

Innovation on Deinstitutionalization:

A Challenge for the Public Mental Health in Low Resources Settings

Discussant:

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Acknowledgments

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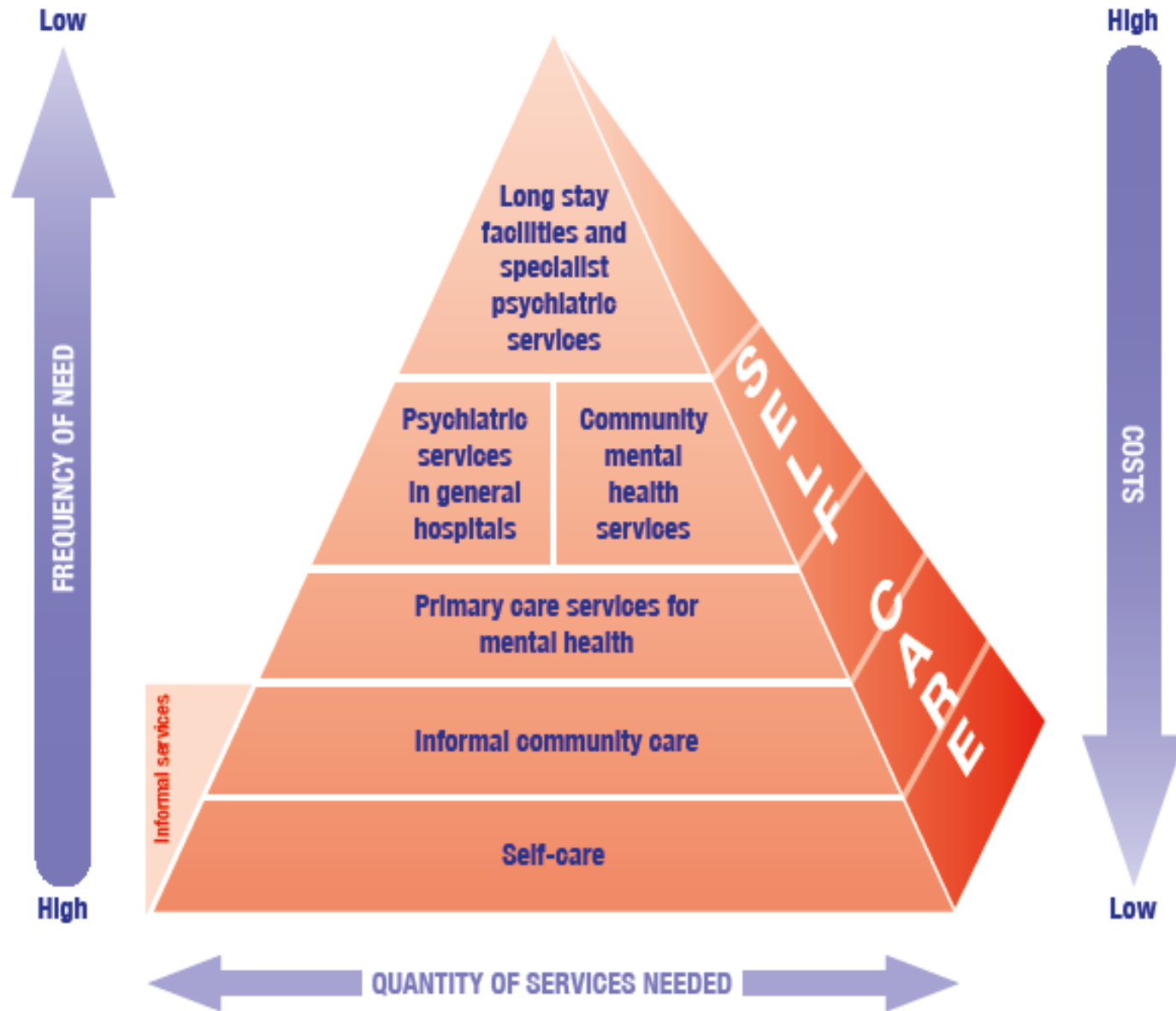
Overview on WHO expert survey on innovation in deinstitutionalization

- Summarizes different experiences that can be used as evidence for implementation in other countries
- Reassures the need of downsizing institution-based care by presenting evidence on how it's possible/feasible to implement a community-based care

