Beyond the asylum
Innovations in community mental health

S. P. Sashidharan
Gulbenkian Global Mental Health Platform
Lisbon, 4 October 2013
Beyond the Asylum

• Deinstitutionalisation experience Birmingham
• Current challenge and opportunities
• Moving forward
**Deinstitutionalisation**

- Discharge individuals from hospitals into the community;
- Diversion from hospital admission;
- Development of alternative community services
Northern Birmingham Mental Health Trust

- 600,000 population
- Varying levels of deprivation
- Urban setting
- Significant minority ethnic population
- 6 Sectors
# Birmingham Ethnic Diversity

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>536376</td>
<td>66.2</td>
</tr>
<tr>
<td>White Other</td>
<td>37367</td>
<td>4.6</td>
</tr>
<tr>
<td>Mixed</td>
<td>19794</td>
<td>2.4</td>
</tr>
<tr>
<td>Asian</td>
<td>142986</td>
<td>17.6*</td>
</tr>
<tr>
<td>Black</td>
<td>51014</td>
<td>6.3</td>
</tr>
<tr>
<td>Other Ethnic Groups</td>
<td>23161</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td><strong>810698</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Strategy

1. Prioritise severe mental illness

2. Treatment and support in the community

3. Early intervention – assertive follow up

4. Ensure service user/family involvement
Disaggregating the Functions of the Mental Hospital....

1. Physical assessment and treatment
2. Active treatment for short term and intermediate stays
3. Long term custody
4. Protection from exploitation
5. Day care and Out-patient services
Disaggregating the Functions of the Mental Hospital

6. Occupational, vocational and rehabilitation services
7. Shelter, clothing, nutrition and basic income
8. Respite for family and carers
9. Research and training

Source: Thornicroft & Tansella (2000)
Average daily number of available beds in NHS facilities for people with Mental Illness, All Ages, 1991-92 to 2000-01
Average daily number of available beds in NHS facilities for people of Other ages (i.e. not Children or Elderly) with Mental Illness, 1991-92 to 2000-01
In-patient Psychiatry

- Over crowding
- Lack of personal safety
- Lack of any meaningful or therapeutic activities
- Emphasis on coercive care
- Disconnected care
- Service User preference
Acute Home Treatment

• Alternative to psychiatric hospitalisation
• Acute psychiatric care at home
• Mobile, 24 hour 7 days a week service
• Crisis resolution and Home Treatment
• Manage access to hospital beds and discharge
• Crisis residential alternatives
• Multidisciplinary team
55% of patients avoid hospital admission
Fewer admissions
Fewer dropouts
Less family burden
Patients and carers more satisfied

Crisis intervention for people with severe mental illnesses (Review)
Community Mental Health Teams

• Try to do too much – very broad service aims and objectives
• “One size fits all” approach
• Become quickly overloaded: 250% in 3 yrs
• Unable to focus or poorly focused
• Service entrapment
Community Mental Health Teams

- Little accountability and poor supervision
- Face service/administrative fatigue
- Failure to integrate with the primary care and local communities
- Lack of choice

CMHT – Evidence?


“We found only three trials which indicated some benefit in terms of acceptability of treatment, but overall the evidence for CMHTs is inadequate and further trials are needed to determine its effectiveness”.
Beyond the CMHT.....

• Second generation community mental health services based on ACT model
• Developed and implemented as an integrated model of care
• Ensuring service fidelity and improving service content
• Community integration and user involvement
Programme of Assertive Community Treatment


Assertive Outreach

- One team member is care coordinator
- Small case load (<15:1)
  - Treatment is individualised
  - Services provided “out of office”
  - Assertive “can do” approach
Assertive Outreach

- Team based approach
- Team responsible for meeting all needs
- Assistance in obtaining basic needs
- Primary goal → Improved client functioning
- Assistance with symptom management
National Mental Health Policy : England

- National Service Framework 1998
- National Plan for Mental Health 2000
- Leadership, implementation and governance through national mechanisms
- Ensuring model fidelity
- Targeted investment
Figure 7: Reported investment in priority areas 2002/03 to 2010/11

Investment in Priority Areas 2002/03 - 2010/11 in £' millions at 2010/11 pay and price levels

- Assertive Outreach: 2002/03 - £76, 2010/11 - £139
- Crisis Resolution / Home Treatment: 2002/03 - £38, 2010/11 - £266
- Early Intervention in Psychosis: 2002/03 - £8, 2010/11 - £104

▲ Investment in £'millions
Reshaping Acute Care

The need for psychiatric beds is inversely related to the quality of community mental health services.


