IV Congreso Nacional de Atención Sanitaria al Paciente Crónico

Nuevos equipos,
nuevas competencias
nuevas alianzas

semFYC

GENERALITAT VALENCIANA
CONSELLERIA DE SANITAT

SEMI
LA VISIÓN GLOBAL DE LA PERSONA ENFERMA

8, 9 y 10 de Marzo 2012
Auditorio de la Diputación de Alicante (ADDA)

IV Congreso Nacional de Atenciòn Sanitaria al Paciente Crònico
MESA DE SALUD MENTAL
Salud Mental Comunitaria: El Largo Viaje al Centro de la Atención Integral a la Cronicidad.
Alicante, 9 March 2012.

35 Años de Experiencia en Salud Mental Comunitaria. Puede aplicarse al Cuidado de las Patologías Crónicas?

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WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation

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The contribution of the reform of mental health care to the implementation of new chronic care strategies in other areas of medicine

1.

Moving the bulk of health care from hospital to community

The Italian Psychiatric Reform (1978): A sudden and radical change in law, a slow transition in practice (1)

In most western countries mental health services are undergoing substantial changes.

A common element of these changes is the transition from a system of care which is largely hospital-based to one which is predominantly community-based.

The Italian Psychiatric Reform (1978): A sudden and radical change in law, a slow transition in practice (2)

In 1978 Italy introduced one of the most innovative and radical changes in mental health legislation, based on a model of community psychiatry that was designed to be *alternative* to, rather than to *complement* the traditional mental hospital-centred care.

Specific Characteristics of the Italian Model of Community-based Mental Health Care (1)

- Long-term care is provided (when necessary) longitudinally, by a 'comprehensive' mental health service. Continuity of care (in the community as well as in hospital – psychiatric beds are located in general hospitals) is ensured;
- Catchment areas (with geographically defined boundaries). Each service has full responsability of all cases living in the area, including the severe and the chronic cases;
- The service is directed by one Chief consultant (responsible of both community and hospital care);

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Specific Characteristics of the Italian Model of Community-based Mental Health Care (2)

- **Gradual phasing out of the old-fashioned mental hospitals** (for some years only the front doors were closed);
- **Balanced model of care** (community services and hospital services, with the focus on the community);
- **Therapy NOT chronologically separated from rehabilitation.** "Specific" rehabilitative programmes NOT separated from general interventions and actions (i.e. figthing against discrimination and stigma).

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What we learned

Some principles for planning mental health services are of great value when moving the bulk of care from hospital to community, for the treatment of long-term (chronic) illnesses:

Accessibility, Accountability, Autonomy, Comprehensiveness, Continuity, Coordination, Effectiveness, Efficiency, Equity.

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2.
Developing a ‘Balanced Care Model’

The Community-Based Psychiatric Service

"A comprehensive and well integrated system of care devoted to a defined population. Such a service should include a wide spectrum of out-patient, day-patient and general hospital in-patient facilities, as well as staffed and unstaffed residential facilities.

It should ensure easy access of patients to any of its components, easy diagnosis, continuity of care, as well as social support and close liaison to other community medical and social services, in particular with GPs"

M. Tansella, *Journal of the Royal Society of Medicine*, 1986.

The balanced care model

Balanced Care

- Mainly community-based, but with efficient hospital backup
- As few and short hospital admissions as possible
- Services close to home
- Interventions for disabilities ***and*** symptoms
- Treatment specific to the diagnosis and needs
- Services reflecting priorities of service users
- Services well co-ordinated
- Mobile rather than static services

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What we learned

The model of balanced care for treating long-term (chronic) illnesses in community-based services needs to be flexible, to adapt to changing circumstances.