Overview on WHO expert survey on innovation in deinstitutionalization

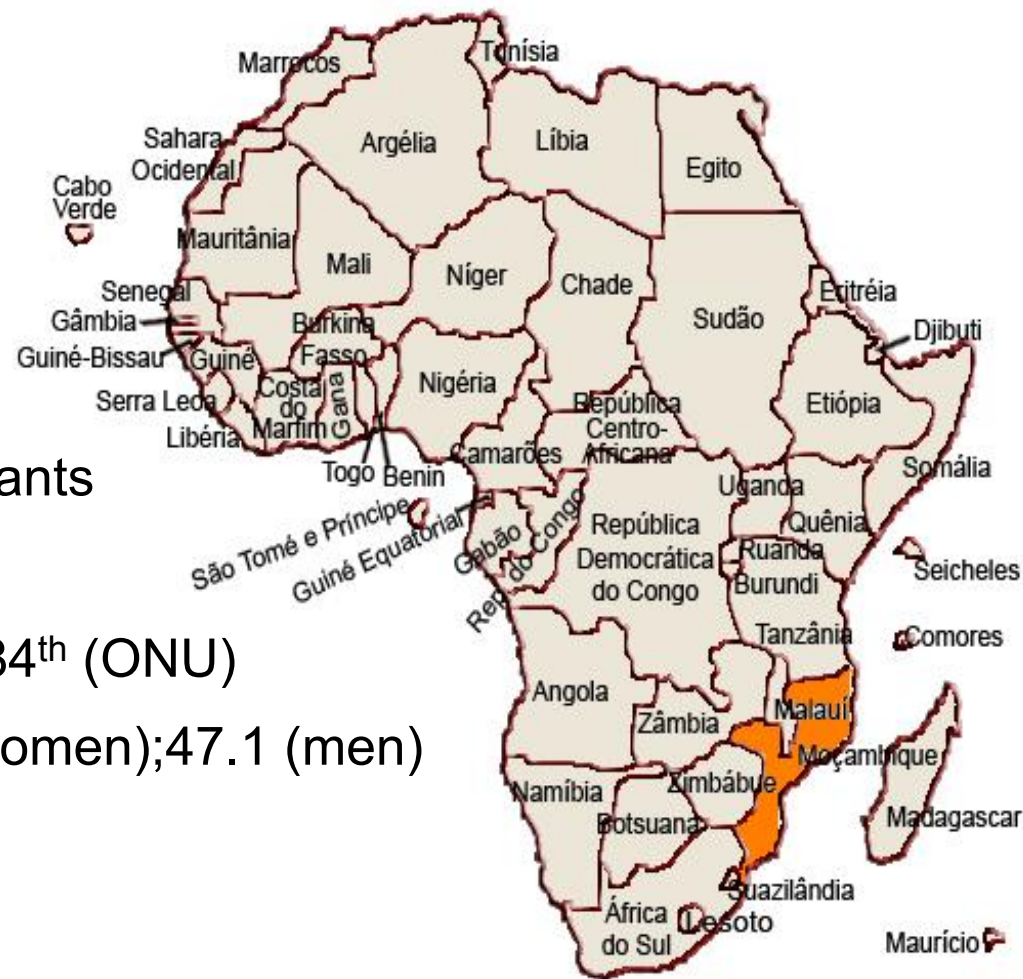
- The results of this survey can be used as instrument for policy makers to address the goal of psychiatric reform.
- It provides a clear overview on the proven effective methods for change from institution-based to community-based care in different settings

What's the goal?

