and partners...

towards inovative MHCare
innovations in the neighborhood

Philippe Delespaul
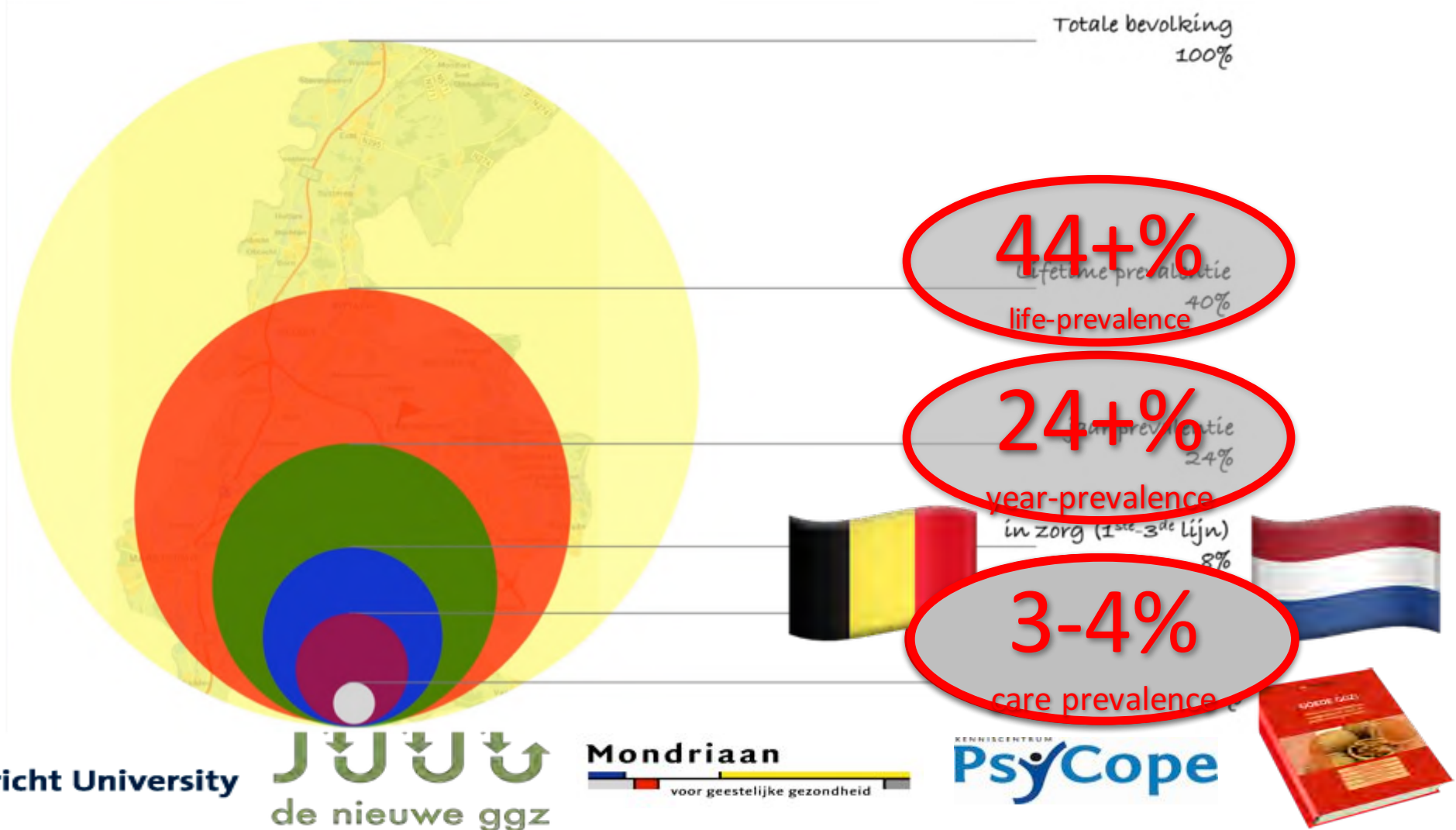
Brussels – 21 april 2016

prevalence in mental health problems(Nemesis/NL)

