Beyond the asylum
Innovations in community mental health

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Beyond the Asylum

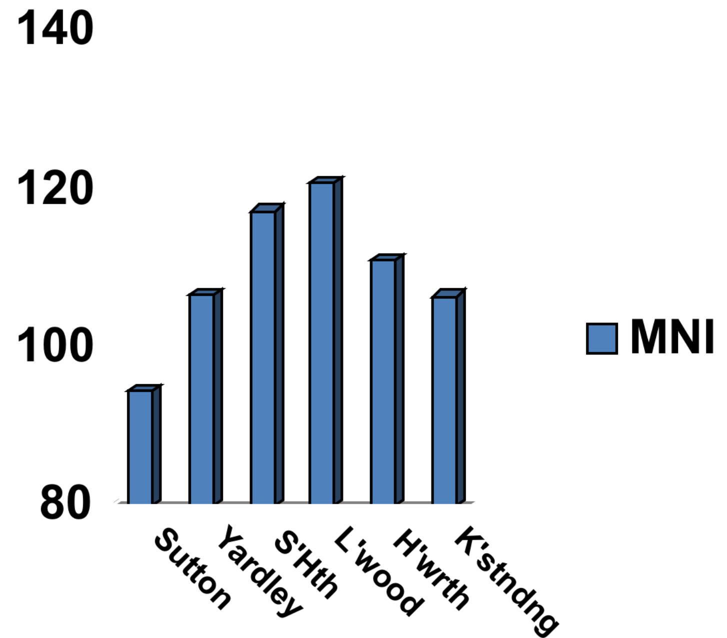
- Deinstitutionalisation experience Birmingham
- Current challenge and opportunities
- Moving forward

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

Ethnic Group	Population	Percentage
White British	536376	66.2
White Other	37367	4.6
Mixed	19794	2.4
Asian	142986	17.6*
Black	51014	6.3
Other Ethnic Groups	23161	2.9
All	810698	100.0

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....

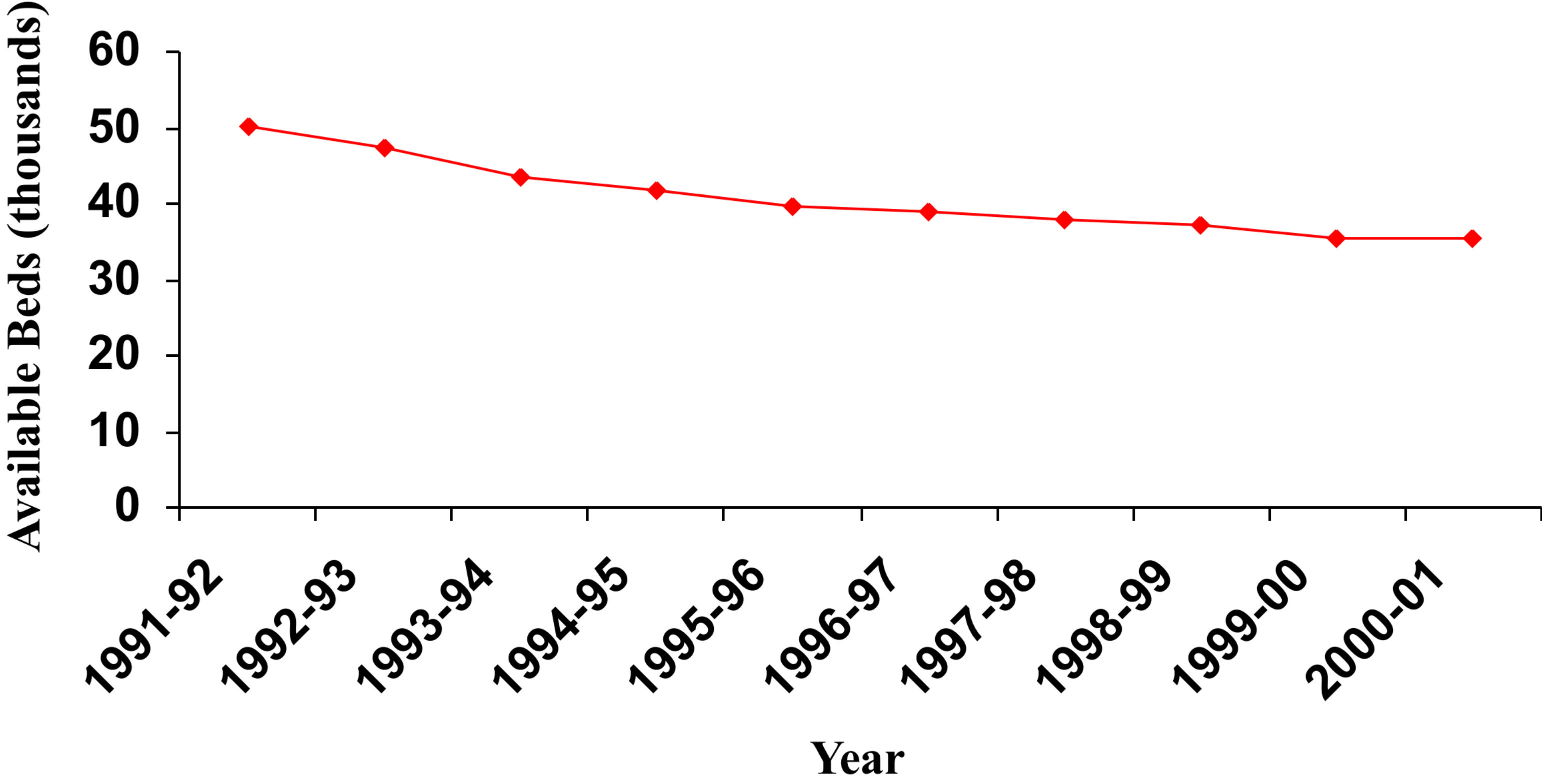
1. Physical assessment and treatment
2. Active treatment for short term and intermediate stays
3. Long term custody
4. Protection from exploitation
5. Day care and Out-patient services