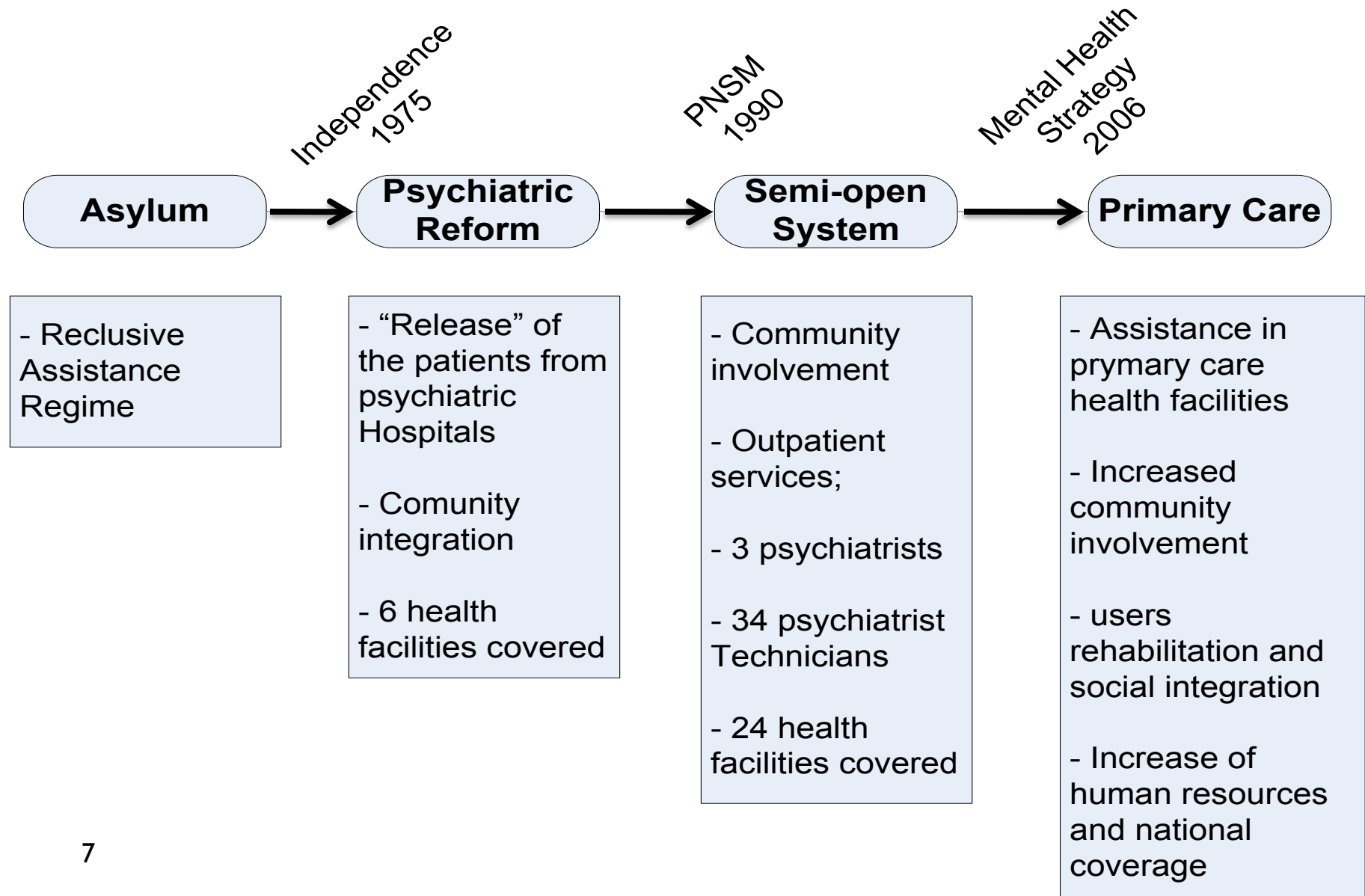


Scaling-up in Mozambique

- **Area** – 801 590 km²
- **Population** – 20.530.714 inhabitants
- **Official Language** – Portuguese
- **Human Development index**– 184th (ONU)
- **Life expectancy** – 51.8 years (women);47.1 (men)
- **Alfabetization Rate** – 49.6%
- **Health (Public Service)** –
 - 84 beds and 5.07 doctors per 100.000 inhab
 - 1224 health facilities in primary care.
- **Mental Health HR:**
 - 13 psychiatrists, 78 psychologists, 122 psychiatric technicians and 23 occupational therapists



