



Servicio Andaluz de Salud
CONSEJERÍA DE SALUD

Fundación Pública Andaluza para la Integración Social

de Personas con Enfermedad Mental. FAISEM

Escuela Andaluza de Salud Pública

CONSEJERÍA DE SALUD

jornadas andaluzas d e salud mental comunitaria

El II Plan Integral
de salud mental
y el modelo
comunitario en
Andalucía



José Miguel Caldas de Almeida

Granada, 13 y 14 de diciembre de 2011

Atención comunitária en salud mental

Tendencias, desafíos, oportunidades y riesgos

JM Caldas de Almeida
Granada, 13 Deciembre 2011

Tendencias

- Consenso sobre los principios fundamentales de organización de servicios
- Importancia cresciente de la base científica de los servicios y intervenciones
- Influencia cresciente de la perspectiva de derechos humanos y de la participación de los pacientes
- Interés por las intervenciones tempranas
- Utilización cresciente de modelos de “case management” y “collaborative care”

Organización de servicios de salud mental

Principios

- ACCESIBILIDAD
- EQUIDAD
- EFECTIVIDAD
- PARIDAD
- RESPONSABILIDAD

Organización de servicios de salud mental

Principios

- **INTEGRALIDAD**
 - El sistema de salud mental tiene que integrar un conjunto diversificado de servicios y programas de modo a asegurar una respuesta efectiva a las diferentes necesidades de las poblaciones
- **BASE TERRITORIAL**
 - Debe estar basado en un territorio suficientemente pequeño para poder asegurar estas respuestas sin que las personas tengan que salir de su comunidad
- **COORDINACIÓN COMÚN**
 - Los diferentes componentes deben tener una coordinación común para evitar una fragmentación del sistema
- **CONTINUIDAD DE CUIDADOS**

Suporte científico

- Servicios comunitarios aseguran mejor accesibilidad que los hospitales psiquiátricos tradicionales (Thornicroft & Tansella, 2003)
- Servicios comunitarios estan asociados a mayor satisfacción de los usuários y nivel mas alto de necesidades satisfechas. También aseguran mas continuidad de cuidados y mayor flexibilidad de los servicios (Thornicroft & Tansella, 2003; Killaspy, 2007)
- Servicios comunitarios protegen mas los derechos humanos de los pacientes y son mejores en la prevención del estigma (Thornicroft & Tansella, 2003)

Suporte científico

- Los estudios comparando servicios en la comunidad con otros modelos de atención muestran de una forma consistente mejores outcomes en la adesión a los tratamientos, sintomas clinicos, calidad de vida, estabilidad residencial y reabilitación profesional (Braun P. et al.,1981; Conway M. et al.,1994; Bond et al, 2001)
- Los estudios muestran que , cuando la deinstitucionalización es desarrollada de una forma adecuada, la myoria de los pacientes que salieron del hospital para la comunidad tienen meno sisntomas negativos, mejor vida social y mayor satsifación (Leff, 1993;1996)

Desafios

- Utilizar de forma efectiva las contribuciones de la investigación epidemiológica y de servicios
- Asegurar coordinación adecuada entre el sector salud y otros sectores
- Adaptarse y sobrevivir a las medidas de control de costos y de transformación de los servicios nacionales de salud
- Fortalecer alianzas entre los varios “stakeholders”
- Integrar la salud mental en la agenda de NCD’s (Enfermedades no transmisibles)
- Desarrollo de modelos innovadores (task-shifting)

Atención en salud mental en Europa

- En las personas con una enfermedad depresiva, solamente entre 35.8% and 56.0% reportan que han consultado un profesional de salud general por problemas de salud mental
- Entre los utilizadores de servicios, los profesionales de medicina general fueron los mas frequentemente consultados (66.4%), encuanto la consulta de especialistas de salud mental está entre 39.4% y 52.2%.
- 3.1% de la población adulta en Europa con enfermedad mental con impacto significativo en sus vidas tiene necesidades de atención de salud mental no satisfechas.

“Treatment gap” en enfermedades mentales severas

Países	(%) de tratamiento de enfermedades severas
BELGIUM	60.9
BULGARIA	31.0
FRANCE	48.0
GERMANY	40.0
ITALY	51.0
NETHERLANDS	50.4
NORTHERN IRELAND	72.8
PORTUGAL	66.4
SPAIN	58.7

Calidad de atención

Países	% de enfermedades severas que han recibido tratamiento de buena calidad
BELGIUM	42.5
BULGARIA	33.3
FRANCE	57.9
GERMANY	67.3
NETHERLANDS	67.2
PORTUGAL	43.2
SPAIN	47.5

Social inequalities in mental health and in unmet need for mental health care in Europe

#3

This report is based on the research work developed by the EU contribution to the World Mental Health Surveys Initiative (EU-WMH) consortium in a project co-financed by the EU Commission Executive Agency for Health and Consumers (EHA/C 2008-1308) with the goal of estimating the frequency, distribution and consequences of mental disorders in Europe. To achieve it, the consortium first performed comprehensive scientific literature reviews. Subsequently they analyzed in depth data collected in health surveys of the adult general adult population (37,289 individuals) of 10 EU-countries (i.e., Belgium, Bulgaria, France, Germany, Italy, the Netherlands, Northern Ireland, Portugal, Romania and Spain). The collection and analysis of these surveys was performed through their active participation in the World Mental Health (WMH) Surveys Initiative, led by the WHO and Harvard University.