Totale bevolking 100%

44+%
lifetime prevalentie 40%
life-prevalence

24+%
jaar prevalentie 24%
year-prevalence

in zorg (1ste-3de lijn) 8%

3-4%
care prevalence

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mental health

=

public health problem

(very high prevalences and burden)

 = AMBITION (allow us to do a better job)

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la nouvelle santé mentale

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Over de brug

SMI
not reducing beds by 1/3rd (supply)
but 1/3rd of the need for care (demand)

Plan van aanpak voor de behandeling, begeleiding en ondersteuning bij ernstige psychische aandoeningen
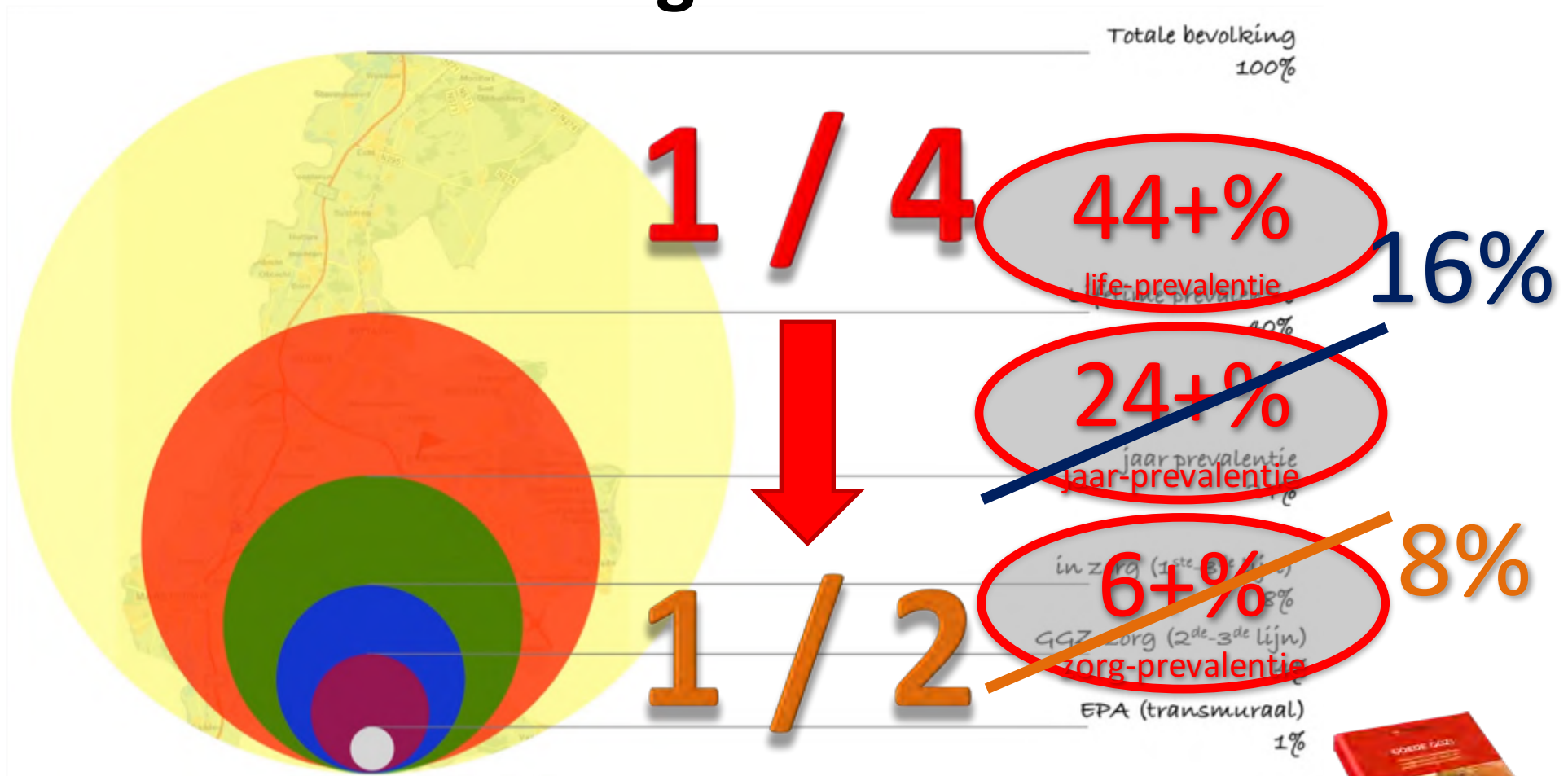
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Over de brug