Scaling-up services



Innovation in deinstitutionalization: a WHO expert survey

MAIN FINDINGS

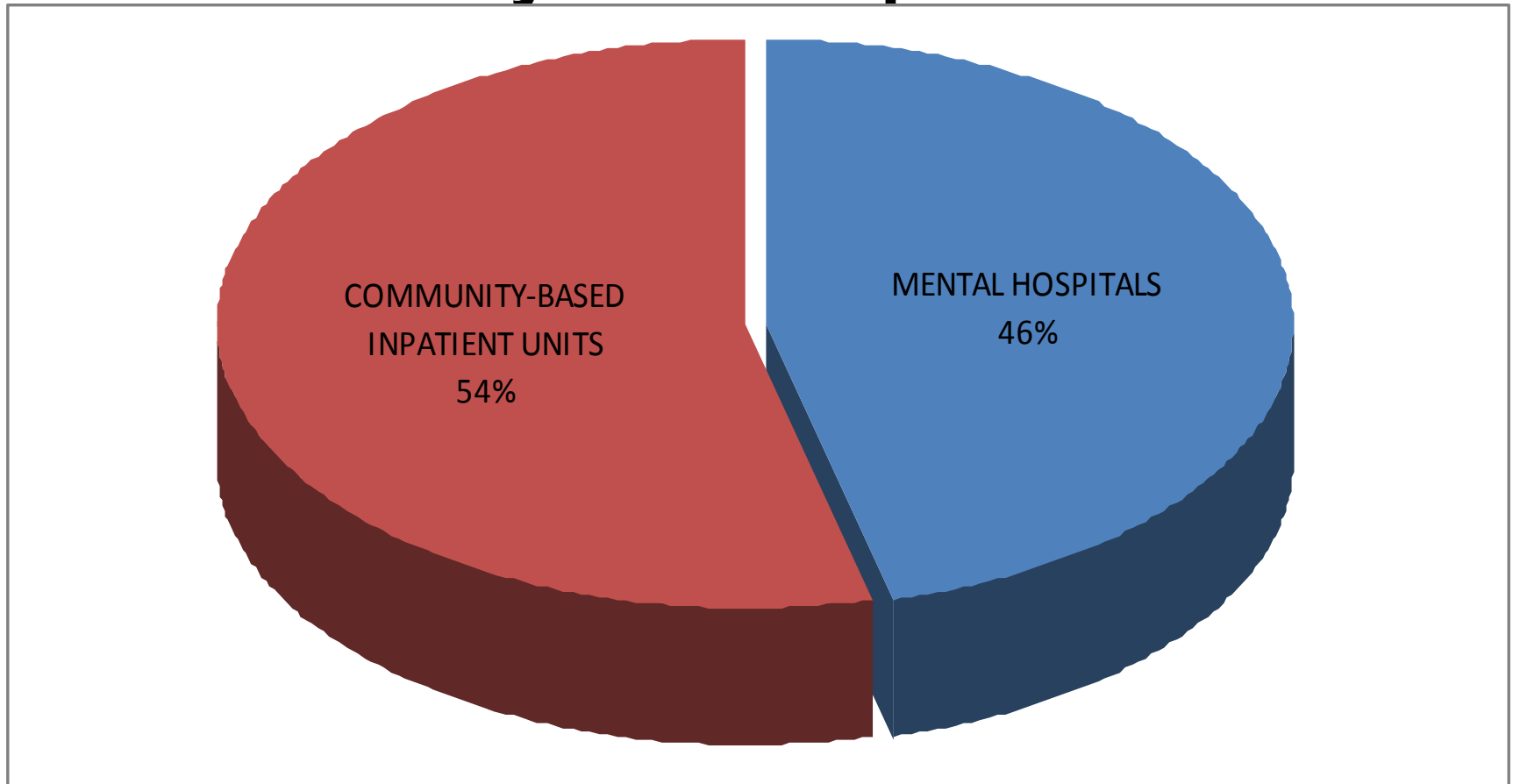
Percentage of respondents rating the method as *'quite useful'* or *'very useful'* in downsizing institution-based services

Rank Order	Percentage of respondents	Method
1	67.4%	Mobile clinics/outreach services
2	64.3%	Psychiatric beds outside mental hospitals (e.g. in general hospitals)
3	58.3%	Discharge planning/hospital to community residence transfer programmes
4	57.7%	Residential care in the community
5	56.5%	Stopping new admissions in institutions or 'closing the front door'
6	55.8%	Reducing admissions through new admissions procedures
	55.8%	Local catchment area or hospital-level plans
	55.8%	Supported employment
9	54.2%	National or regional mental health policy, strategies, plans
10	51.0%	Self-help and user groups

1. Psychiatric beds in General Hospitals

- The expansion of mental health services to general clinics facilitates the access of populations reducing the treatment gap
- There's an urgent need of training health professionals in order to increase capacity and coverage of services promoting its quality and sustainability
- Mental health professionals are a cornerstone for the effectiveness of these services but as they are scarce task-shifting is the cost-effective solution

Beds in mental hospitals and in community-based inpatient units



- 51 Community-based inpatient units (4.1% of NHS facilities).
 - 1.2 beds per 100,000 inhabitants.