- The EU-WMH has delivered three major reports:
1. The Burden of Mental Disorders in the European Union
 2. A Gender Perspective on Mental Health
 3. Inequalities in Mental Health and in Unmet Need for Mental Health Care

Report #3 provides data on the association of social Inequalities with mental health disorders and with unmet needs for mental health care. Our goal was to identify the social groups who more frequently suffer from common mental disorders and from unmet needs for mental health care. Here we present a brief summary of the results, which are described in detail in the report on mental health inequalities.

More information about the EU-WMH project and the mental health reports can be found here:
www.eu-wmh.org



WHAT DO WE MEAN BY SOCIAL INEQUALITIES IN MENTAL HEALTH?

Social inequalities in mental health is the general term used to designate systematic avoidable and/or differential differences and disparities in the mental health care of individuals and groups. For instance, differences in mental health care can be attributed to disorders in individual income, employment, education, or education could be considered social inequalities.

Social inequalities in unmet need for mental health care refers to the differential access to needed health services related to socio-demographic characteristics of the individual or groups. Interpretation of such differences is complicated, since definitions of services, use of services, access to care, and whether need is unmet may vary. While some studies consider medical treatments, others refer to drug prescriptions or hospital admissions. In this report we focus on visits to psychiatrists, other mental health providers or general practitioners due to mental health issues.

FINDINGS FROM THE REVIEW OF THE SCIENTIFIC LITERATURE

We reviewed scientific publications published in English or Spanish until 2014 and with no date limit. The main topics reviewed were social inequalities in mental health and in unmet needs for mental health care.

As a result of this narrative review, we identified major factors that are associated with inequalities in mental health and in the degree that mental health needs are met. These include gender, income, Employment/Occupation, Education, Region/Country, Age and Gender.

Income

Income has proven to be an important determinant of individuals' mental health. Several studies highlight that low-income levels are associated to a higher frequency of mental disorders (psychosis, depression, anxiety).

Previous research regarding unmet need for mental health care and income has shown contradictory results. In some countries lower levels of income are associated to more unmet needs for mental health care (e.g. Israel, Denmark, USA), while in others no association has been found (e.g. Australia, China, USA).

Employment and Occupation

Several studies suggest that unemployment, underemployment or occupational instability have negative effects on individuals' mental health. The prevalence of mental disorders is higher among those unemployed or underemployed. Among occupational categories, the least advantaged ones (for men and women) are associated with higher frequencies of mental disorders.

Literature about unmet need for mental health care and employment status is controversial. While there is evidence suggesting that those with an employed are less likely to use health services more frequently, there is another one suggesting that the unemployed are the ones who make less use of health services.

Education

Lower education or less years of education are associated with higher prevalence rates of mental disorders. For example, fewer years of education have been associated to higher frequency of any psychosis, major depression, more social phobia and higher risk for alcohol dependence.

Having more years of education seems to be associated with lower unmet needs for mental health care. Individuals with higher levels of education seem to seek health services more often and to seek more specialized care (mostly primary care). For example, in the Netherlands, a longitudinal one-year follow-up study showed that people with more education were less likely to use primary care for their mental health problems but more likely to use mental health care.

Region and country

Levels, rates and inequalities related to region of residence (antennae, urban vs. rural and diverse). Some studies compared northern and southern regions, while others compared rural settings with urban settings. In general, it seems that the distribution of mental disorders varies across regions and settings, with individuals in urban settings having more commonly reported mental disorders.

According to our literature review, research published on this topic is scarce and available data come mainly from the USA, which has a very different migration profile than the European ones. Therefore, we cannot draw conclusions regarding inequalities in mental health care research is needed.

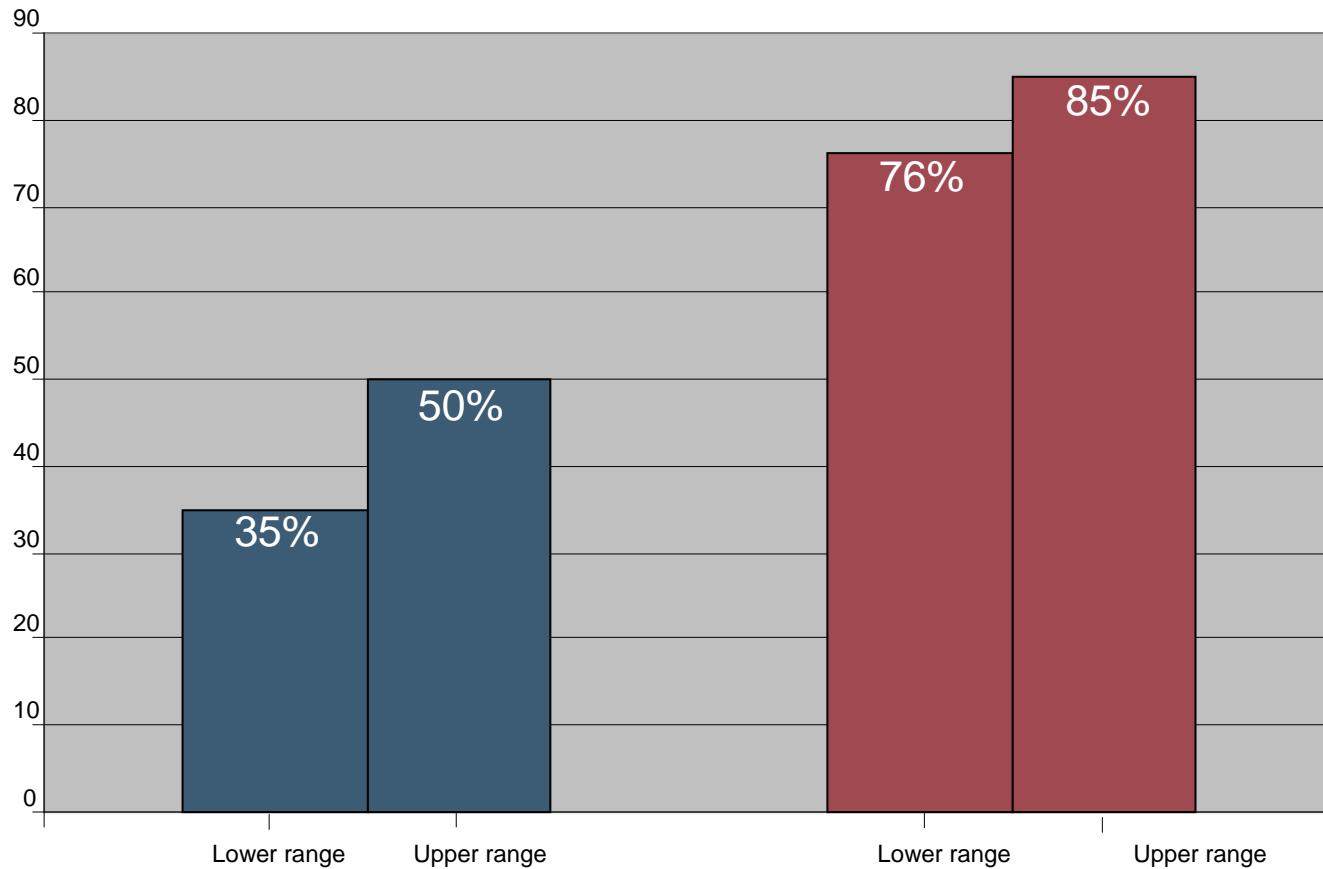
We found a study from Switzerland analyzing the relationship between social inequalities and unmet needs for mental health care. The study showed that immigrants had more psychiatric hospitalizations compared to native Swiss, but more emergency and compulsory admissions. During inpatient treatment, immigrants receive less psychotropic drugs, they spent shorter periods in institutions and have more rate of readmissions and lower