Satisfaction

Experiences of Acute Mental Health Care in an Ethnically Diverse Inner-City Area – qualitative interview study:

- In-patient care was unpopular; in-patient experience unremittingly negative - “Toxic care”. Ethnically mediated unsatisfactory care

- HT popular with patients and carers from all ethnic groups. Associated with greater choice and control.

Weich et al (2010)
ACT: Effectiveness


- Clients who received care from the assertive community treatment team seemed better engaged and were more satisfied with services.
Effectiveness: CRHT

  
  *BMJ 2005; 331:599*

- HT associated with reduction of hospital admission and increased service user satisfaction
CRHT
Factors associated with effective functioning

- Adequate funding - staffing
- Support from senior management
- Support from senior psychiatrists
- Team leader with commitment and drive
- 24 hour service
- Gate keeping
- Fewer exclusions

Audit Commission 2007
Listening to experience

An independent inquiry into acute and crisis mental healthcare
Priorities for acute care

*Listening to Experience*

- Humanity
- Choice and Control
- Needs based care
- Reducing the medical dominance
# Challenges

<table>
<thead>
<tr>
<th>Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-institutionalisation</td>
</tr>
<tr>
<td>Increase in coercive care and community-based coercion</td>
</tr>
<tr>
<td>Expanding the boundaries of psychiatry</td>
</tr>
<tr>
<td>Social exclusion</td>
</tr>
</tbody>
</table>
“Re-institutionalisation”


In England, Germany, Italy, Spain, Netherlands, Sweden, the provision of supported housing, the number of forensic beds and the prison population increased significantly as the number of psychiatric beds declined.
Challenges

<table>
<thead>
<tr>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-institutionalisation</td>
</tr>
<tr>
<td>Increase in coercive care and community-based coercion</td>
</tr>
<tr>
<td>Expanding the boundaries of psychiatry</td>
</tr>
<tr>
<td>Social exclusion</td>
</tr>
</tbody>
</table>
CRHT / Inpatient balance
NHS annual spend

• All adult mental health services  £6.55 billion
• All adult inpatient services  £1.4 billion
• Acute inpatient services  £900 million
• CRHT  £276 million

• Maximising resources in adult Mental Health (Audit Commission) June 2010
Community mental health care in Europe

Medeiros H, McDaid D, Knapp M, the MHEEN Group (2008) Shifting Care from Hospital to the Community in Europe: Economic Challenges and Opportunities

Mental Health European Network (MHEEN) II Policy Briefing 4, Personal Social Services Research Unit, LSE, London.
# Community care in Western Europe

<table>
<thead>
<tr>
<th>Country</th>
<th>Mental Health Policy</th>
<th>Community Care Policy</th>
<th>Community care available</th>
<th>Additional resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>Absent</td>
<td>No</td>
<td>Widely</td>
<td>No</td>
</tr>
<tr>
<td>Belgium</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>No</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Finland</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>No</td>
</tr>
<tr>
<td>France</td>
<td>Present</td>
<td>No</td>
<td>Limited</td>
<td>No</td>
</tr>
<tr>
<td>Germany</td>
<td>Present</td>
<td>Yes</td>
<td>Limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Greece</td>
<td>Present</td>
<td>Yes</td>
<td>Limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Iceland</td>
<td>Absent</td>
<td>No</td>
<td>Limited</td>
<td>No</td>
</tr>
<tr>
<td>Italy</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>No</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>Absent</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>Absent</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Malta</td>
<td>Present</td>
<td>Yes</td>
<td>Very limited</td>
<td>No</td>
</tr>
</tbody>
</table>
# Community care in Western Europe

<table>
<thead>
<tr>
<th>Country</th>
<th>Mental Health Policy</th>
<th>Community Care Policy</th>
<th>Community care available</th>
<th>Additional resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>Present</td>
<td>No</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Norway</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Portugal</td>
<td>Present</td>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Spain</td>
<td>Absent</td>
<td>Yes</td>
<td>Limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Sweden</td>
<td>Absent</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Absent</td>
<td>No</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>U K</td>
<td>Present</td>
<td>Yes</td>
<td>Widely</td>
<td>Yes</td>
</tr>
</tbody>
</table>
# Community care in Eastern Europe

