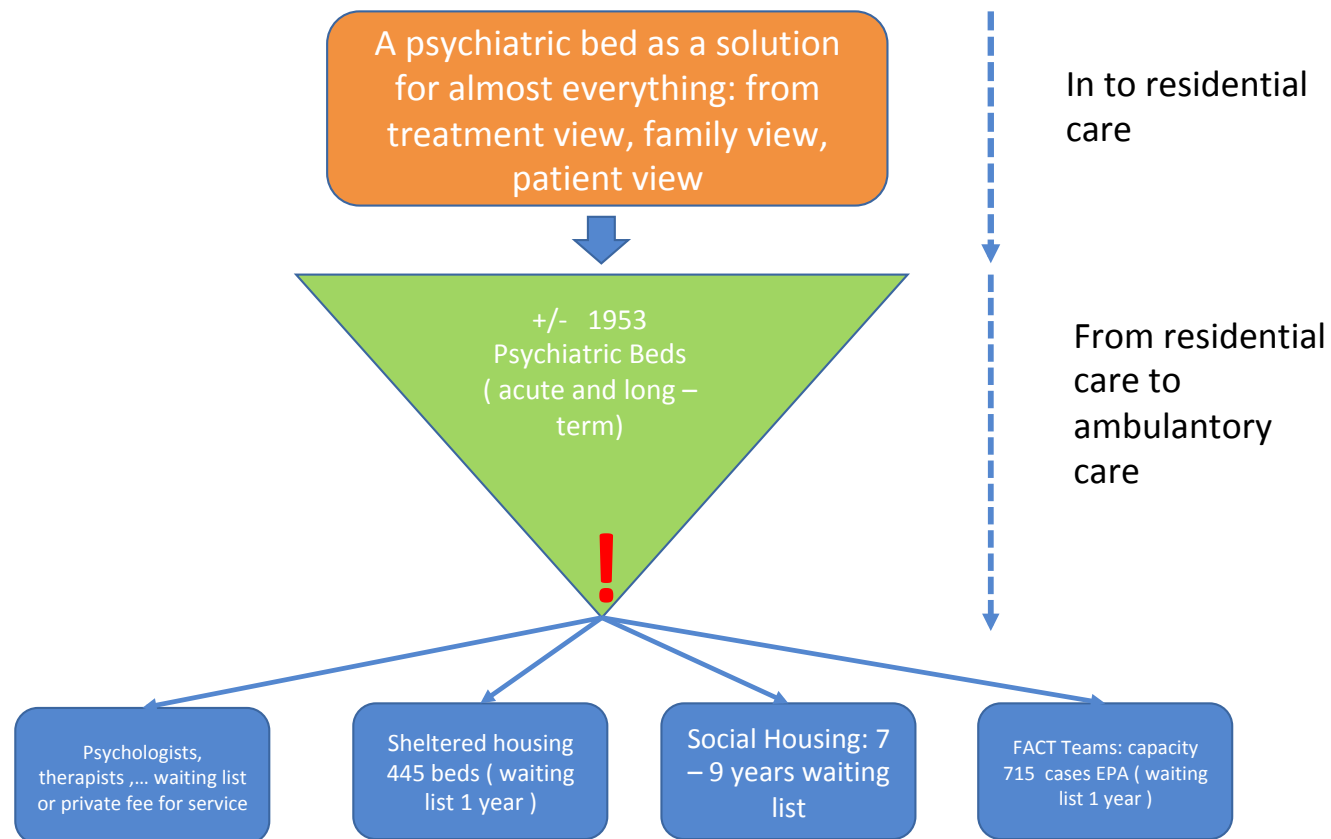


VZW IPSO

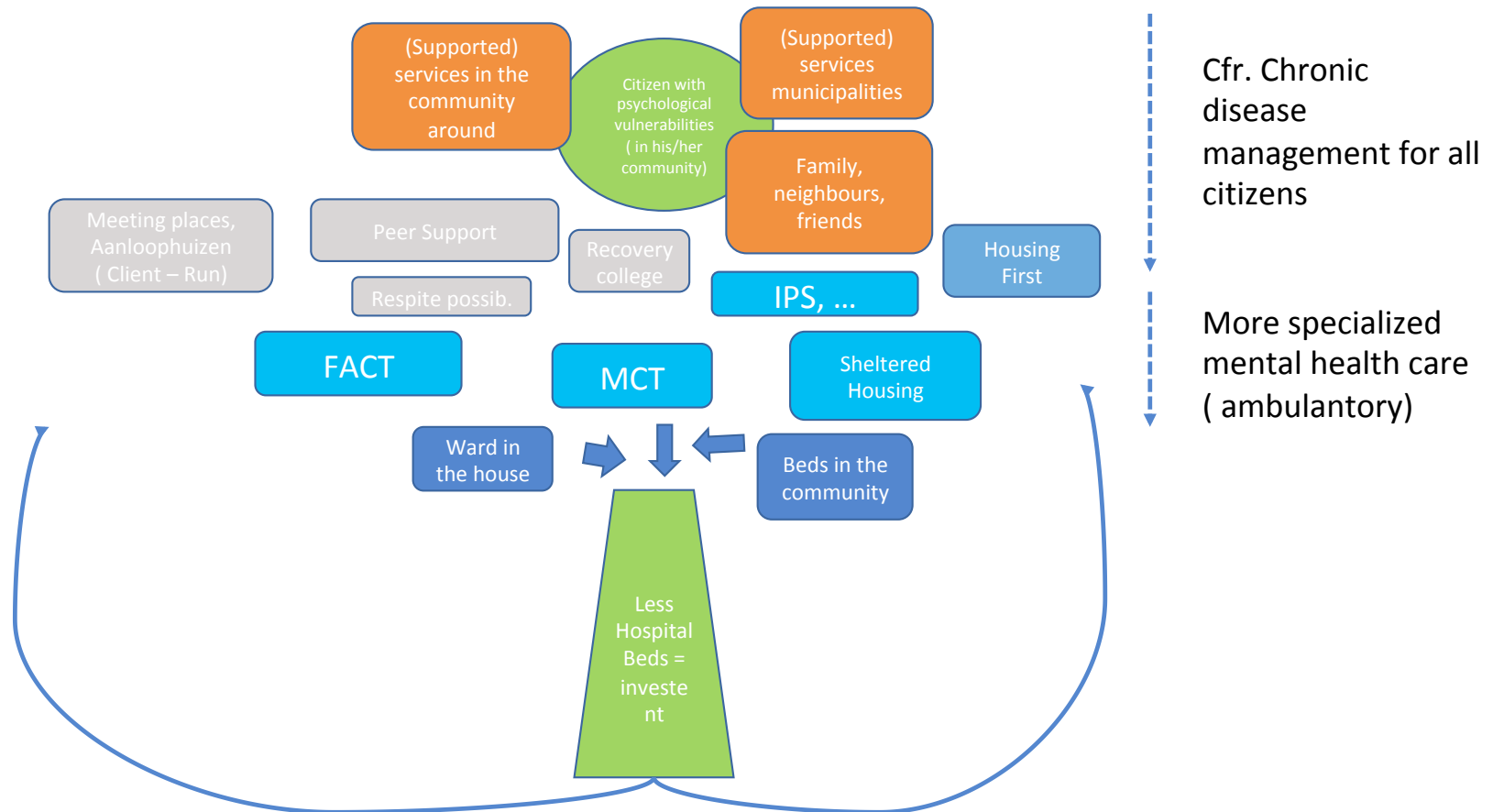


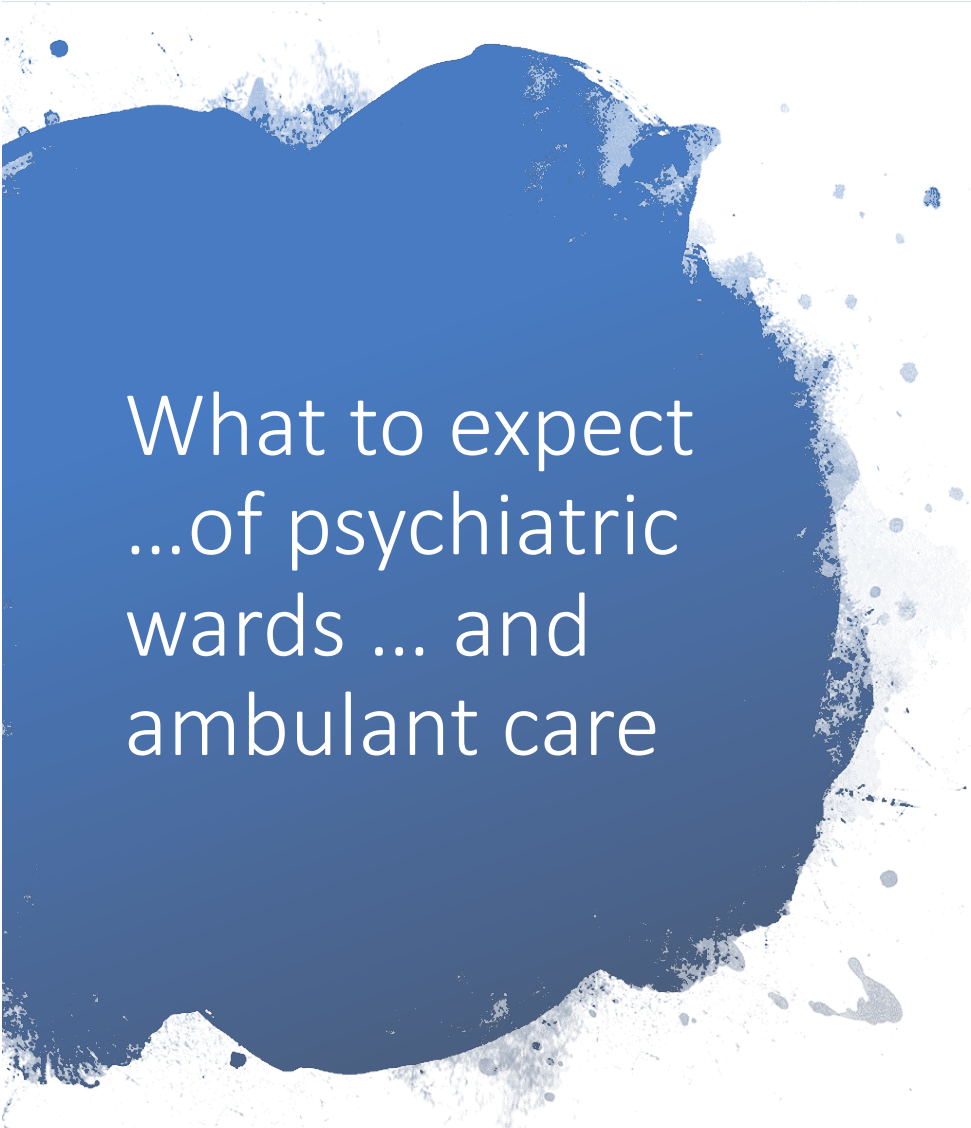
- Sheltered Housing
- Ambulatory Support
- Work, leisure, education

# The pyramid needs to shift



# The pyramid needs to shift





## What to expect ...of psychiatric wards ... and ambulant care

- Bed on receipt ...
- Inreach from outreach teams: coordinated care
- External communication
- Dismissal management
- High Intensive Care
- No asylum function
  
- The responsibilities go both ways ... also for the ambulant care
- Trust and communication
- Get to know each other