Age

The literature reviewed indicates that older age seems to be related to an augmented prevalence of common mental disorders. Also, it has been suggested that depression is more severe and more likely to require hospital admission for those aged over 65. Nevertheless, the literature regarding inequalities in mental health related to age is scarce and more investigation is needed in this topic to take robust conclusions.

Young adults were more likely to be treated for mental health claims, and among these with mental disorders, older age was associated with more use of pharmacotherapy and less use of psychologists and other health professionals.

Gap in treatment: Serious cases receiving no treatment during the last 12 months



Developed countries

Developing countries

(WHO World Mental Health Consortium, JAMA, June 2nd 2004)



mental health Gap Action Programme



World Health
Organization

GAPS EN SALUD MENTAL

- Treatment gap
- Quality of care gap
- Prevention gap
- Human rights gap

Protección de los derechos humanos

- Los principios y normas establecidos por las organizaciones internacionales han tenido un papel fundamental en los procesos de reforma psiquiátrica
- Los derechos internacionalmente reconocidos incluyen el derecho a los standares más altos de atención a problemas físicos y de salud mental, capacidad legal y consentimiento informado, derecho a la libertad y seguridad, derecho a la non-discriminación y protección contra tratamiento inhumano y degradante.

El derecho a servicios con base en la comunidad (Artículo 19 de CRPD), tiene implicaciones muy importantes para la organización de los servicios de salud mental

- Todas las personas con discapacidad tienen derecho de vivir en la comunidad, escoger su lugar de residencia y tener acceso a servicios residenciales y domiciliarios;
- Los estados deben facilitar la inclusión y la participación plena de las personas con discapacidad en la comunidad;
- Los dispositivos para la población general deben estar también estar disponibles para las personas con discapacidades.

Riesgos

- Destrucción de los modelos de sector a través de la liberalización y privatización de los servicios
- División de la atención en salud mental en dos campos separados (un campo biomédico superespecializado y un campo comunitário social con bajos recursos y bajo prestígio)
- Perdida de la independencia de la psiquiatria en relación a la industria faramaceutica

“Although several large-scale studies have demonstrated equivalent effectiveness of older, off-patent (generic) antipsychotics and antidepressants, more expensive, patented compounds continue to hold the majority of the market share. But aside from the evident success of marketing of specific medications, what is perhaps more worrisome is the relative neglect of effective nonpharmacological interventions such as cognitive-behavioral therapy for mood and anxiety disorders or powerful psychosocial interventions for schizophrenia. Numerous studies have demonstrated the effectiveness of such interventions and their use been recommended in the practice guidelines..., yet they are woefully underused and frequently not reimbursed”

(Tom Insel, JAMA March 24/31, 2010 – Vol 303, No 12)

