

MENTAL HEALTH AND INTEGRATION

PROVISION FOR SUPPORTING PEOPLE WITH MENTAL ILLNESS:
A COMPARISON OF 30 EUROPEAN COUNTRIES



Agenda

- Why Mental Health and Integration
- The study: The Mental Health Integration Index
 - Methodology
 - Some findings
 - Weighting – input from the audience today

Why mental health and integration?

TRENDS

- **De-institutionalisation** when possible
- A shift in defining the goal of care: **greater focus on recovery** – rather than symptoms alleviation



IMPLICATIONS

Shift from institutional focus to integrated care combining among others:

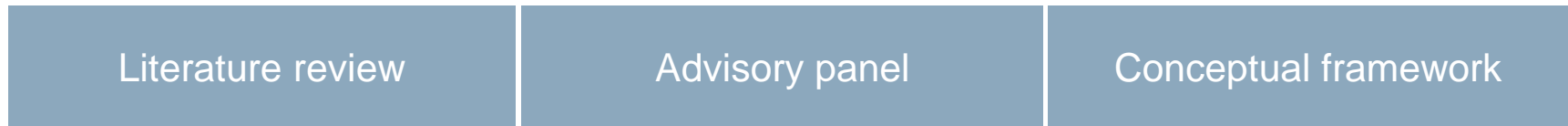
- Medical care
- Housing
- Employment
- Social relationships

The Mental health integration index is aiming at measuring the degree of support within European governments for integrating people with mental illness into society – the research was conducted in 2014.

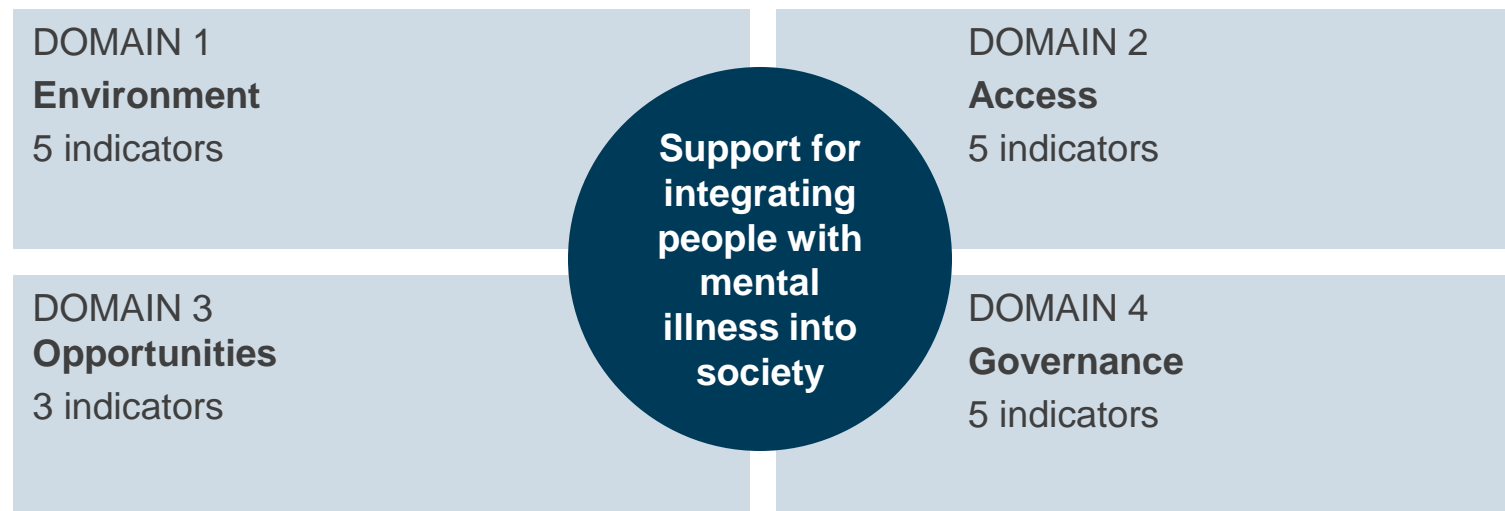
The core research

MHII study: conceptual framework

The development of the core research program was a multi-step, iterative process



- The development of the framework was an iterative process based on input from the advisory panel, the Janssen team, and the EIU specialists in order to determine indicators to measure the degree of support provided by governments to integrate people with mental illness into society
- The analytical framework encompasses 18 indicators across four domains:



Environment – Providing a stable home and family

Indicators

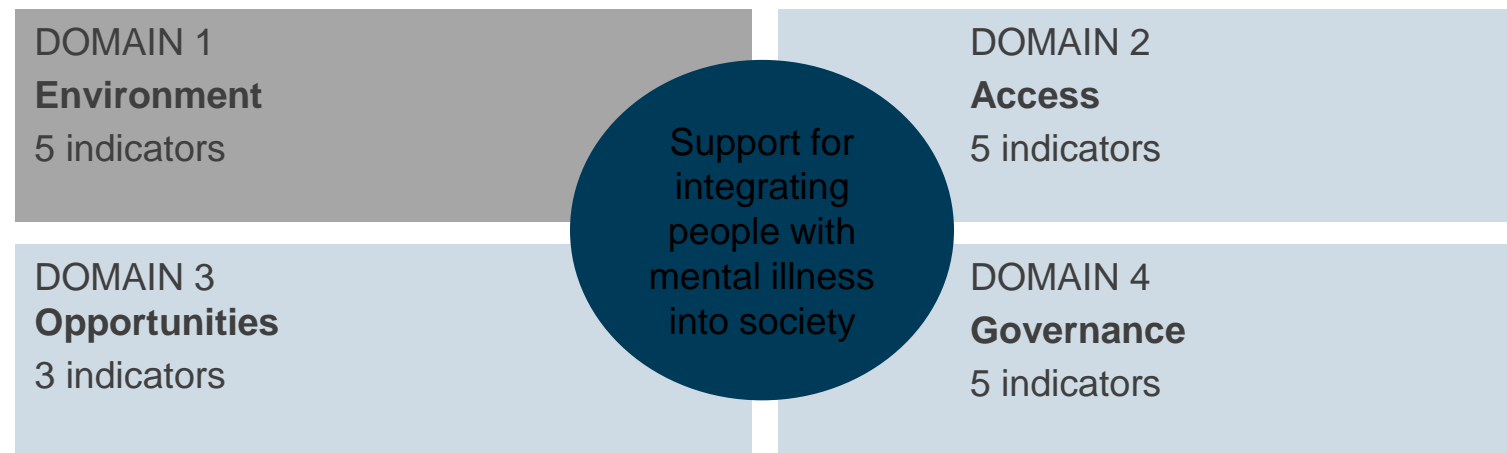
Benefits and financial control - Presence or absence of social welfare benefits, and control over personal finances, by those with mental illness

Deinstitutionalisation: Presence or absence of a deinstitutionalisation policy, and degree of financial support for community-based, deinstitutionalised care

Home care: Score reflects whether the number of people with mental illness who receive long-term support in the community is greater or smaller than the number in long-stay hospitals or institutions