1. Psychiatric beds in General Hospitals

- Challenges
 - Health professionals (GP and nurses) tend to rotate or migrate towards urban areas/big cities;
 - There's a discrimination over mental health patients when treated in general hospitals;
 - Patients are compulsively discharged so that they do not disturb the peace in the ward

2. Outreach services within community



- The distances from houses to health care centers in rural areas are huge and there are no formal transport services available for the majority of these places.
- Outreach services often include public health services teams but mental health teams are not part of the package

2. Outreach services within community

- Is an opportunity to delivery mental health services within community, not only for promotion but also for prevention
- Task-shift is also applicable in this situations and the inclusion of stakeholders and peer support can reinforce the prevention of relapse and early detection of mental health cases

3. Admissions and discharge processes



- Closing the front door or reducing admissions to psychiatric hospitals is one of the greatest challenges in all this scaling-up strategies
- Most of these hospitals are huge infrastructures that require a lot of money for management and concentrates most of mental health professionals. Nevertheless, the quality of the services delivered in these institutions is often poor and inhuman.

3. Admissions and discharge processes

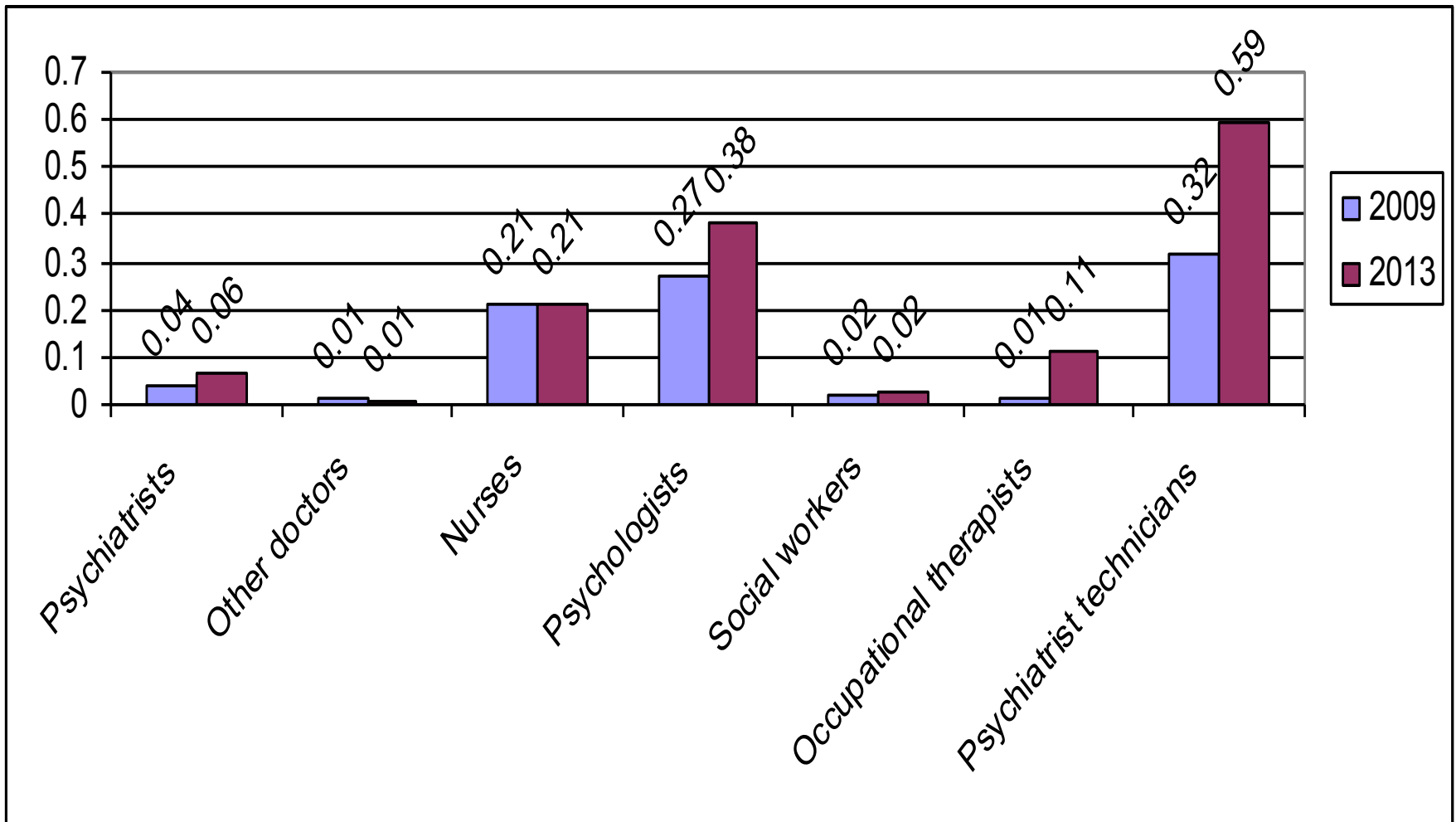
- Mental health teams at these hospitals resist the change and “fight” to keep “their” hospitals
- Inhuman conditions that patients have in psychiatric hospitals increase the mistreatment, early discharge and consequently the revolving door phenomenon.