The potential for such flexibility is indeed an advantage, compared to the rigidity of traditional mental hospital care

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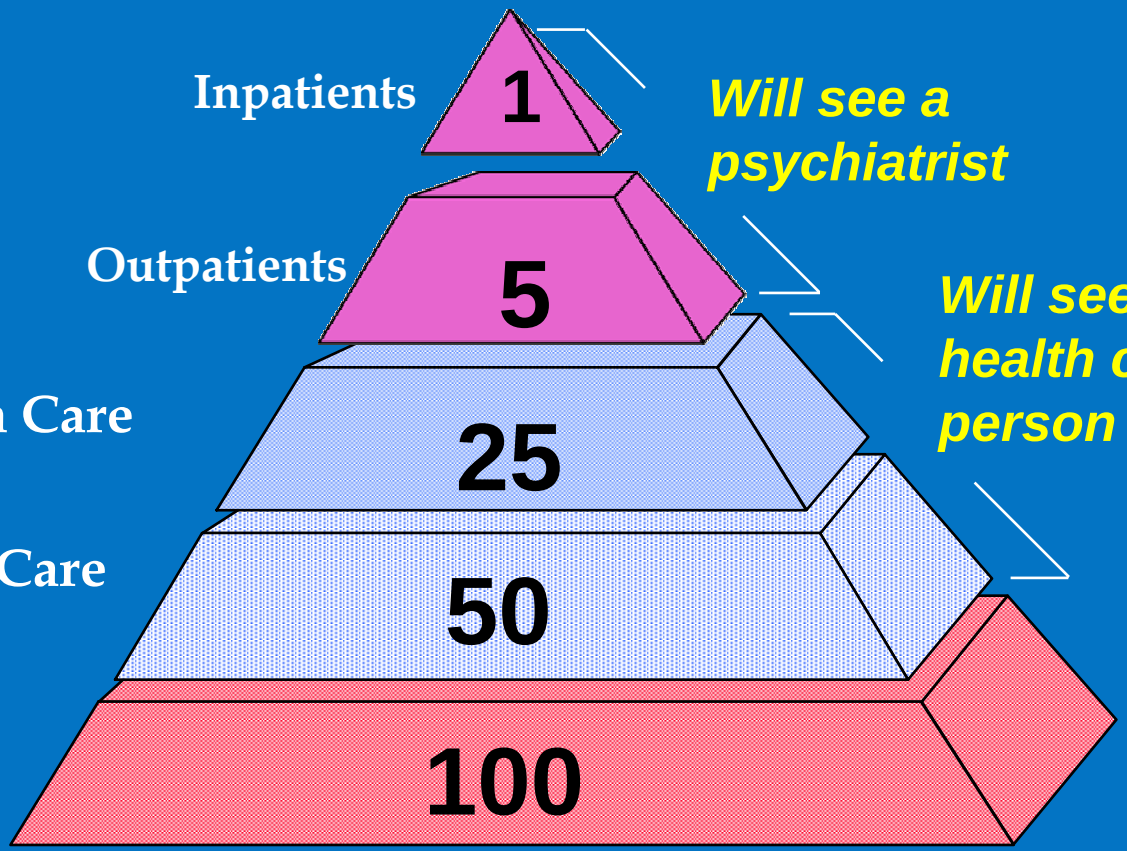
3.

Developing better links with primary care services

Where do people with mental disorder seek help ?



Goldberg & Huxley's Model

General Population
Total psychiatric morbidity
290-310 / 1000 inhabitants

1° Filter — **Illness behaviour**

General Practice
Total psychiatric morbidity
120-240 / 1000 inhabitants

2° Filter

General Practice
Recognised psychiatric morbidity
60-120 / 1000 inhabitants

3° Filter — **Bi-diretional filter**

Psychiatric services
Total psychiatric morbidity
12-24 / 1000 inhabitants

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Von Korff & Goldberg, *BMJ*, 323, 948, 2001

Improving outcomes in depression

The whole process of care needs to be enhanced

This evidence suggests that efforts to improve the primary care of major depression should focus on low cost case management coupled with fluid and accessible working relationships among the primary care special-

Low cost case management coupled with fluid and accessible working relationships among GP, case manager and the specialist

ssion to

hile the

minority needing ongoing specialist care can be identified and referred more reliably.

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British Journal of Psychiatry, 189, 484, 2006.