Disaggregating the Functions of the Mental Hospital

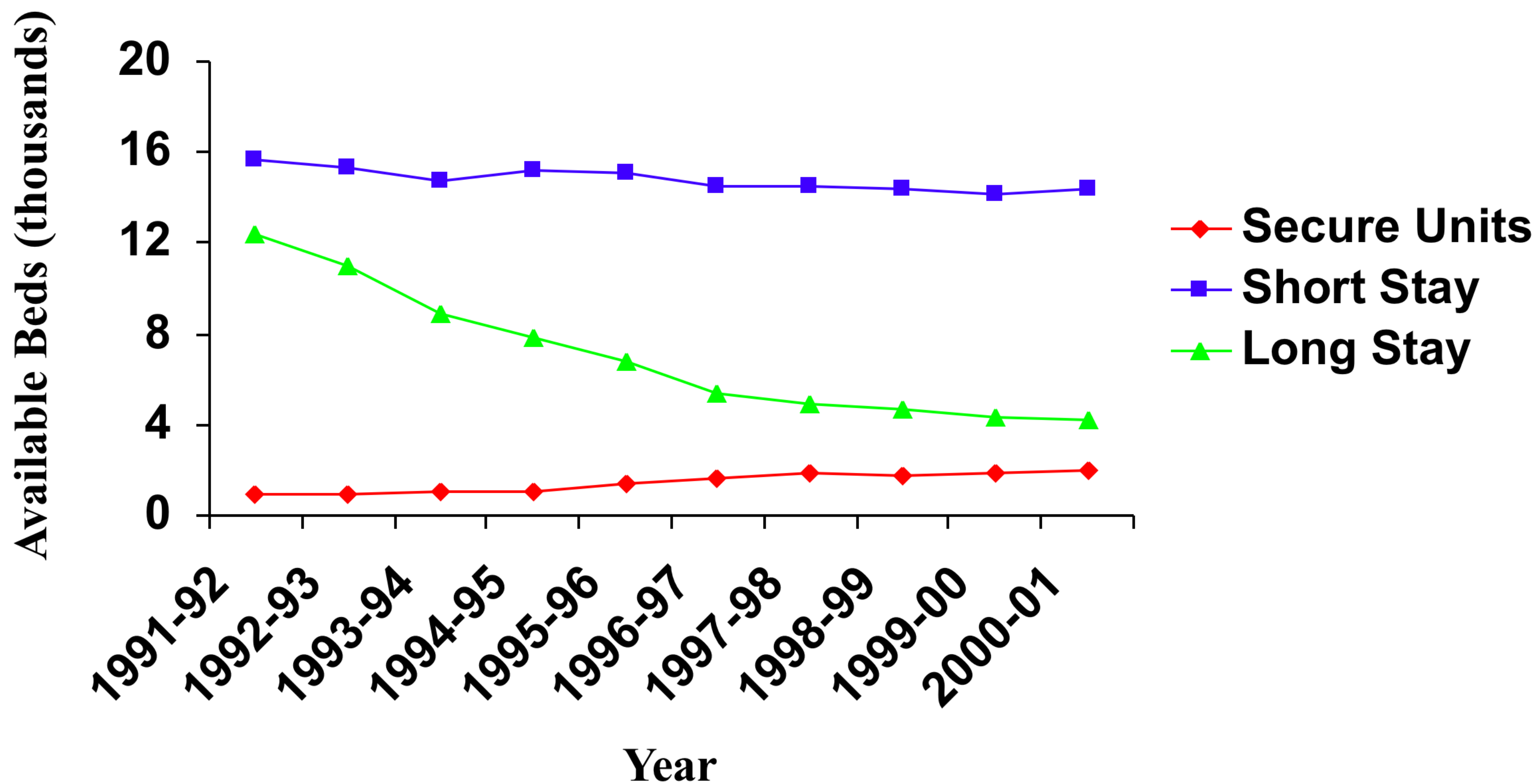
6. Occupational, vocational and rehabilitation services
7. Shelter, clothing, nutrition and basic income
8. Respite for family and carers
9. Research and training