SMI/2
life expectancy is reduced by 25/30yrs
aim reduce gap by 50% (-15yrs max)

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millennium goals for MH

Totale bevolking 100%

1 / 4

44+%
life-prevalentie

16%

24+%
jaar-prevalentie

8%

6+%
zorg-prevalentie

1 / 2

EPA (transmuraal) 1%

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‘millennium’ ambition
requires a national plan

actual investments I mental health
only realize the status quo at best

= fighting yesterday's war

our mental health system
should reduce the need for people to become patients

= focus on youth
... towards a generation that does not has to recover
= focus on civilians/colleagua's:
REFRAMING 'psychopathology'

but also...
better optimal care

= through all generations

= phasic periodic (repeatedly) available care

because **non-responders** = are often **'underserved'**

DIAGNOSIS UITGEVERS

GOEDE GGZ!

Nieuwe concepten, aangepaste taal en betere organisatie

andere inkleek

nieuwe rolverdeling

alternatieve bekostiging

herontwerp

Philippe Delespaul
Michael Milo
Frank Schalken
Wilma Boevink
Jim van Os

DIAGNOSIS uitgevers

'Good Mental Health'
(Goede GGZ/
La bonne Santé Mentale)

an inspiration
for the
New MH movement

chj.stavenuiter@kpnmail.nl

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GOEDE GGZ!

"the proof of the pudding is in the eating"

DEVELOP PRACTICES!!
PROOF OF CONCEPT INITIATIVES

3 neighborhpoods by the summer

8 by September

20 in December

(also in Belgium?)

an alternative for the whole MH?

rural/urban

local care networks

'average'
(but enthousiast)

care professionals

three pilars

- building F2F and eCommunities
- engaging people with experiences
- moving MH care into the community

epidemiologically informed neighborhood planning

🇳🇱 🇧🇪

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la nouvelle santé mentale

with the (public) MH budget do a better job

NL=7 biljon € (1%GNP)/B=3 biljon € (.6%GNP)

420€/person/year ~ 270€/person/year

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1 less beds
(=ethical choice)

2 less bureaucracy
(=effective /kwalitative choice)

3 more participation
(= social choice)

80%
60%
20%

<10%
20+%
5%

400%
300%

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'social deal'

'New MH' = local/national engagement
(5 yr budget neutrality – later shared savings)

GGZ
€ 420,- / burger

GGZ gerelateerde uitkeringen
€ 1680,- / burger

welzijn/collega's
€ ??? – / burger

€ 840,-

€ ???,-

easily double the budget and tripple impact at no additional cost

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Millennium doelstellingen voor GGZ

psychic health from 0-120 yrs

44% 16%

1%

1,5%

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rules of engagement

nothing about us without us

'us '= clients – relatives/acquaintances – colleague's (incl. community) = multi-expertise

f2f and virtual communities

local + (inter-)national (open source and unstructured)
knowledge + experience – mutual help – sharing opportunities