## *The psychiatric hospital of the future ... for citizens*

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- Network organization
- Looking over the borders ...
- A plug in for all community based organizations ( administration, HR, facility management,...)
- Coaching and giving expertise to all existing regular organizations working with people with vulnerabilities in the community
- Create affordable and qualitative living: the patrimony is there and ready to use
- Delivers high quality crisis help and treatment:
  - High Intensive Care Units
  - Specialized treatment for complex problems
- Does what it has to do: threat psychological problems, but don't treat all social problems through psychiatry: welfare, social organizations, self – treatment, peer support are experts in this: support and coach these organizations.
- If we all love beds: create them in the community of people, create alternatives like ward in the house, 24h support
- The remaining hospital beds should be managed from the expertise of the hospital, but also with the involvement of the patients and their family

# Thank you!



- For more information:
  - [www.ipso-gent.be](http://www.ipso-gent.be)
  - [www.pakt.be](http://www.pakt.be)
- Contact information:
  - Jochen.vandensteen@ipso-gent.be



**Mr. Niels Aagaard Nielsen**

**Head of Care and Development, Mental Health  
Services, Capital Region, Denmark**

Let us start the transformation process –  
a practical view

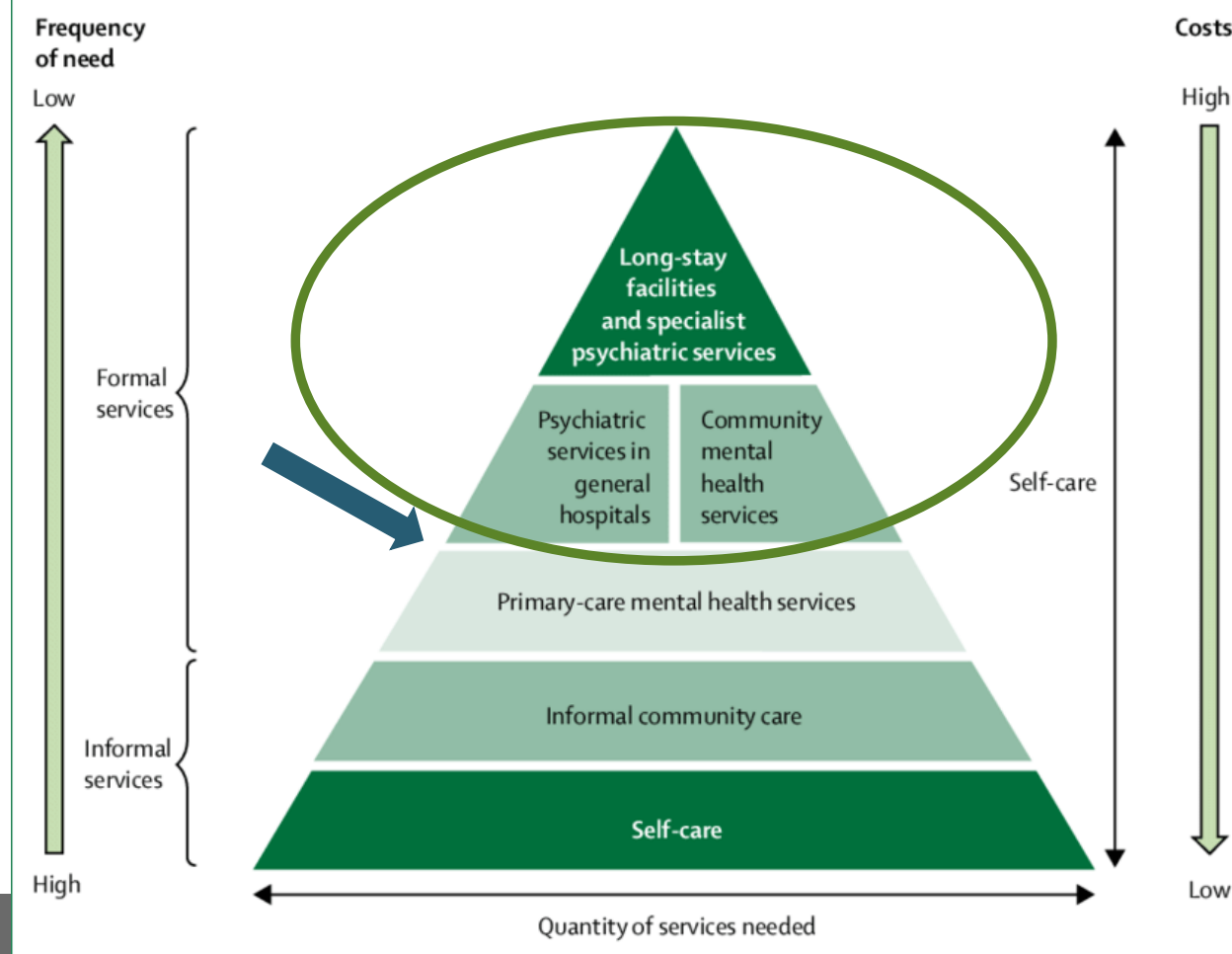




# Roadmap for mental health (III): Let us start the transformation process – a practical view

Head of Care and Development  
Niels Aagaard Nielsen





The WHO pyramid model of an optimal mix of services for mental health (WHO: Mental Health Policy and Service Guidance Package, 2003)



## The Danish Healthcare System

The healthcare system operates across three political and administrative levels:

- ☐ Parliament/central government – legislate, regulate, coordinate, provide advice and establish goals for national health policy
- ☐ 5 regions – responsible for hospitals and general practitioners. Are financed by government and municipalities
- ☐ 98 municipalities – primary care services and social services
- ☐ The Danish healthcare system is universal and based on the principles of free and equal access to healthcare for all citizens



## Development of the psychiatric hospital system (adult psychiatry)

Year	Number of beds
1976	11.000
2003	3.676
2010	2.945
2017	2.672

### From 2008 to 2016

- ☐ The number of patients has increased by almost 30%
- ☐ Expenditure per patient has fallen by 11%
- ☐ Waiting time from referral to first contact has decreased from 33 to 21 days