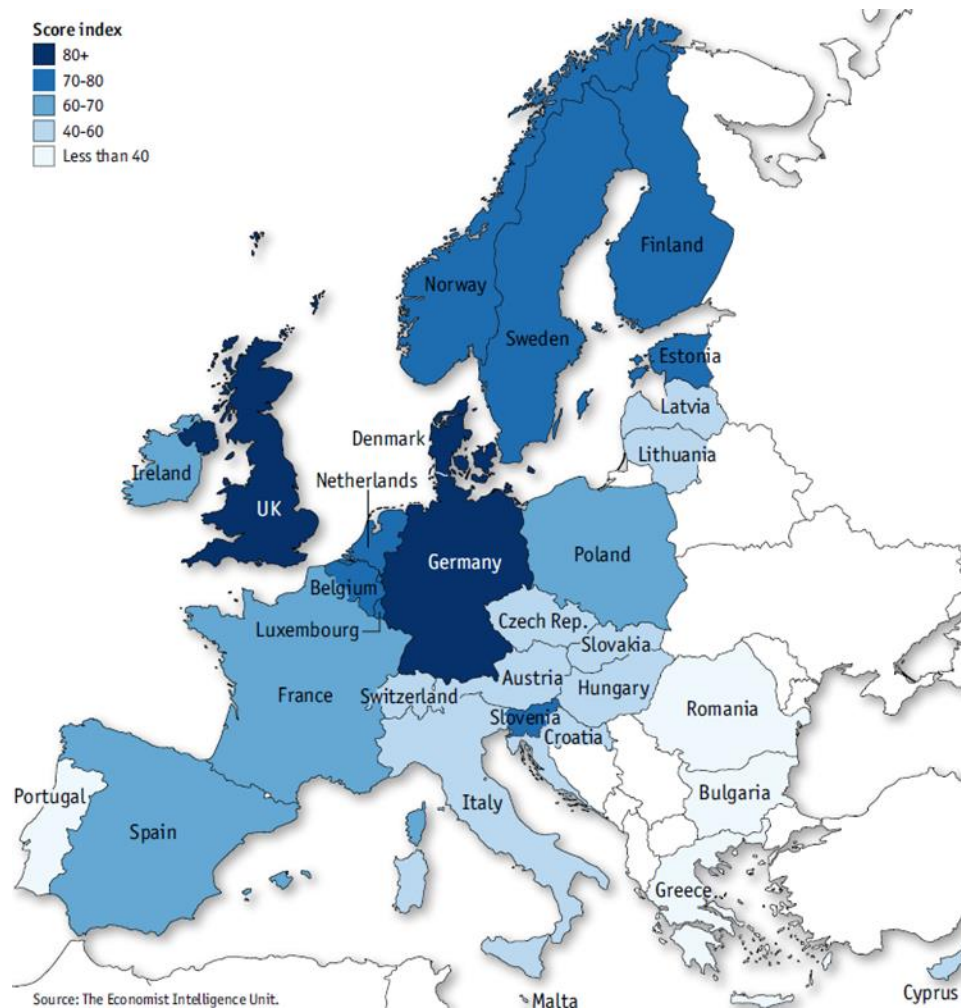
Parental rights and custody: Score reflects whether countries have policies which protect the child-custody rights of parents with mental illness insofar as possible

Family and carer support: Presence or absence of funded schemes to assist carers, guarantees of legal rights of carers, and/ or the presence or absence of family support organisations



Study findings

Germany tops the index ranking



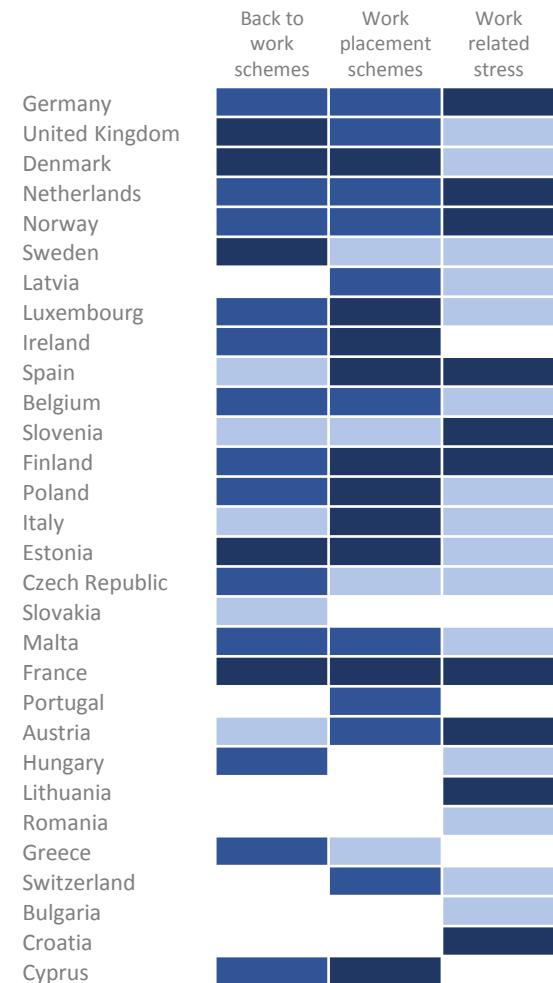
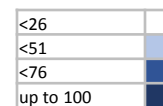
Germany achieves first rank - strong health system combined with generous social welfare provision
Yet half of those with serious mental illness were believed to receive no targeted treatment in Germany

There is an association of higher rank with GDP and % GDP spent on healthcare

- **The need for Integration** in mental health has been acknowledged
- Mental health and **funding** – Why has mental health been described as spending for a luxury good?
- **Inequalities** across Europe

The need for integration has been widely acknowledged – it is not fully effective yet

- It is recognised that **effective care includes integrated medical, social and employment services**, yet government wide policy in these areas is the exception
- Such integration is typically accomplished through **locally focused mental health teams** that can help the patient navigate a range of government services
- **Employment is the field of greatest concern** and the area with the most inconsistent policies across Europe within our scope



Mental health and integration - Treated as luxury goods ?