radical move towards neighborhoods

all MH care (integrated + collaborative) in the neighborhood (units<20.000 /280€/citizen)
MH service providers become social enterpreneurs
Development of a social economy

engagement = public

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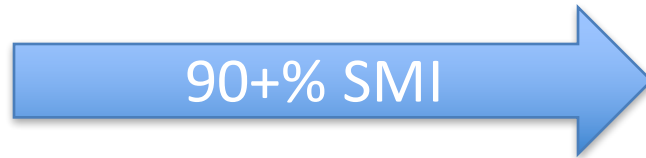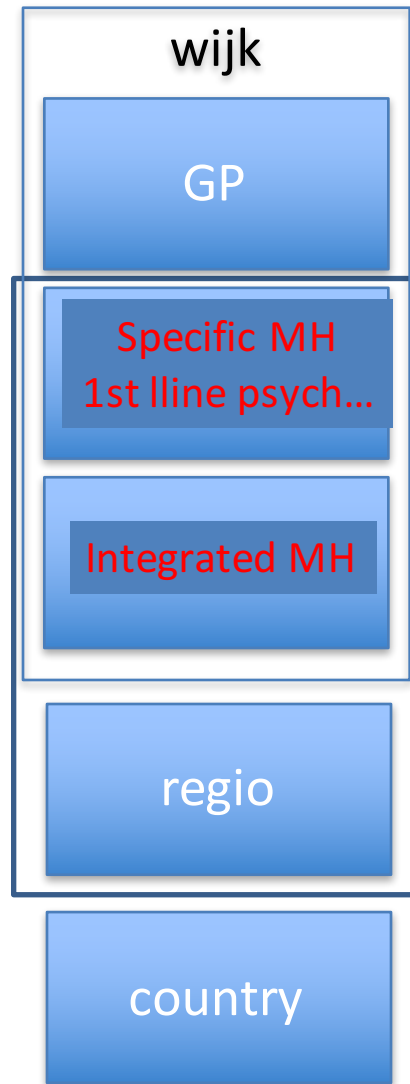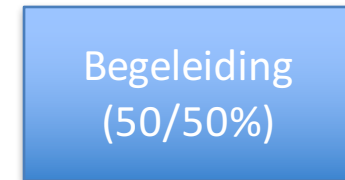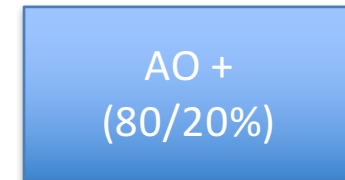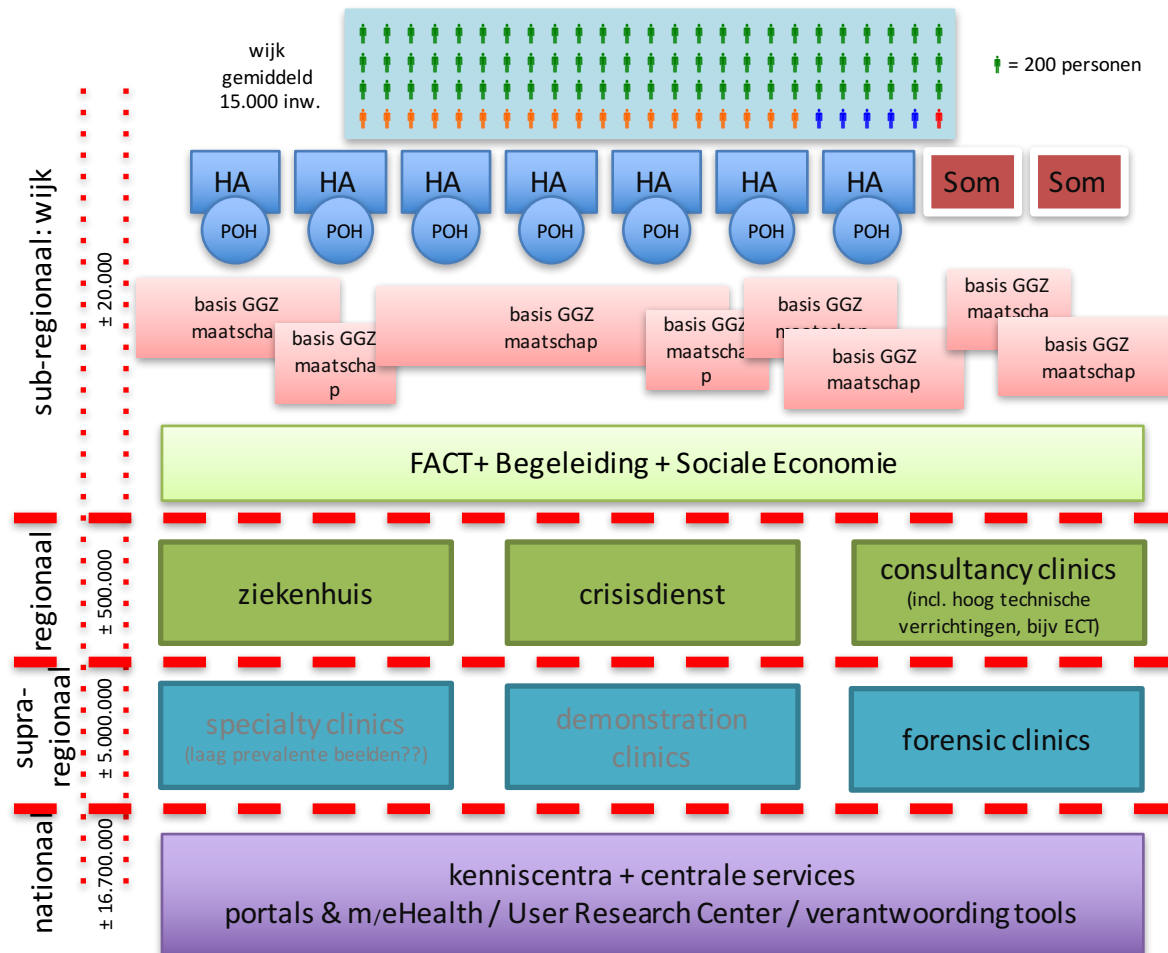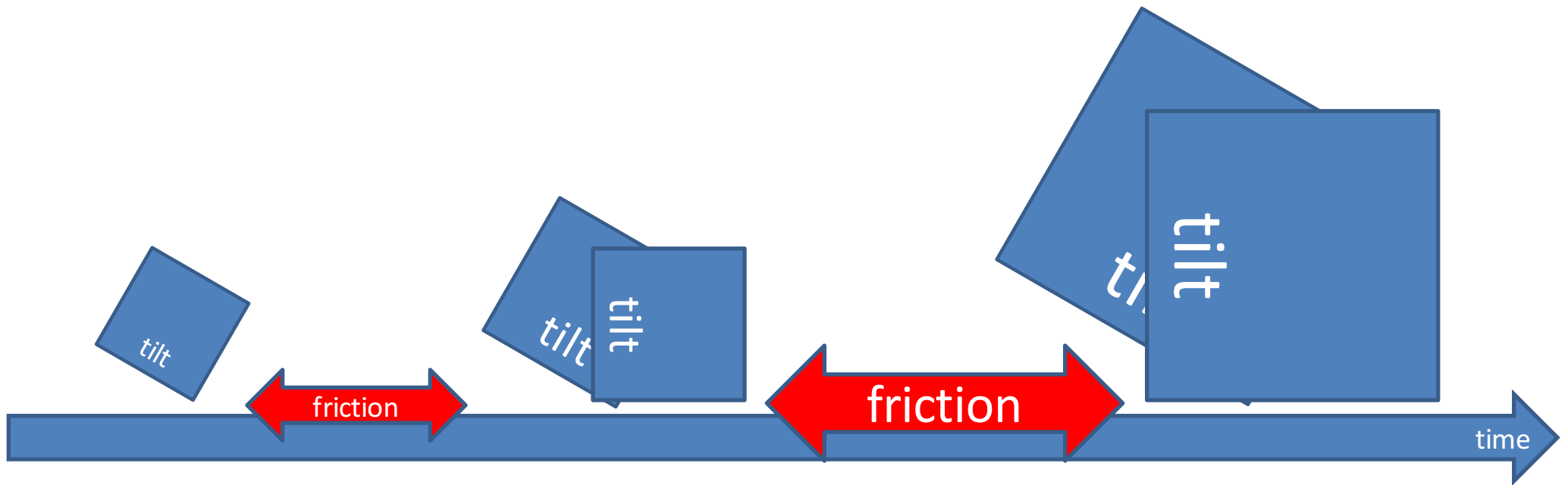
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Model 1
regio budget