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

Cochrane Review

- 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)
Joy CB, Adams CE, Rice K. The Cochrane Collaboration (2007)

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?

- Simmonds et al (2001) CMHT management in SMI: a systematic review. BJ Psych, 178, 497 – 502

5 studies, Canada (1979), Australia (1981) and 3 in London (1992/93/98). Compared with standard treatment – marginal benefits

CMHT – Evidence?

Cochrane Review: Malone D et al (2010):Community mental health teams for people with severe mental illnesses and disordered personality.

"We found only three trials which indicated some benefit in terms of acceptability of treatment, but <u>overall the evidence for CMHTs is inadequate</u> 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

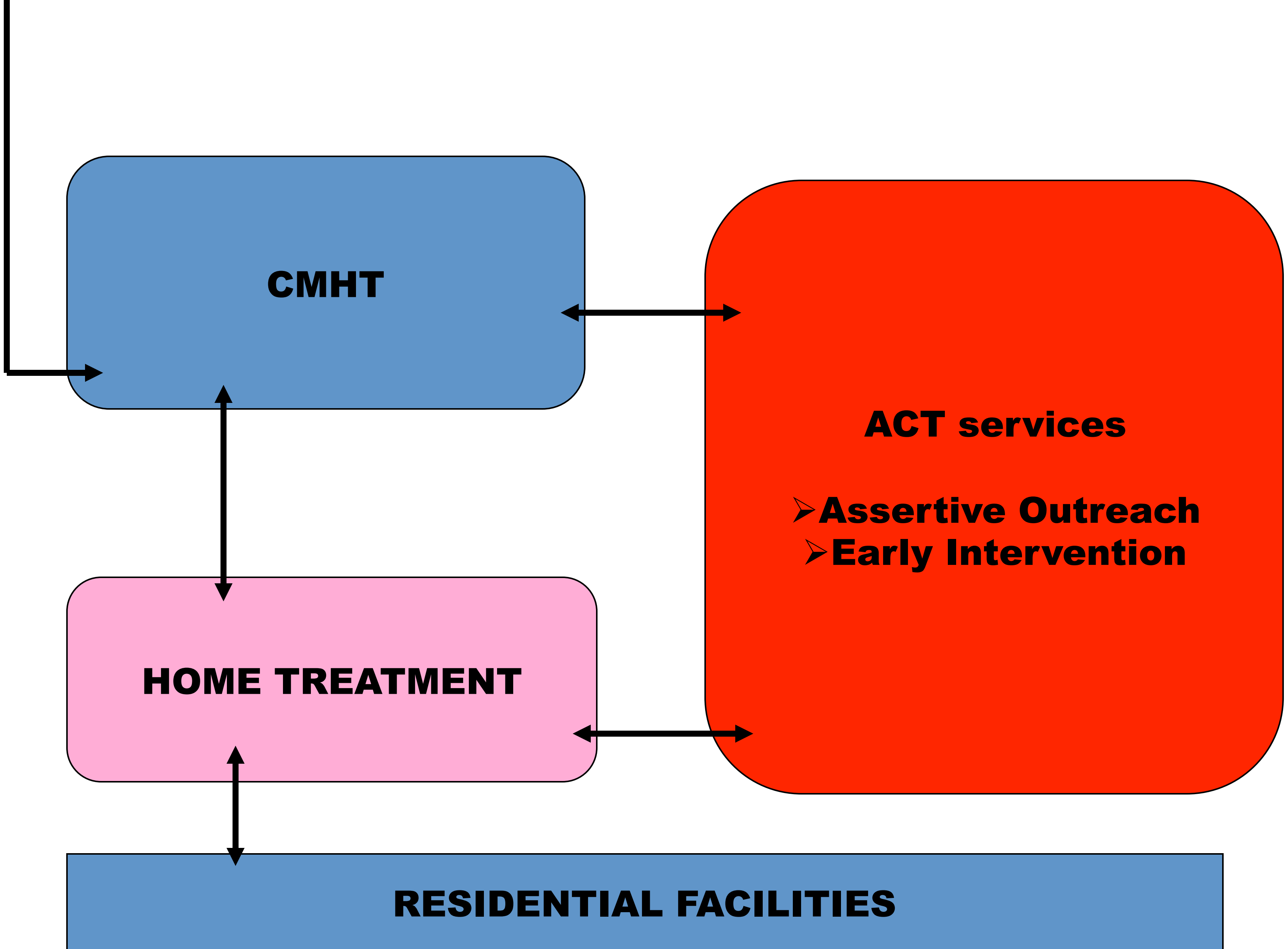
- Stein, L. I., & Test, M. A. (1980). Alternative to mental hospital treatment. I. Conceptual model, treatment program, and clinical evaluation. *Archives of General Psychiatry, 37,* 392-397.
- Stein, L. I., & Santos, A. B. (1998). *Assertive community treatment of persons with severe mental illness*. New York & London: W. W. Norton

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

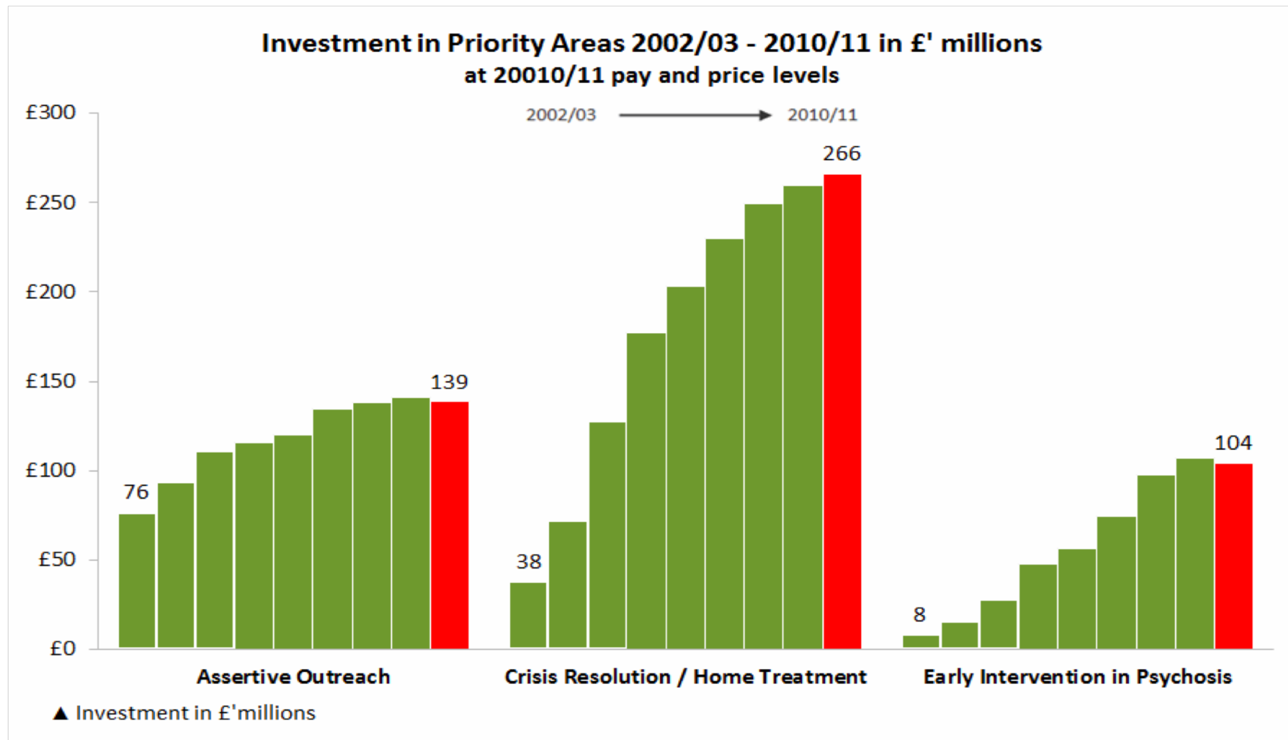
- Team based approach
- Team responsible for meeting all needs
- Assistance in obtaining basic needs
- Primary goal → Improved client functioning
- Assistance with symptom management