Collaborative care for depression in primary care

Making sense of a complex intervention: systematic review and meta-regression

PETER BOWER, SIMON GILBODY, DAVID RICHARDS, JANINE FLETCHER and ALEX SUTTON

Three interventions predicted improvement in depressive symptoms:

-Recruitment by systematic identification

-Case managers with specific mental health background

-Regular supervision for case managers

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What we learned

Courses for improving the ability of GPs in recognising and treating long-term (chronic) illnesses **are NOT sufficient**.

Collaborative care with specialist services **needs to be developed**, including prompt availability by specialists, supervision, case management for the most difficult cases and fluid working relationships.

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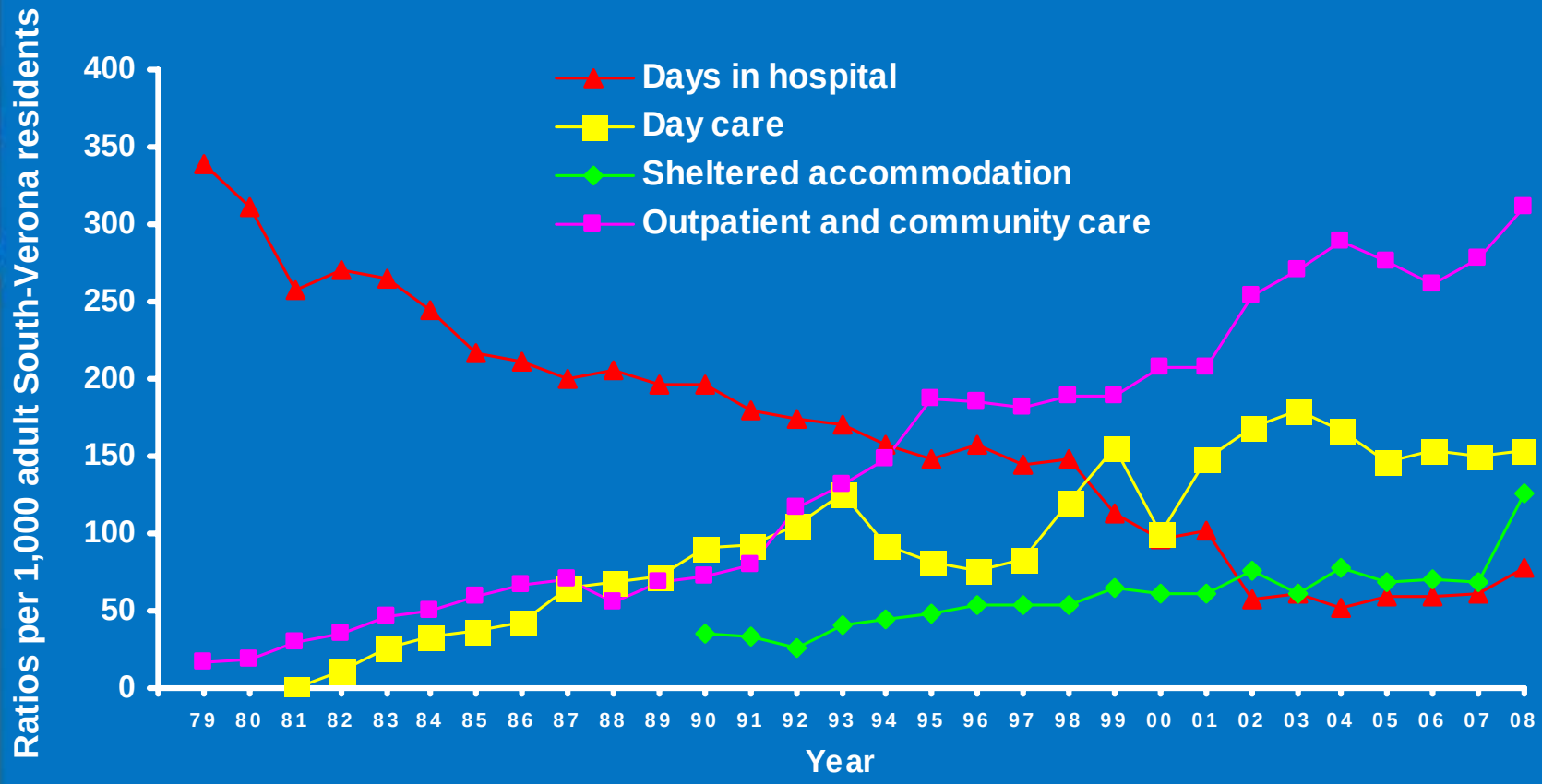
4.