Cost-effectiveness of schizophrenia treatment

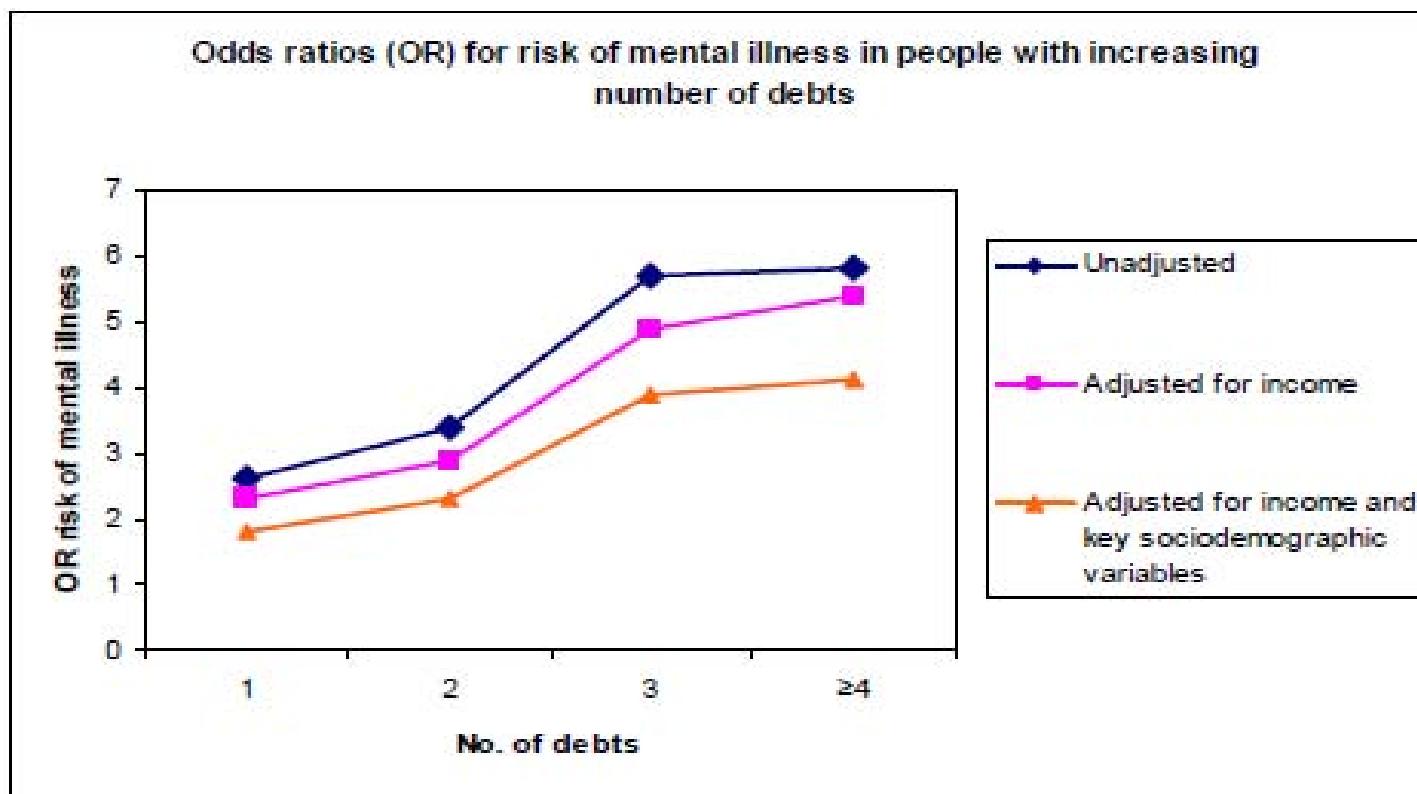
(chisholm D et al, Bull. World Health Organ. vol.86 no.7, July 2008)

Cost-effectiveness (I\$/LCU per DALY averted)	Region of the Americas
Current situation	15 770
Older antipsychotic drugs	10 622
Newer antipsychotic drugs	20 289
Older antipsychotic Drugs + psychosocial treatment	7 158
Newer antipsychotic drugs + psychosocial treatment	13 476

Oportunidades

- Aprovechamiento de la crisis económica para llamar la atención para la importancia de la salud mental comunitaria
- Desarrollo de los movimientos de salud global
- Superación del paradigma actual de psiquiatría

Fig. 3. The more debt people have, the worse their mental health



ECONOMIC CRISIS AND THE IMPACT ON MENTAL HEALTH (WHO, 2011)

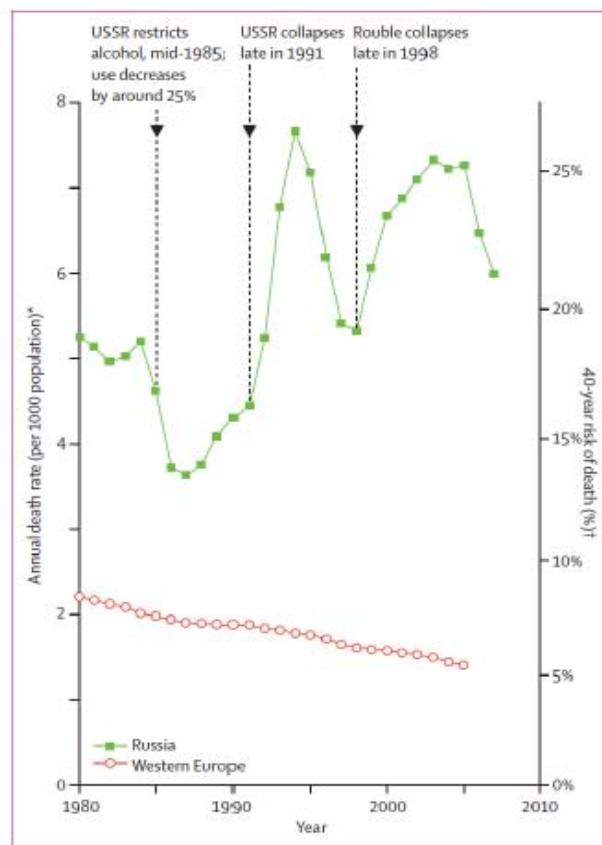


Figure 3 Mortality from all causes and 40-year risks of death in men and women aged 15–54 years in Russia (1980–2007) and western Europe (to 2005) USSR=Union of Soviet Socialist Republics. Source: [10].