Luxury goods are purchased when finding money for necessities is no longer pressing

Some findings and thoughts emerging from our research:

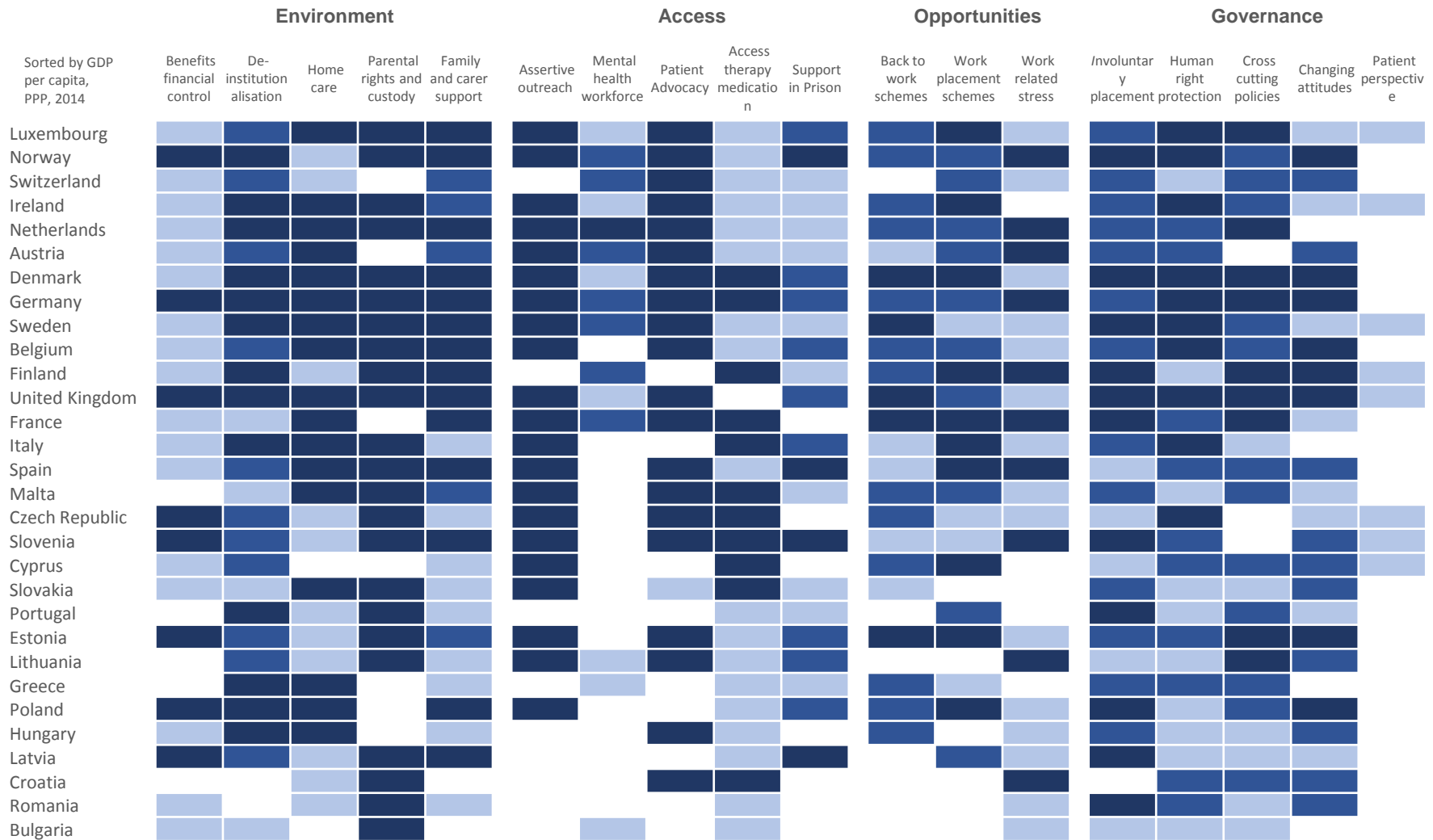
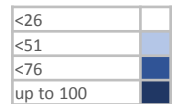
- Country scores correlate with GDP spent on mental health
- Recognition of the need for integration – and that it is vulnerable to economic difficulties
- Those with mental illness suffer worst when the economy goes poorly
- Data covering all aspects of integration is not possible to find – when plans are set, they may remain aspirational when not associated with adequate budgets