Implementing new, community-based strategies for long-term care needs time

Patterns of care (1979-2008)

South-Verona Psychiatric Case Register

(Ratios x 1.000)



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Long-stay and Long-term Patients

Long-stay

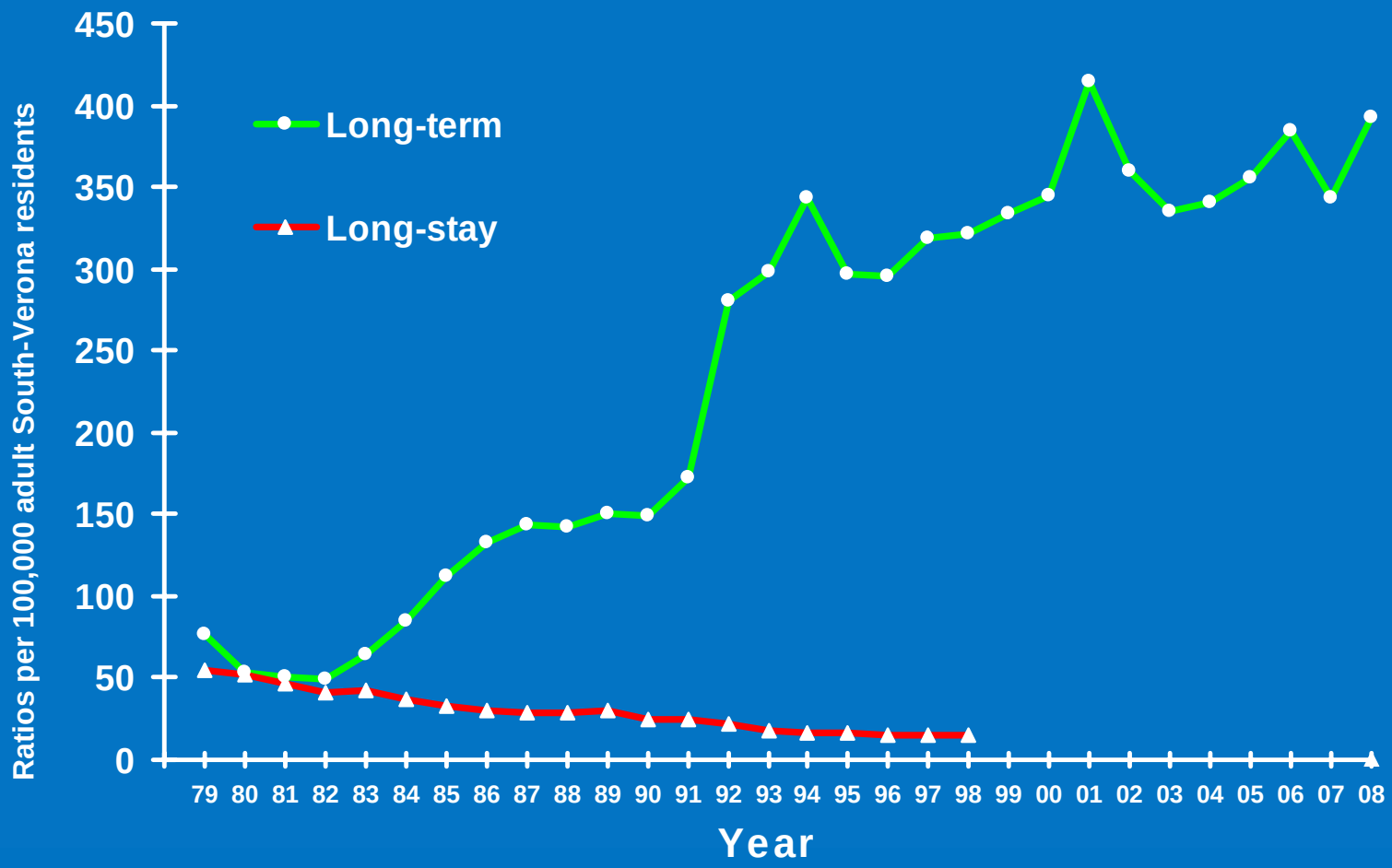
- patients who continuously stayed in hospital for one year or more