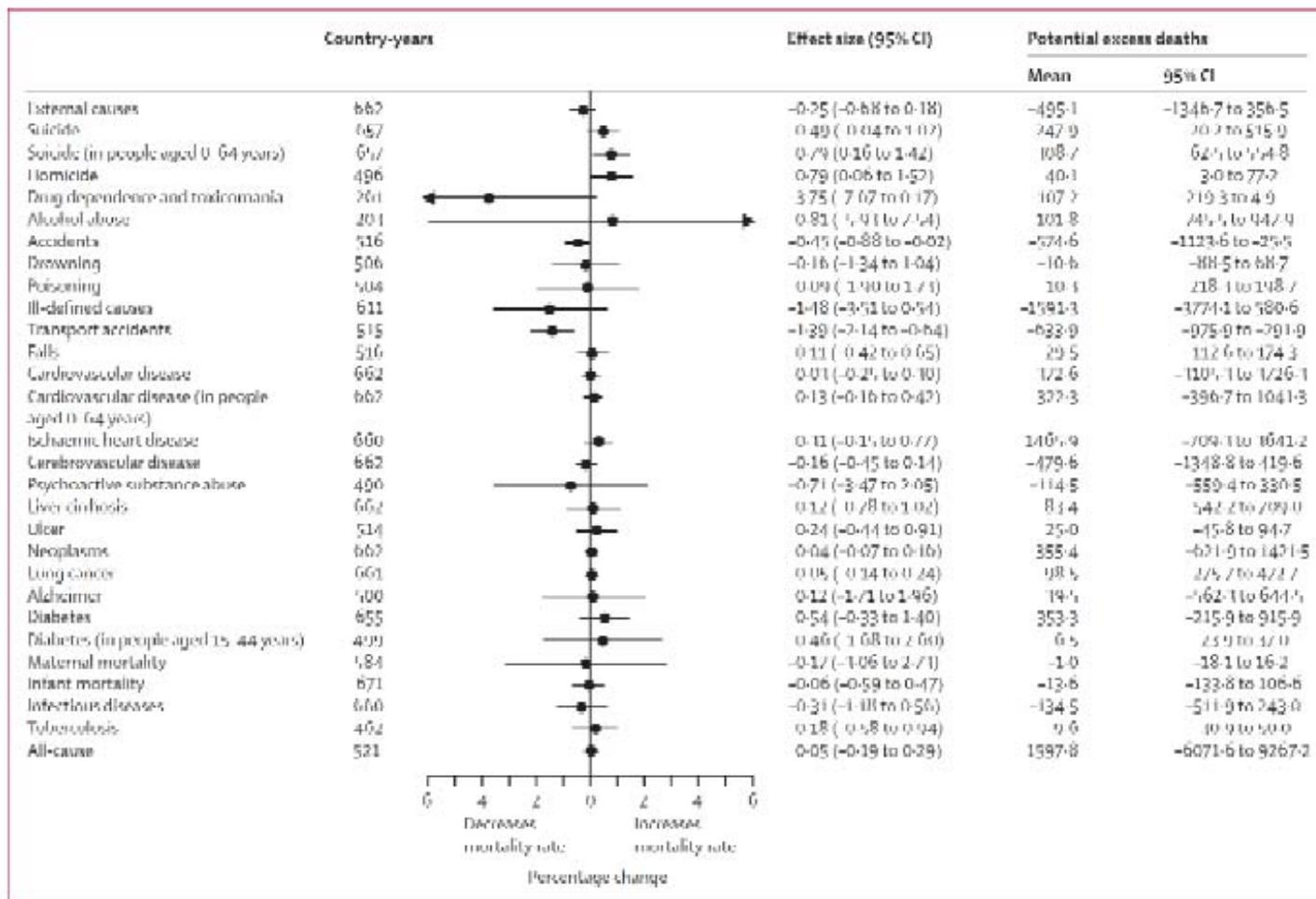
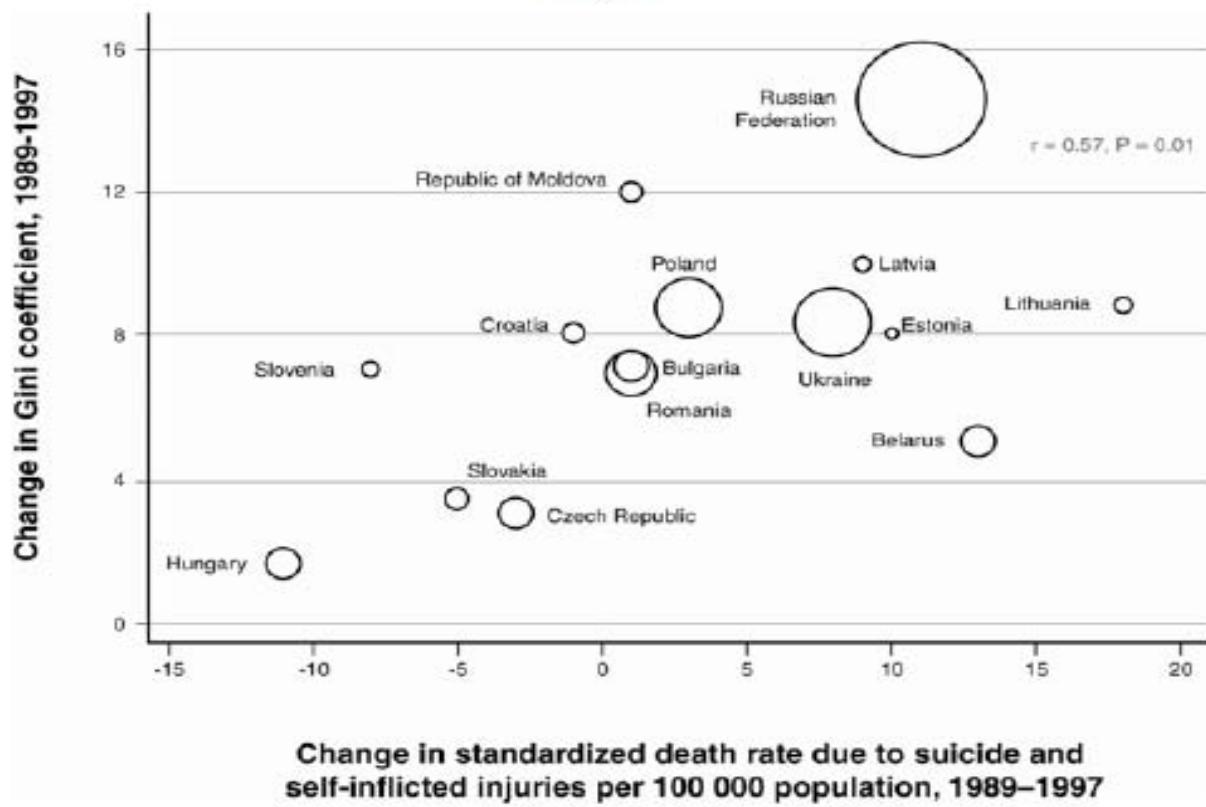