## **‘We lift together’ – the (former) government’s vision for improvement of quality in mental health services - 2018**

### **6 focus areas**

- ☐ Reach more people with earlier and more easily accessible services
- ☐ Staff competencies are strengthened and used better
- ☐ The quality of services in social psychiatry is strengthened for the benefit of people with mental difficulties
- ☐ The most ill patients receive better and more intensive treatment
- ☐ Better coherence in the citizen’s mental health care pathway
- ☐ More research and innovation for the benefit of people with mental difficulties





## Examples of specific initiatives in Denmark

### ☐ **F-ACT**

according to Dutch model. A flexible task solution in community mental health services adapted to the individual patient's needs

### ☐ **Network meetings, stepped-care and The Patient's Team**

with the patient as an active partner, the responsibility and division of tasks between different health services and across sectors (regions and municipalities) are agreed and coordinated

### ☐ **Recovery mentors or peer support workers**

employees with user experience who share their knowledge and experiences with both patients and staff. They support patients in their recovery-process, and they support staff in supporting patients in their recovery-process



## And some more examples

### ☐ **Support team for housing services**

the psychiatric hospital supports the primary-care mental health services eg. in connection with medication, patient's deterioration in condition and education of staff

### ☐ **User-managed beds**

patients have a contract with a ward to decide for themselves when they need to be admitted to the hospital

### ☐ **The psychiatric emergency service**

psychiatrist or nurse move out and assist especially the police in emergency situations



## The role of hospital psychiatry

- ☐ Equal, proactive and constructive partner for patients and other psychiatric stakeholders
- ☐ Admission should always be last choice, and because all other relevant interventions wasn't enough
- ☐ Hospitals need to let go of the lunatic asylum mindset – attitudes and behavior developed over centuries are not easy to let go
- ☐ Continue to contribute with new knowledge about mental illness and treatment and make this knowledge available to all stakeholders



## Focus in the forensic mental health department

- ☐ Patient activities and forensic psychiatric rehabilitation for the life after hospitalization
- ☐ Involving patients directly in the development of forensic mental health service
- ☐ Introduce peer support workers in forensic mental health service - and make it work

**IT IS ALL ABOUT TRUST**



## Contact informations

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