Long-term

- not long-stay patients
- continuously in contact with psychiatric services
- no break of 3 months or more between contacts
- for one year or more

Total long-stay and long-term patients (1979-2008)

South-Verona Psychiatric Case Register (Ratios x 100,000)



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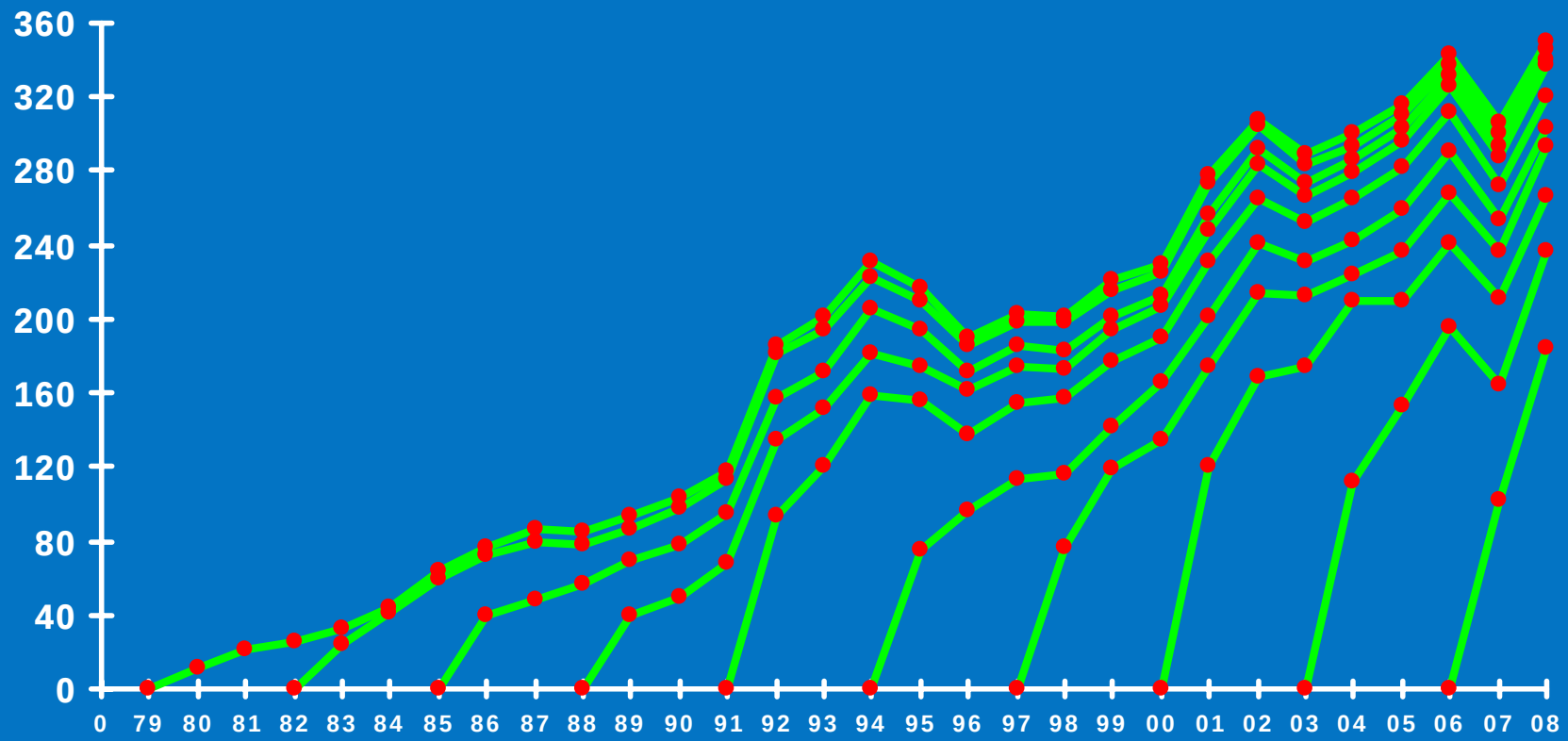
Build-up of new long-term patients (*)