Model 2
networked

Model 3
disruptive

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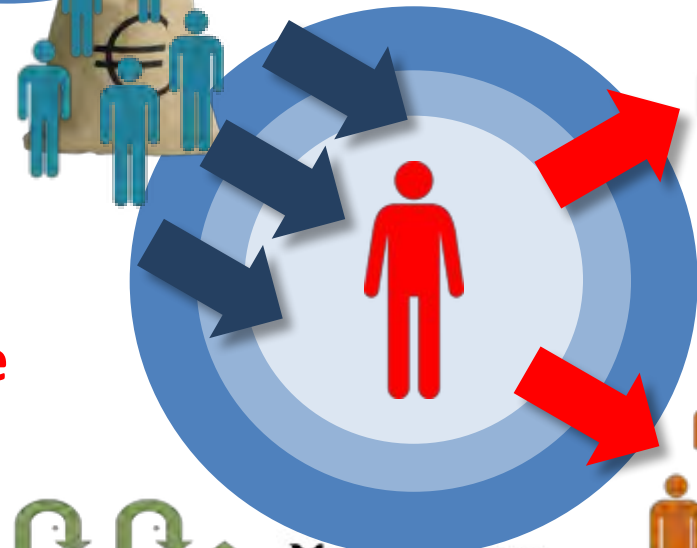
Cope

evidence (multi-expert collaboration)
no de-professionalisation!

culture change

(political) choice

the 'content' of care

positive health

WHO 1948: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

2014: Health is the ability to adapt and manage one's own wellbeing, in light of the physical, emotional and social challenges of life

Positive Health – Huber, 2014

➢ marginalize 'illness/vulnerability' in one's life

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recovery

a deeply personal, unique process changing one's attitude, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life
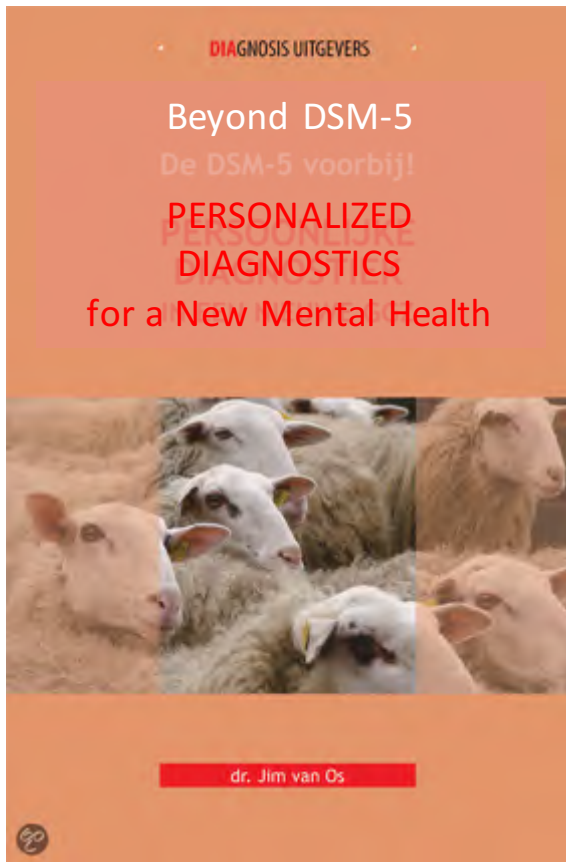
Recovery Movement – e.g. Anthony

