

International Forum on innovation in Mental Health

Political skill

Five overarching principles for Deinstitutionalisation

Community based services must be in place

- Whole of peoples needs – social welfare, income, housing, employment and clinical follow up. Family concerns
- Long term process –Brazil (16 years), Chile (19 years) and Italy (25 years) and never ends.
- Portugal reduced the size of hospitals by 40% in four years!

The Health workforce must be committed to change

- Health workers and their professional associations need to be consulted widely and nurture professional leadership
- Training in new ways of working
- Think about a new role for residual hospital services, for example Kosovo – Centre for integration and rehabilitation providing secondary services to all seven Regions

overarching principles continued

Political support at the highest and broadest level is crucial

- Try to establish a National Steering Committee, chaired by a Minister
- Develop systems for capacity building, mentoring and motivating the workforce
- Public education, community engagement and communication is key. Be sincere
- Try to identify influential allies – Royalty and Leaders partners!
- Regional (e.g. European Union) support

overarching principles continued

Timing is key

- Emergency situations
- Political change

Additional financial resources are needed

- It is not a cost saving process
- Better to close whole or large parts of Institutions (catchment areas)
- Create mechanisms for the reallocation of resources, for example unit costs

Some tips

- Consultant psychiatrists have the real power. Most have to agree to the new policy or proposals. Try to avoid 'back door' advice to Ministers!
- If there are no staff, invent a new workforce (CSO, MOMH, PSWA etc.)
- Be prepared - Presentation of information/evidence. Be realistic!
- Bell curve – who changes and who doesn't. Know key players
- Consult and negotiate widely. Do not criticise and be respectful.
- Get started, do it locally and develop pilots. Keep it simple. Ask Ministers to open everything! If they can't ask the Director General
- Understand and explain the limitations of hospital care. Invest in systems to allow people to do good work
- Most People are scared of change.
- Change the service, change the thinking, change the attitudes

- Providing mental health in primary care on its own is not the solution – it will fail
- Learn from others. Avoid the ‘not invented here’ syndrome
- Build alliances. Know their enemies and don’t create new enemies. People sometimes oppose you for historic or personal reasons
- Be suspicious of people who say nothing! Silence does not mean they agree
- Get to know the process of how decisions are taken. For example the Ministry of Finance/Treasury – STaR workers in the UK
- Ministers, senior staff, clinical staff and Agencies (NGO’s) and all people need to feel that they were responsible for making a difference and be recognised for their work and commitment
- Do not take no for an answer and never give up!
- NEVER go with a list of problems – go with solutions

Not Institutions in the Community



New facilities



Improvements at Angoda



Universal truths and solutions

- People want to be treated with respect, dignity, kindness and humanity and be given hope. Families want to be educated about the illness and involved. Empower patients and families
- Most people want to receive treatment (and will only willingly use services) where they live and have services they want to use
- Recruit for attitudes and train for skills
- Work in various settings – mental health is not the sole responsibility of Health Services. All sectors have an important role
- Provide services you would be happy for your family to use