South-Verona Psychiatric Case Register

(Numbers)



(*) Not long-term on triennal census days, but long-term on subsequent census days (new long-term)

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What we learned

Long term commitment and adequate resources are necessary.

Efficient community-based services improve the quality of care for long-term (chronic) illnesses, but are not a cheap solution.

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5.

Developing new approaches for assessing the effectiveness of treatments and the outcome of care

EFFICACY Randomised Controlled Trials (RCTs)

Explanatory Trials

EFFECTIVENESS Randomised Controlled Trials (RCTs)

Pragmatic *or*
Practical *or*
Management Trials

Effectiveness or Pragmatic Trials (RCTs)

Experiments designed to test hypotheses that are useful for clinical practice in *real life settings.*

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Research Unit
"Environmental, Clinical & Genetic Determinants of Outcome of Mental Disorders"

Staff

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Dr. Sarah Tosato, Dr.Med. – Psychiatrist
Dr. Katia De Santi, Dr.Med. – Psychiatrist
Dr. Silvia Scala, Dr.Psychol., Psychologist

Outcome Domains

- Symptoms
- Disability & social functioning
- Satisfaction
- Needs
- Quality of life
- Service use and costs
- Impact on care givers

The South-Verona Outcome Project (OUT-PRO)

Key-characteristics

- A series of studies conducted in the frame of the routine clinical practice of a well established and community-based “real world psychiatric service”
- Assessment of a comprehensive set of outcome-related variables
- Systematic involvement of the key-clinicians and of the patients in the assessments (‘routine outcome assessment’)
- Regular checks of the quality of data collected