Employment specialists in community mental health team see their jobs go when budgets get tight although they are cheaper than keeping hospitals open

Frijters et al “mental health and labour market participation: Evidence from IV panel data models” institute for the study of labour working

2010 polish and 2009 Hungary national plans not associated with budgets

Scores across Europe at a glance



Conclusions

- The provision of mental health and integration services has room for improvement and vary across countries in Europe
- Obtaining better data is key to enable evidence-supported decisions, notably around funding
- Although it is recognised in mental health that the provision of integrated, community-based care is essential, the task of de-institutionalisation is yet to be finished.

Solutions do exist, and have not yet been fully implemented – how to bridge this “know-do” gap?

Ideas for discussion:

- Is technology an enabler to facilitate the delivery of care and social integration?
- How to overcome budgetary silos and get clarity on impact of policies and initiatives?

Access to health services

Indicators

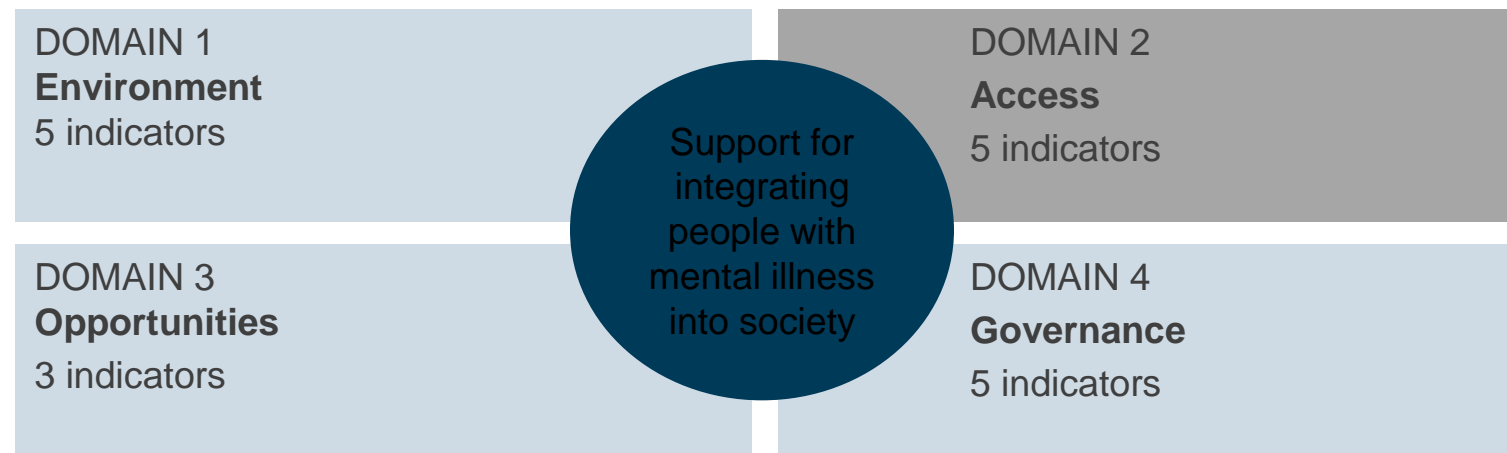
Assertive outreach: Presence or absence of community-based outreach services and other specialist community mental health services

Mental health workforce: A composite score reflecting the number of psychiatrists, psychologists, mental health nurses and social workers per 100,000 population

Advocacy within the healthcare system Score reflects whether the country provides funding for advocacy schemes for mental health service users

Access to therapy and medication: A composite score reflecting the degree of access of people with mental illness to various therapies, mood stabilisers and/or antipsychotic medication

Support in prison: Score reflects the prevalence of mental health support measures for incarcerated people who have a mental illness, and for such individuals post-release



Opportunities – Improving work and education opportunities

Indicators

Back-to-work schemes: Presence of back-to-work schemes for people with mental illness; legal duty for employers to make reasonable adjustments to accommodate such employees; funding for practical support when returning to work; availability of “fitness for work” statements from physicians

Work-placement schemes: Presence or absence of mechanisms to help people with mental illness find work; funded schemes to provide individual work placements; training and vocational support programmes; and funding for individual “job coaches”

Work-related stress: Score reflects whether countries have occupational health policies and safety regulations that include preventing work related Stress