CMHT
ACT services
Assertive Outreach
Early Intervention
HOME TREATMENT
RESIDENTIAL FACILITIES

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



Reshaping Acute Care

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

Weich (2008) Availability of inpatient beds for psychiatric admissions in the NHS, BMJ, 337, 941 -942

Thornicroft G, Strathdee G. (1994) How many psychiatric beds? BMJ; 309:970-1.

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

- Killaspy et al (2006) The REACT study: randomised evaluation of assertive community treatment in north London.

  BMJ 2006; 332:815

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

Effectiveness: CRHT

- Johnson S et al (2005) Randomised controlled trial of acute mental health care by a crisis resolution tem: the north Islington crisis study.

  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

mind

for better mental health

Priorities for acute care
Listening to Experience

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

Challenges

Re-institutionalisation
Increase in coercive care and community-based coercion
Expanding the boundaries of psychiatry
Social exclusion

“Re-institutionalisation”

Priebe S et al (2005) Reinstitutionalisation in mental health care: a comparison of data on service provision from six European countries.

BMJ 2005; 123 :350.

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

Re-institutionalisation
Increase in coercive care and community-based coercion
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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

	Mental Health Policy	Community Care Policy	Community care available	Additional resources
Austria	Absent	No	Widely	No
Belgium	Present	Yes	Widely	No
Cyprus	Present	Yes	Widely	Yes
Finland	Present	Yes	Widely	No
France	Present	No	Limited	No
Germany	Present	Yes	Limited	Yes
Greece	Present	Yes	Limited	Yes
Iceland	Absent	No	Limited	No
Italy	Present	Yes	Widely	No
Liechtenstein	Absent	Yes	Widely	Yes
Luxembourg	Absent	Yes	Widely	Yes
Malta	Present	Yes	Very limited	No

Community care in Western Europe

	Mental Health Policy	Community Care Policy	Community care available	Additional resources
Netherlands	Present	No	Widely	Yes
Norway	Present	Yes	Widely	Yes
Portugal	Present	Yes	Limited	Limited
Spain	Absent	Yes	Limited	Limited
Sweden	Absent	Yes	Widely	Yes
Switzerland	Absent	No	Very limited	Yes
U K	Present	Yes	Widely	Yes

Community care in Eastern Europe

	Mental Health Policy	Community Care Policy	Community care available	Additional resources
Bulgaria	Yes	Yes	Very limited	Yes
Czech Republic	Yes	Yes	Very limited	Yes
Estonia	Yes	No	Very limited	No
Hungary	No	Partial	Very limited	Limited
Lithuania	Yes	Yes	Very limited	Yes
Poland	Yes	No	Very limited	Yes
Romania	Yes	No	No	No
Slovakia	Yes	Yes	No	No
Slovenia	No	No	Very limited	Yes
Turkey	Yes	Yes	No	No

What “good’ looks like

- A successful mental health system provides individualised, accessible, integrated, and effective care and treatment.
- Based on evidence, values and principles.
- Located in local communities
- Prevention, early detection, treatment, psychosocial rehabilitation are essential components of a good mental health system.
- Co-production of services involving service users