4. Human Resources

- Qualified human resources are scarce in different areas. For health and mental health in particular, it's a major concern.
- Again, task-shifting is been proven an effective strategy for expansion of outpatient services
- Psychiatric nurses or technicians are more likely to stay in rural areas than specialized mental health professionals
- Continuous training and supervision is essential to guarantee quality.

Human Resources

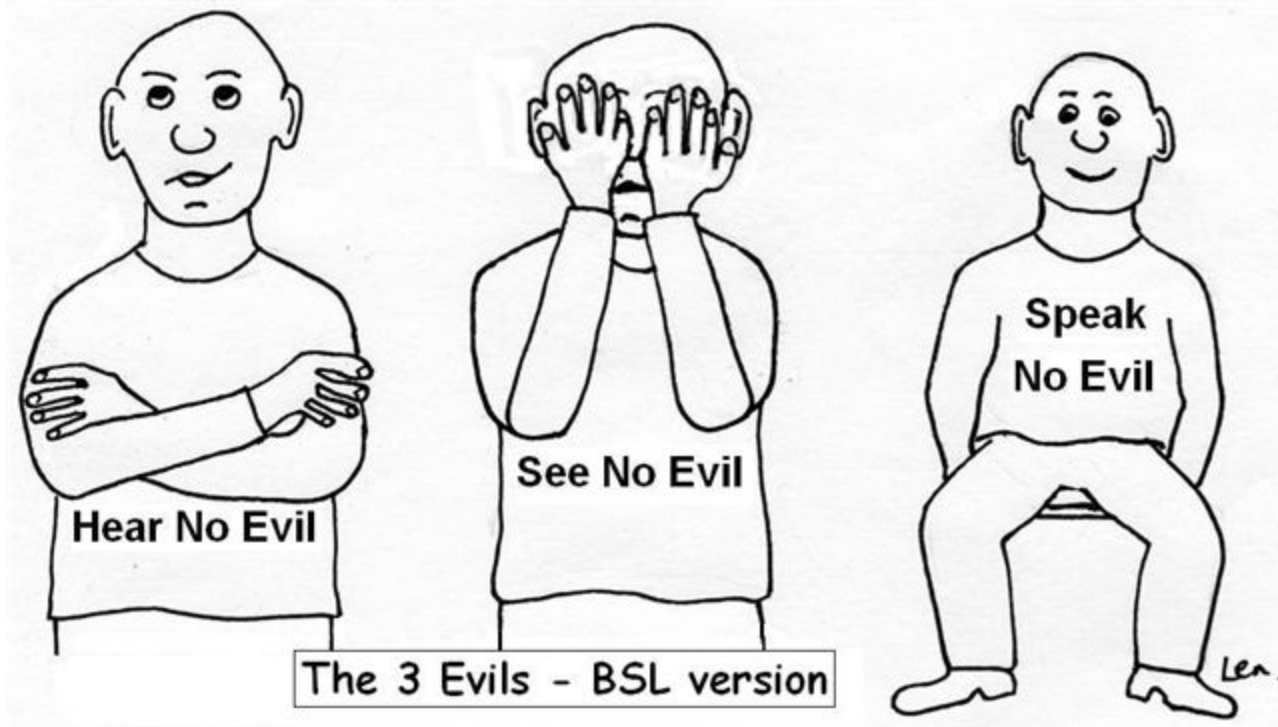
Human resources in mental health (rate per 100.000 population)



5. Financing

- Expenditure on psychiatric hospitals is probably less than the costs for implementing community-based mental health services
- The scarce budget allocated for mental health in primary care goes to the common funding management that is often diluted in other health areas.

6. Political Will



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6. Political Will

- Its important to advocate but we need to be aware of what the politicians are expecting to win.
- It's also necessary to acknowledge that there are different levels of politicians that we need to address (international, regional, national, provincial and district).

How to move forward?

- A few suggestions
 - Capacity building for stakeholders
 - Research for evidence-based strategies
 - Advocacy for funding and policy change
 - Include community stakeholders in scale-up strategies and planning



**THANK YOU
OBRIGADA**