<table>
<thead>
<tr>
<th>Country</th>
<th>Mental Health Policy</th>
<th>Community Care Policy</th>
<th>Community care available</th>
<th>Additional resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>Yes</td>
<td>Yes</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Yes</td>
<td>Yes</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Estonia</td>
<td>Yes</td>
<td>No</td>
<td>Very limited</td>
<td>No</td>
</tr>
<tr>
<td>Hungary</td>
<td>No</td>
<td>Partial</td>
<td>Very limited</td>
<td>Limited</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Yes</td>
<td>Yes</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Poland</td>
<td>Yes</td>
<td>No</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Romania</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Slovenia</td>
<td>No</td>
<td>No</td>
<td>Very limited</td>
<td>Yes</td>
</tr>
<tr>
<td>Turkey</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
## What “good’ looks like

<table>
<thead>
<tr>
<th>• A successful mental health system provides individualised, accessible, integrated, and effective care and treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Based on evidence, values and principles.</td>
</tr>
<tr>
<td>• Located in local communities</td>
</tr>
<tr>
<td>• Prevention, early detection, treatment, psychosocial rehabilitation are essential components of a good mental health system.</td>
</tr>
<tr>
<td>• Co-production of services involving service users</td>
</tr>
</tbody>
</table>
What “good’ looks like

- Service must be recovery-orientated
- Must ensure the rights of individuals with mental health problems and protect their autonomy
- Sustainability of all health care systems is dependent on effective community involvement and inter-sectoral linkage
Innovations in Community Mental Health


The BasicNeeds Mental Health and Development Model.

http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1001261
Mental Hospital Expenditure as a % of all Mental Health Expenditure by World Bank Income Group

Mental Health Atlas 2011, WHO

- High
- Upper Middle
- Lower Middle
- Low

Median percentage
Mental Hospital Expenditure as a % of all Mental Health Expenditure by WHO regions

Mental Health Atlas 2011, WHO

Median %

- WPR
- SEAR
- EUR
- EMR
- AMR
- AFR

0% 20% 40% 60% 80% 100%

Median %
How to downsize institution-based services? Gulbenkian / WHO expert survey

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage responses – quite useful or very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile clinics / outreach services</td>
<td>67.7%</td>
</tr>
<tr>
<td>Psychiatric beds outside mental hospitals</td>
<td>64.3%</td>
</tr>
<tr>
<td>Discharge planning</td>
<td>58.3%</td>
</tr>
<tr>
<td>Residential care in the community</td>
<td>57.7%</td>
</tr>
<tr>
<td>Stopping new admissions</td>
<td>56.5%</td>
</tr>
<tr>
<td>Reducing new admissions</td>
<td>55.8%</td>
</tr>
</tbody>
</table>
How to downsize institution-based services?  
Gulbenkian / WHO expert survey

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage responses – quite useful or very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local catchment area or hospital level plans</td>
<td>55.8%</td>
</tr>
<tr>
<td>Supported employment</td>
<td>55.8%</td>
</tr>
<tr>
<td>National or regional mental health policies, strategies, plans</td>
<td>54.2%</td>
</tr>
<tr>
<td>Self-help and user groups</td>
<td>51.0%</td>
</tr>
</tbody>
</table>
Objectives of WHO Comprehensive Mental Health Action Plan 2013 – 2020

(1) to strengthen effective leadership and governance for mental health;

(2) to provide comprehensive, integrated and responsive mental health and social care services in community-based settings;

(3) to implement strategies for promotion and prevention in mental health;

(4) to strengthen information systems, evidence and research for mental health.
Way Forward

- From Exclusion to Inclusion
- From bio-medical to bio-psychosocial approach
- From Beds to Settings
- From Clinical to Public Health approach
- From Treatment to Services
- From Hospital to Community
- From Short Term to Long Term Care (rehabilitation)
- From Individual work to Team work
- From Experts through training to Experts through experience
- Single system to Whole system
Mental Health Reform

• The centrality of the protection of the human rights and fundamental freedoms of the persons affected by mental disorder.

• The necessity to build a network of services that replaces the psychiatric hospital