What “good’ looks like

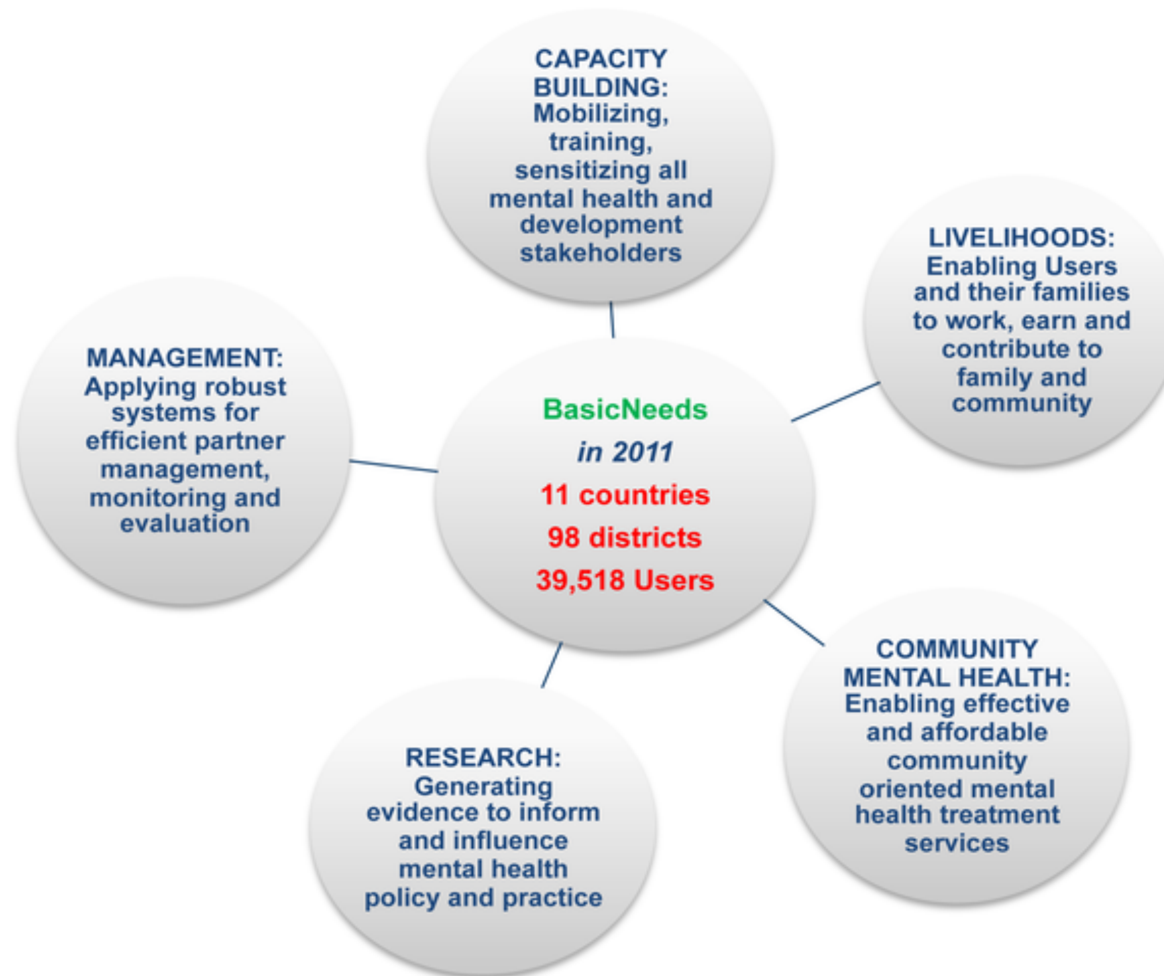
- Service must be recovery-orientated
- Must ensure the rights of individuals with mental health problems and protect their autonomy
- Sustainability of all health care systems is dependent on effective community involvement and inter-sectoral linkage

Innovations in Community Mental Health

- *PLoS Medicine* Series on Global Mental Health Practice. Patel V, Jenkins R, Lund K, *PLoS Medicine* Editors (2012)