Governance: Reducing stigma and increasing awareness

Indicators

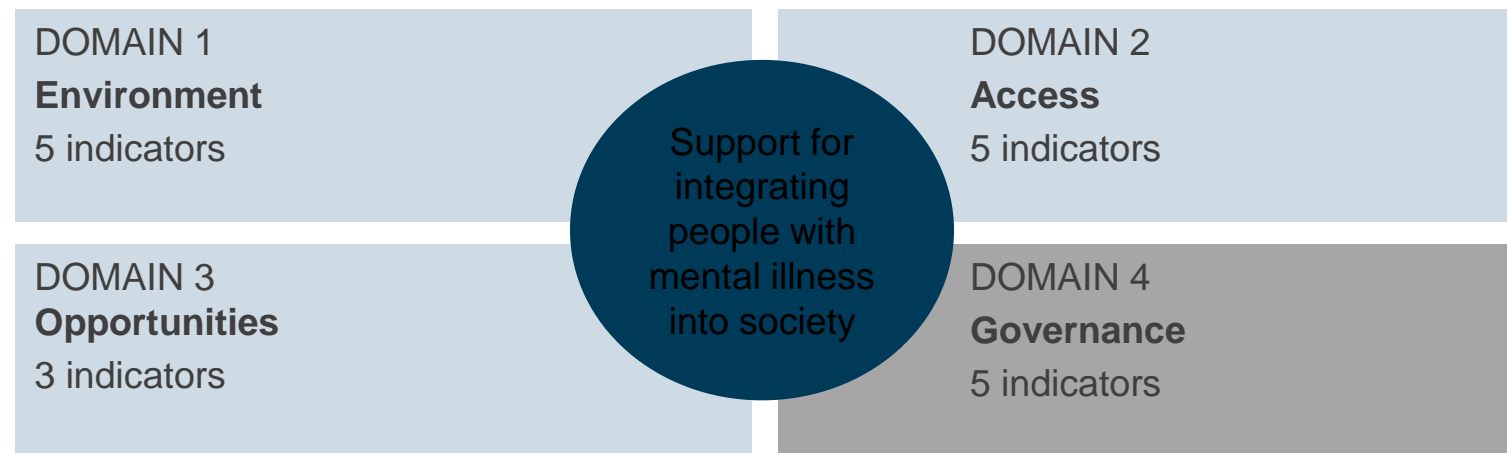
Involuntary treatment: Score reflects the number of criteria which must be fulfilled in order to confine or treat a person with mental illness against his/her will

Human rights protection: Score reflects if a country has signed/ ratified human rights treaties, and if it has review bodies to assess human rights protection of users of mental health services

Cross-cutting policies: Score reflects the presence of formal collaboration among government agencies (education, employment, housing) to address the needs of people with mental illness

Changing attitudes: Score reflects the prevalence of mental health promotion programmes in the workplace and in schools

Assessment from patient perspective: Score considers the degree to which patients' opinions and feedback are taken into consideration in measuring the quality of mental healthcare



MHII study: advisory panel

The EIU consulted an international advisory panel of experts to develop the framework.