Figure 5 Associations of a 1% rise in unemployment with age-standardized mortality rates by cause of death in European countries 1970-2007. Source: Stuckler et al (2009).

(From WHO, Impact of economic crises on mental health, 2011)

Fig. 2. Association between change in suicide rates and income inequality (Gini coefficient) in selected countries in the WHO European Region



(From WHO, Impact of economic crises on mental health, 2011)

Table 1.

Source: Stuckler 2009

	Effect size on suicide rates (95% CI)	p value
1% rise in unemployment rates	1.067% (0.1444 to 1.991)	0.026
US\$10 higher social spending on active labour market programmes	-0.052% (-0.198 to 0.094)	0.460
1% rise in unemployment rate and US\$10 higher spending on active labour market programmes (interaction)	-0.038% (-0.071 to -0.0046)	0.028

Effect sizes are based on modelling the interaction between changes in unemployment and the level of social protections: $\beta_1 \times \Delta \text{Unemp} + \beta_2 \Delta \text{Unemp} \times \text{SP} + \beta_3 \times \text{SP}$, where SP is social spending on active labour market programmes. Models also correct for both year and country-specific year trends. Number of countries=17, number of country-years=300; $R^2=0.13$ (see webappendix pp 28–32 for further interaction tests with family, housing, health care, and unemployment cash benefits. Active labour market programmes had the strongest and most significant protective effect). Countries included in the sample for which social protection data from the Organisation for Economic Co-operation and Development (OECD) Health Data 2008 edition are available include Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Poland, Slovakia, Spain, Sweden, and the UK. These data cover 1980–2003 for all countries apart from Slovakia (1995–2003), Poland (1990–2003), Czech Republic (1990–2003), and Austria (1980, 1985, 1990–2003). See webappendix p 2 for more details of data availability

Table 1: Interaction of social labour market protections with the effect of unemployment on suicide rates (in people younger than 64 years), 1980–2003

(From WHO, Impact of economic crises on mental health, 2011

EC Position Paper

LONG-TERM MENTAL HEALTH CARE FOR PEOPLE WITH SEVERE MENTAL DISORDERS

Written by Jose Miguel Caldas de Almeida and Helen Killaspy,
with contributions from Angelo Fioritti (Italy), Filipe Costa (Sweden), Jean
Luc Roelandt (France), Marcelino Lopez (Spain) and Jan Pfeiffer (Czech
Republic)

European Joint Action on Mental Health (2012-2015)

- Work Packages:
 - WP1: Taking evidence-based actions against depression, including actions to prevent suicide.
 - WP2: Managing the evolution towards community-based and socially-inclusive approaches to mental health
 - WP3: Promotion of mental health at workplaces
 - WP4: Mental health promotion and prevention of depression in school children
- Por la primera vez, temas claramente focalizados en servicios de salud mental comunitária.

THE GULBENKIAN GLOBAL MENTAL HEALTH PLATFORM

The Calouste Gulbenkian Foundation is a private Portuguese institution of public utility whose statutory mission incorporates the fields of the arts, charity, education and science. The head-office, located in Lisbon, comprises the Calouste Gulbenkian museum, a congress area with auditoriums, a space for temporary exhibitions, the library of art and the Modern Art Centre. The Calouste Gulbenkian Foundation also runs a biomedical science research institute (Instituto Gulbenkian de Ciéncia) located on the outskirts of Lisbon, as well as delegations in London and Paris.