PLoS Med 9(5): e1001226. doi:10.1371/journal.pmed.1001226

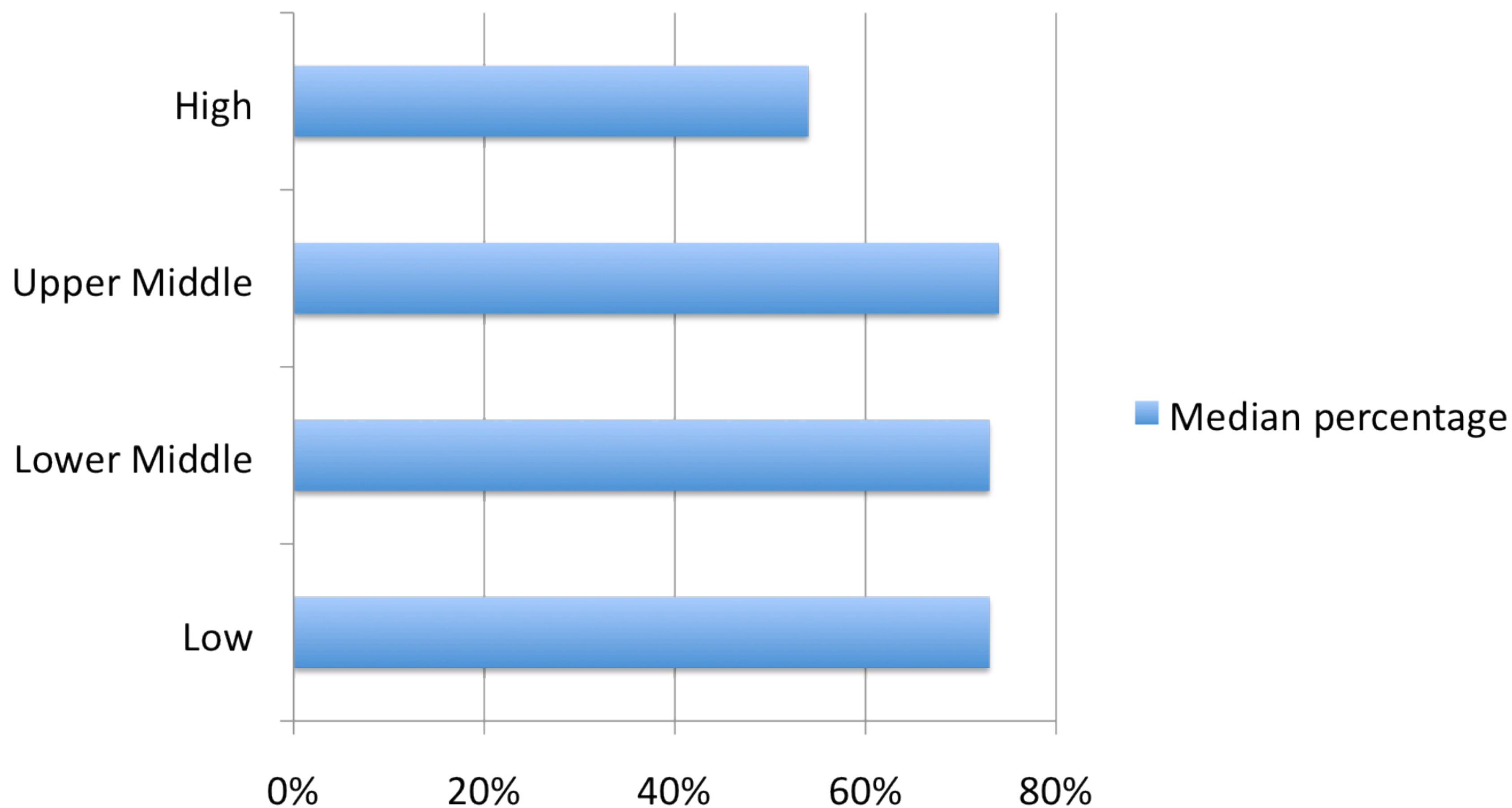
The BasicNeeds Mental Health and Development Model.