Literature review

Advisory panel

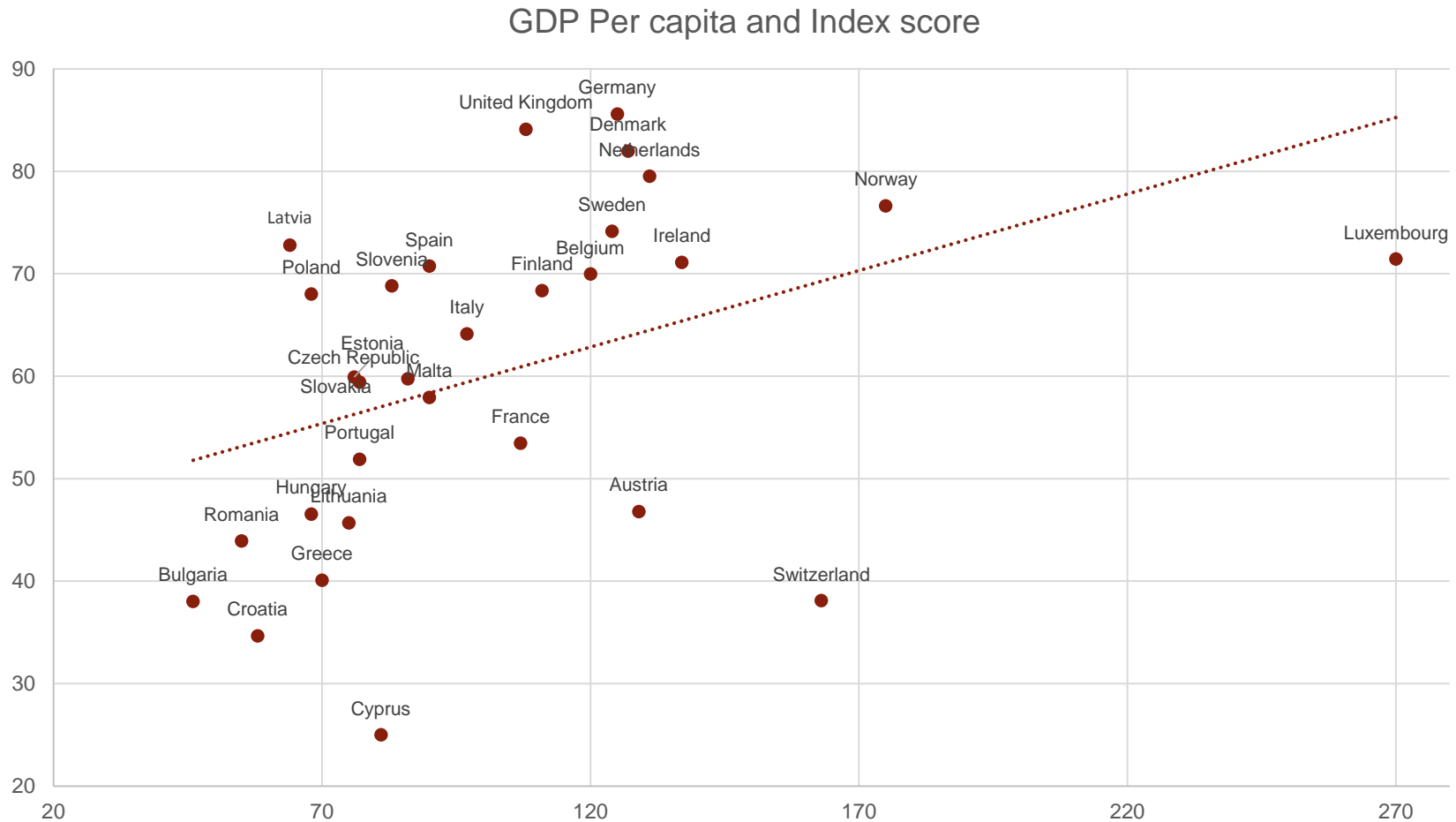
Conceptual framework

- The panel offered insight and recommendations regarding definitions, framework, indicators and overarching themes
- The panelists included a range of subject matter experts from Europe with experience in academia as well as both the public and private sectors
- A representative from Janssen participated in the panel, and several EIU and Janssen observers attended
- The advisory panel continued to be engaged with the research process. Experts have received copies of the data tool and the findings and methodology report for review.

Advisory panel members

- ✓ Professor Peter Huxley, professor of mental health research, Bangor University, Wales
- ✓ Kevin Jones, secretary-general of the European Federation of Associations of Families of People with Mental Illness (EUFAMI)
- ✓ Pedro Montellano, president, Global Alliance of Mental Illness Advocacy Networks (GAMIAN) Europe
- ✓ Dr Slawomir Murawiec, co-organiser of the most recent European Mental Health Systems Network conference for the European Health Management Association (EHMA)
- ✓ Stephanie Saenger, president, Council of Occupational Therapists for the European Countries (COTEC)

Association MHI and GDP per capita



The Mental Health Integration index - Objectives

The Mental health integration index is aiming at measuring the degree of support within European governments for integrating people with mental illness into society – the research was conducted in 2014.

- Understand the cross-country **variations** in the area of active integration
- Shed light on **how well different countries** do in this area
- Point towards **good practice**

The index looks at medical provision, human rights, stigma, the ability to live a family life and employment

The index: Changing weightings?

If you had to revisit the weightings, which domain would you give a higher weight?

#	Domain	
1	Environment	Environment – Providing a stable home and family
2	Access	Access to health services
3	Opportunities	Opportunities – Improving work and education opportunities
4	Governance	Governance: Reducing stigma and increasing awareness