Global Mental Health Platform Project

There are at least two compelling arguments to place mental health on the global and development agendas: a public health argument based on the huge burden attributable to mental disorders and a moral argument based on the unacceptable gap in access and treatment of mental disorders and the systematic violation of the human rights of people experiencing mental challenges. As a continuation and evolution of some recent and successful grant-funding activities, [1] support for the National Epidemiological Study on Psychiatry Morbidity; [2] the 2010 Forum on Mental Health "Mind Faces"; [3] the International Master's Degree in Mental Health

Global Health Initiatives The Foundation actively pursues its statutory aims in Portugal and abroad through both a wide range of direct activities and grants supporting projects and programmes. In this field, for some years now, we have been, through our Department of Health and Human Development, focusing on Global Health issues, specifically:

- As a member of the European Foundation Centre, we participated, with other key organizations, in the European Partnership for Global Health including funding the publication of "*European Perspectives on Global Health – A Policy Glossary*", in 2006.
 - We were partners in the *Global Health Europe* (a platform for European engagement in global health) portal website designed as a key tool for disseminating and exchanging information and for establishing a network of key actors. www.globalhealtheurope.org
 - Postdoctoral Fellowship Programme "Neglected Communicable Tropical Diseases and Related Public Health Research", a collaborative project of the Gulbenkian Development Aid Programme with Fondazione Cariplo, Fondation Mérieux, the Nuffield Foundation, and Volkswagen Stiftung.
- Policy and Services, organized in partnership with the Faculty of Medical Sciences, University of Lisbon and with technical contributions from the World Health Organization, we propose to position ourselves in the broader and more complex picture of Global Mental Health. The project will be jointly conducted by the Department of Mental Health, the Faculty of Medical Sciences of the Nova University of Lisbon and will establish partnerships with Brazilian and Indian institutions and with the World Health Organization to create a Global Platform for networking knowledge and experiences from low and middle income countries.



Universidade NOVA de Lisboa
Faculdade de Ciências Médicas
Departamento de Saúde Mental

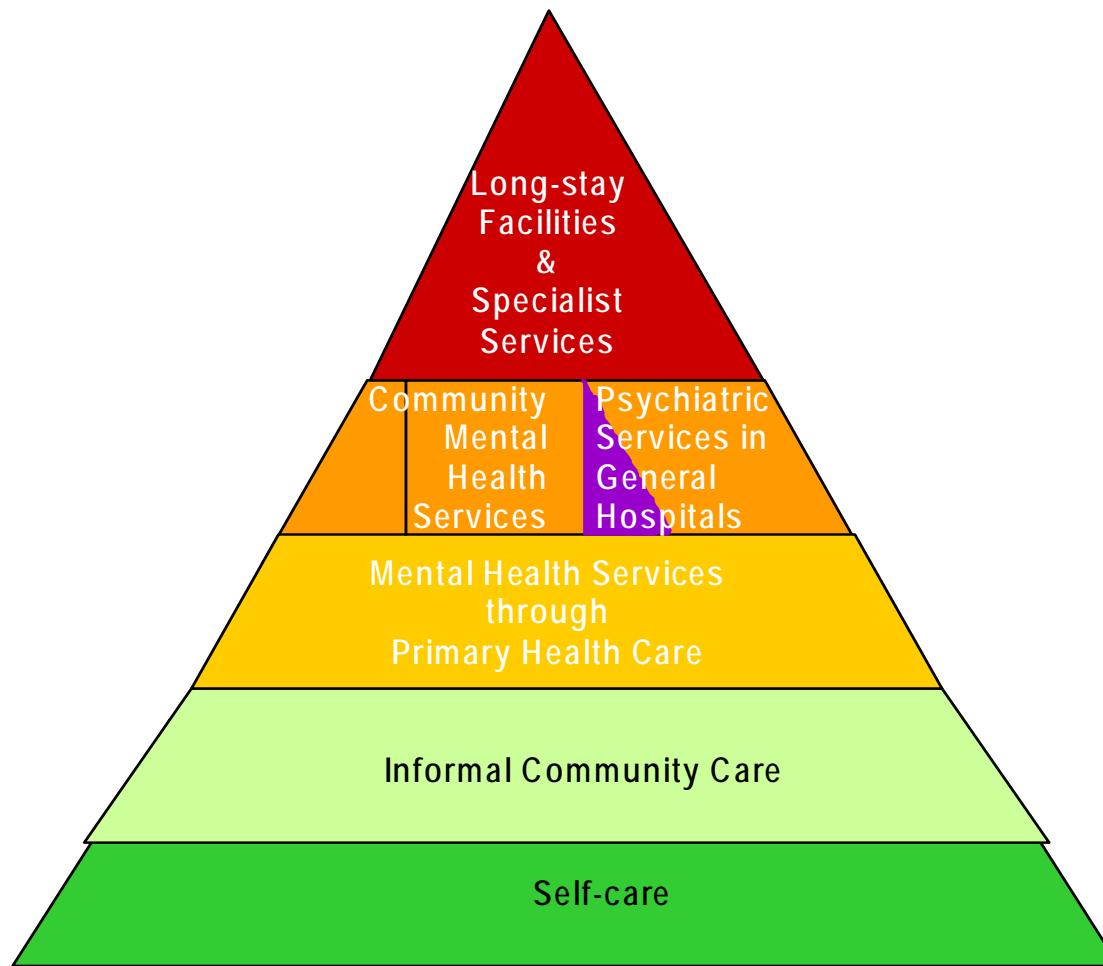
**3rd INTERNATIONAL
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2012-2013 Lisbon · Portugal**