Raja S, Underhill C, Shrestha P, Sunder U, et al. (2012) Integrating Mental Health and Development: A Case Study of the BasicNeeds Model in Nepal. PLoS Med 9(7): e1001261. doi:10.1371/journal.pmed.1001261
http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1001261

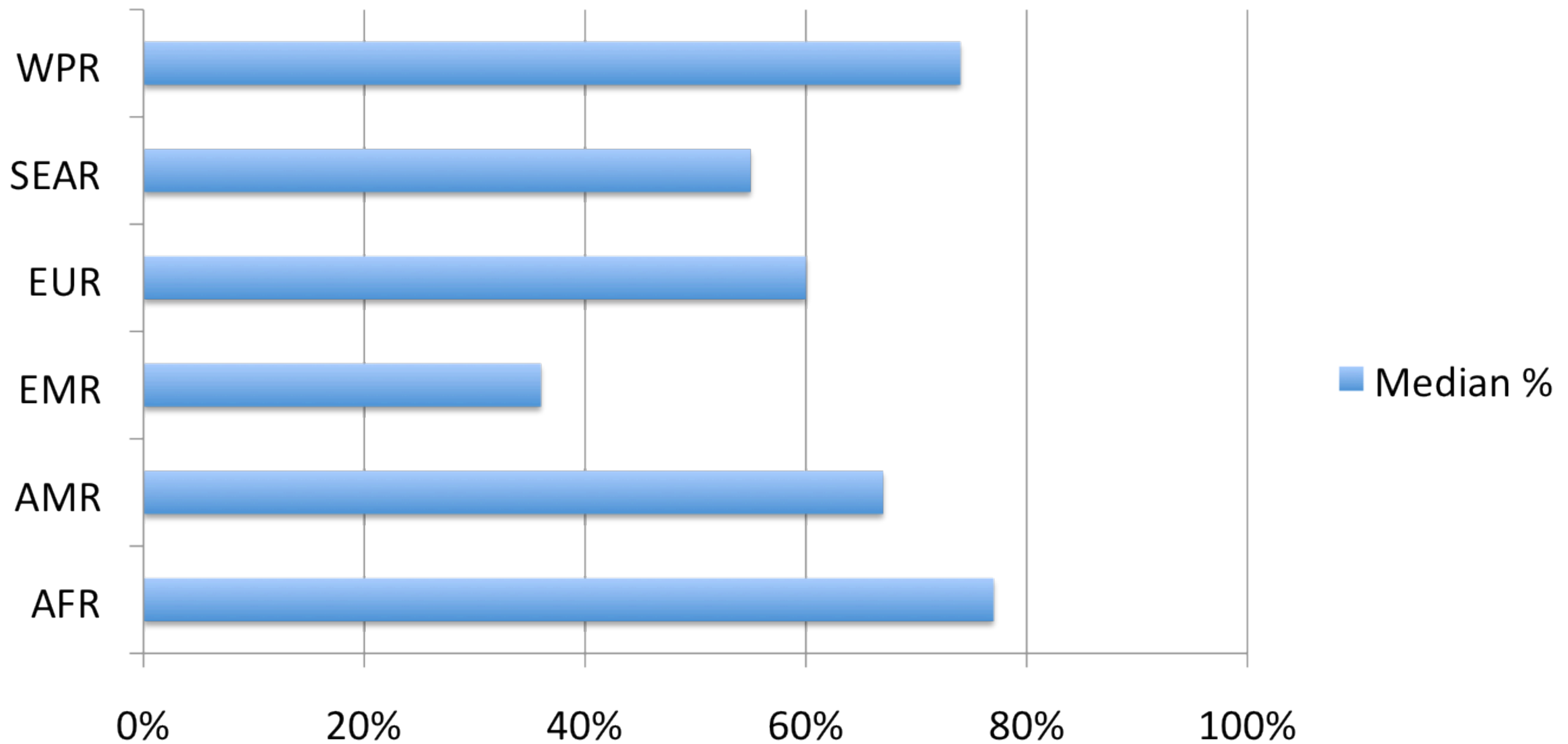
Mental Hospital Expenditure as a % of all Mental Health Expenditure by World Bank Income Group

Mental Health Atlas 2011, WHO



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

Mental Health Atlas 2011, WHO



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

	Percentage responses – quite useful or very useful
Mobile clinics / outreach services	67.7%
Psychiatric beds outside mental hospitals	64.3%
Discharge planning	58.3%
Residential care in the community	57.7%
Stopping new admissions	56.5%
Reducing new admissions	55.8%

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

	Percentage responses – quite useful or very useful
Local catchment area or hospital level plans	55.8%
Supported employment	55.8%
National or regional mental health policies, strategies, plans	54.2%
Self-help and user groups	51.0%

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