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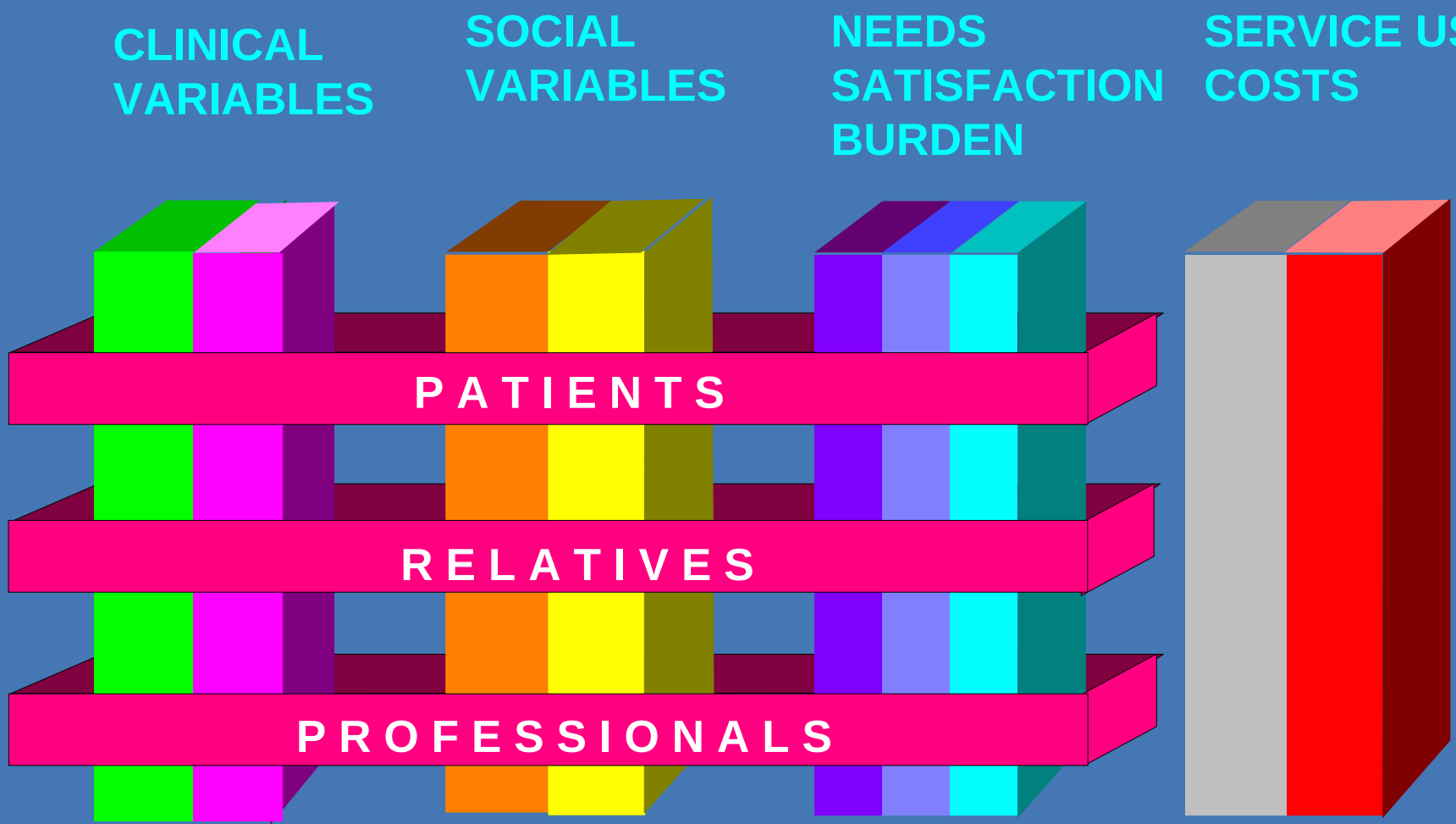
MULTI-DIMENSIONAL AND MULTI-AXIAL MODEL TO EVALUATE OUTCOME



South-Verona Outcome Project

Synthesis

- More than **2500 patients assessed by trained clinical staff**
- More than **1000 self-assessments by the patients**
- Two follow-up (2 and 6 yrs.) of the 1994 cohort completed
- Several instruments added to the basic package to explore specific issues (personality, patient and staff rated needs and psychopathology, etc.)

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Camberwell Assessment of Need (CAN)

Areas of need explored

Health
- physical health
- psychotic symptoms
- psychological distress
- safety to self
- safety to others
- alcohol
- drugs

Social
- company
- intimate relations
- sexual expression

Basic
- accommodation
- food
- daytime activities

Functioning
- looking after home
- self-care
- childcare
- basic education
- money

Services
- information
- transport
- telephone
- benefits

0 = no need 1 = met need; 2 = unmet need

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Overview of the Matrix Model

Geographical Levels	*Temporal Phases*		
	(A) Inputs	**(B) Processes**	**(C) Outcomes**
(1) Country / Regional	**1A**	**B**	**1C**
(2) Local	**2A**	**2B**	**2C**
(3) Individual	**3A**	**3B**	**3C**

Thornicroft & Tansella (1999) *The Mental Health Matrix*,Cambridge Univ. Press

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What we learned

Input, process and outcome have to be considered simultaneously for planning and evaluating reform and changes in health care systems.

Routine outcome assessment is feasible. The quality of the data obtained is good, provided regular checks are performed.

It provides a unique database, made by a series of systematic assessments completed in the frame of routine care.

IN CONCLUSION

Nos podemos dirigir o vento……

Mas podemos adjustar as velas

The problem is: what shall we do when there is very little wind?