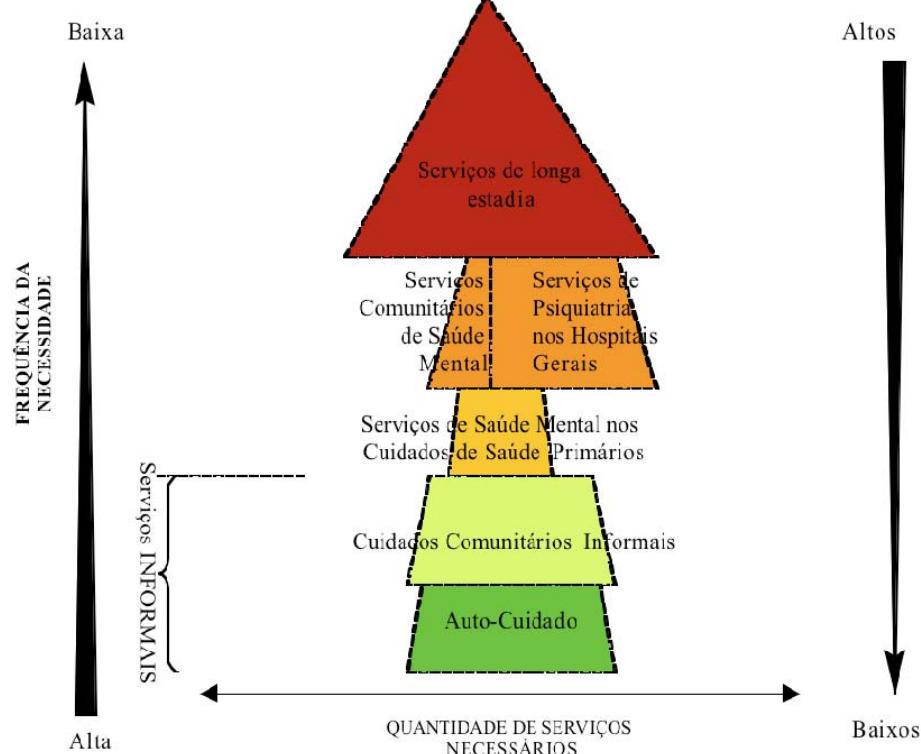
Organisation of mental health services

- Accessibility
- Comprehensiveness
- Coordination and continuity of care
- Effectiveness
- Equity
- Respect for human rights
- Coordination of specialised services with primary care and intersectoral collaboration

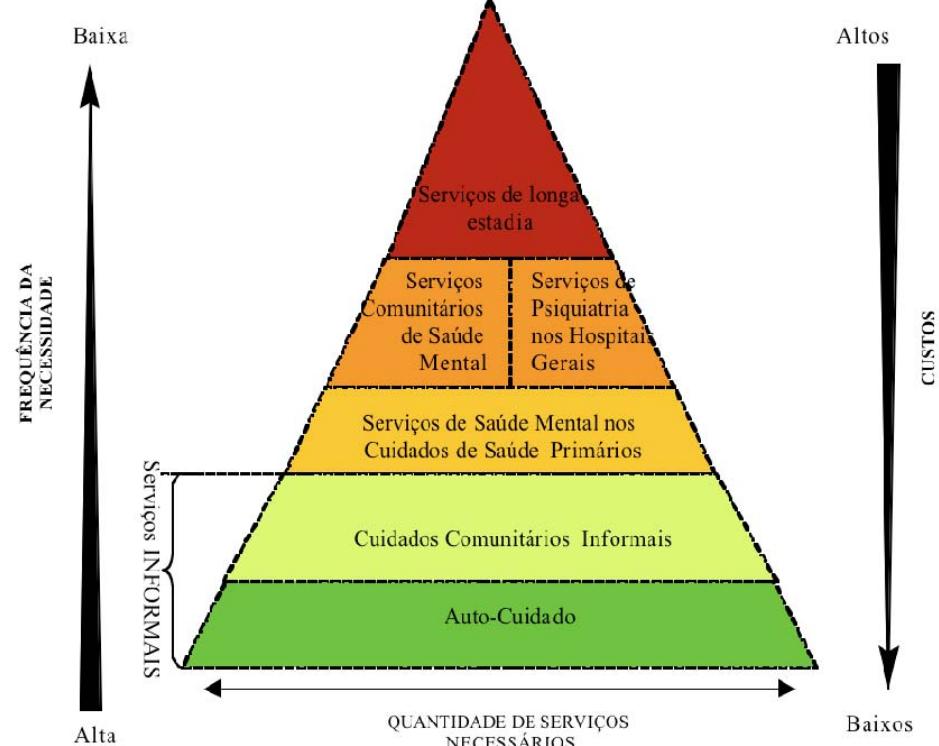


WHO Mental health pyramid of care

Organização óptima de serviços



Portugal MH Services (2007)



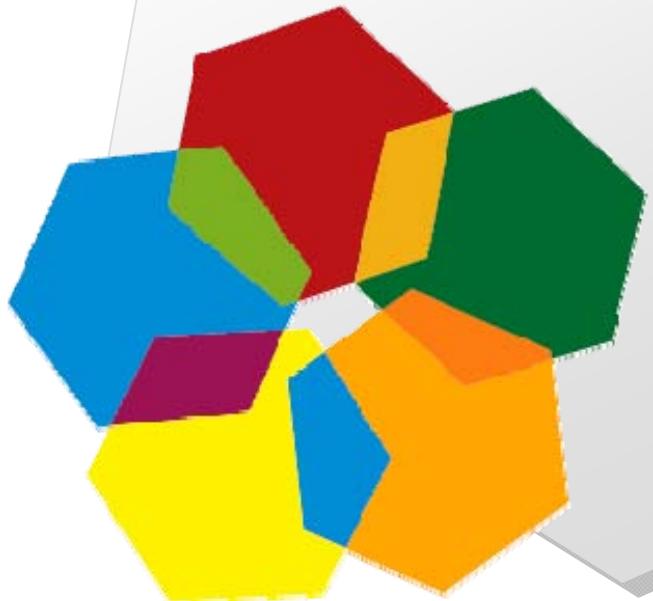
WHO Model Pyramid



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