DIAGNOSIS UITGEVERS

Beyond DSM-5
De DSM-5 voorbij!
PERSONALIZED DIAGNOSTICS
PERSOONLIJKE
for a New Mental Health

dr. Jim van Os

Redesigning Psychiatry

PSYCHOSENET.nl

Existential puzzling

SAMEN STERK ZONDER STIGMA

SCHIZOFRENIE BESTAAT NIET

Hoe word ik geen patiënt
e-HULP   Maastricht University   CbusineZ

USA MENTAL HEALTH FIRST AID

buiding communities of professionals/non-professionals who share (evidence based) knowledge of mental health (literacy) and are acquainted with relevant relational skills

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person centered

© Randy Glasbergen
www.glasbergen.com

"You have to learn about thousands of diseases, but I only have to focus on fixing what's wrong with ME! Now which one of us do you think is the expert?"

integrated optimal care

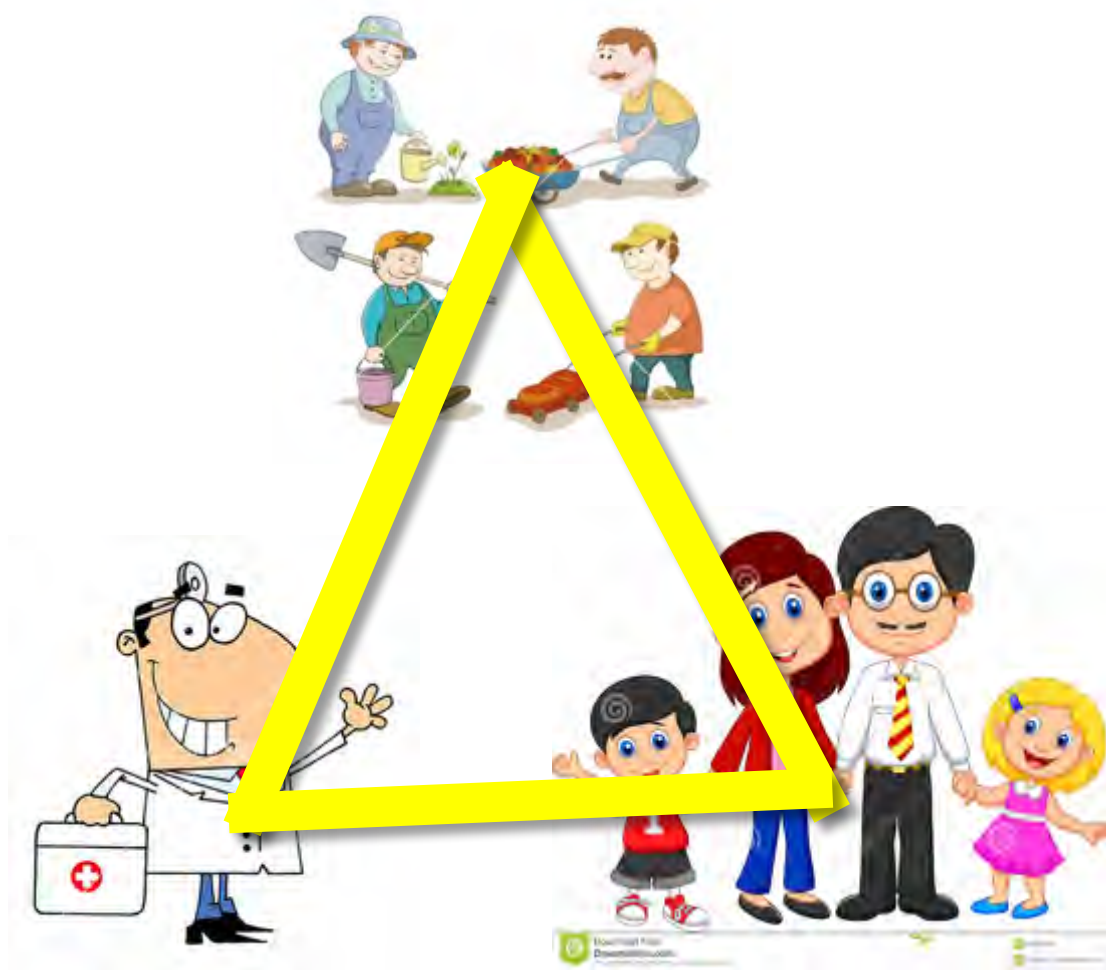Maastricht University

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engaging (ex-)patients

- as professionals in multidsiciplinary teams
- as 'experts' (with family & professionals) in their own treatment
- as carers for others (MH as social entrepreneurship)
- as actors in a social economy (lowering the participation threshold)
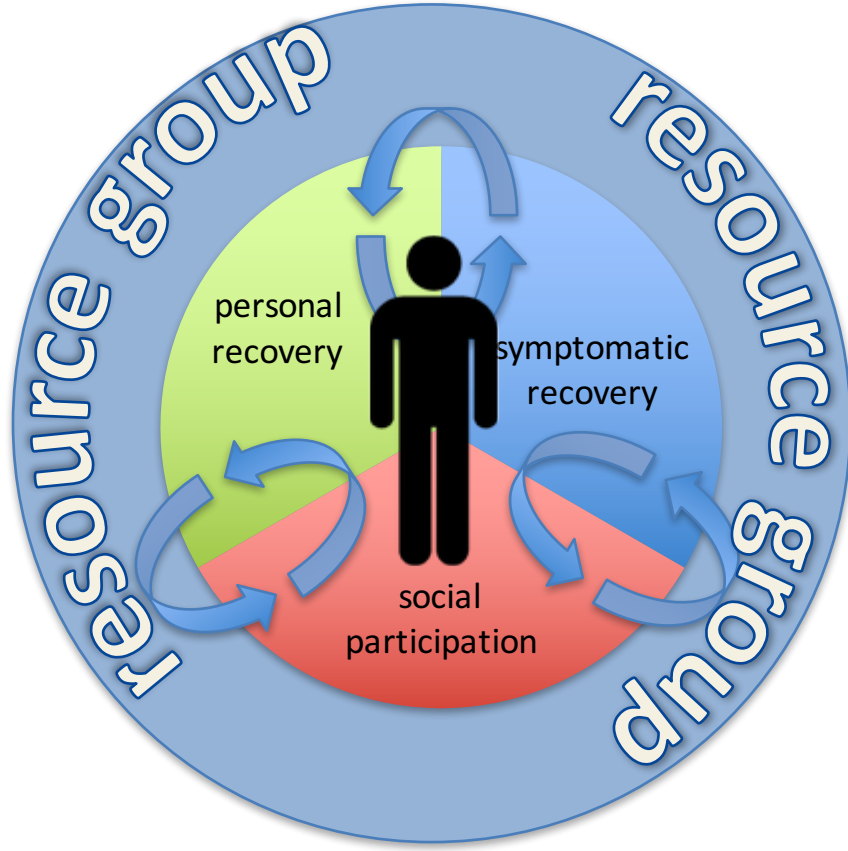
- also as managers or board members in care organizations (advisers)
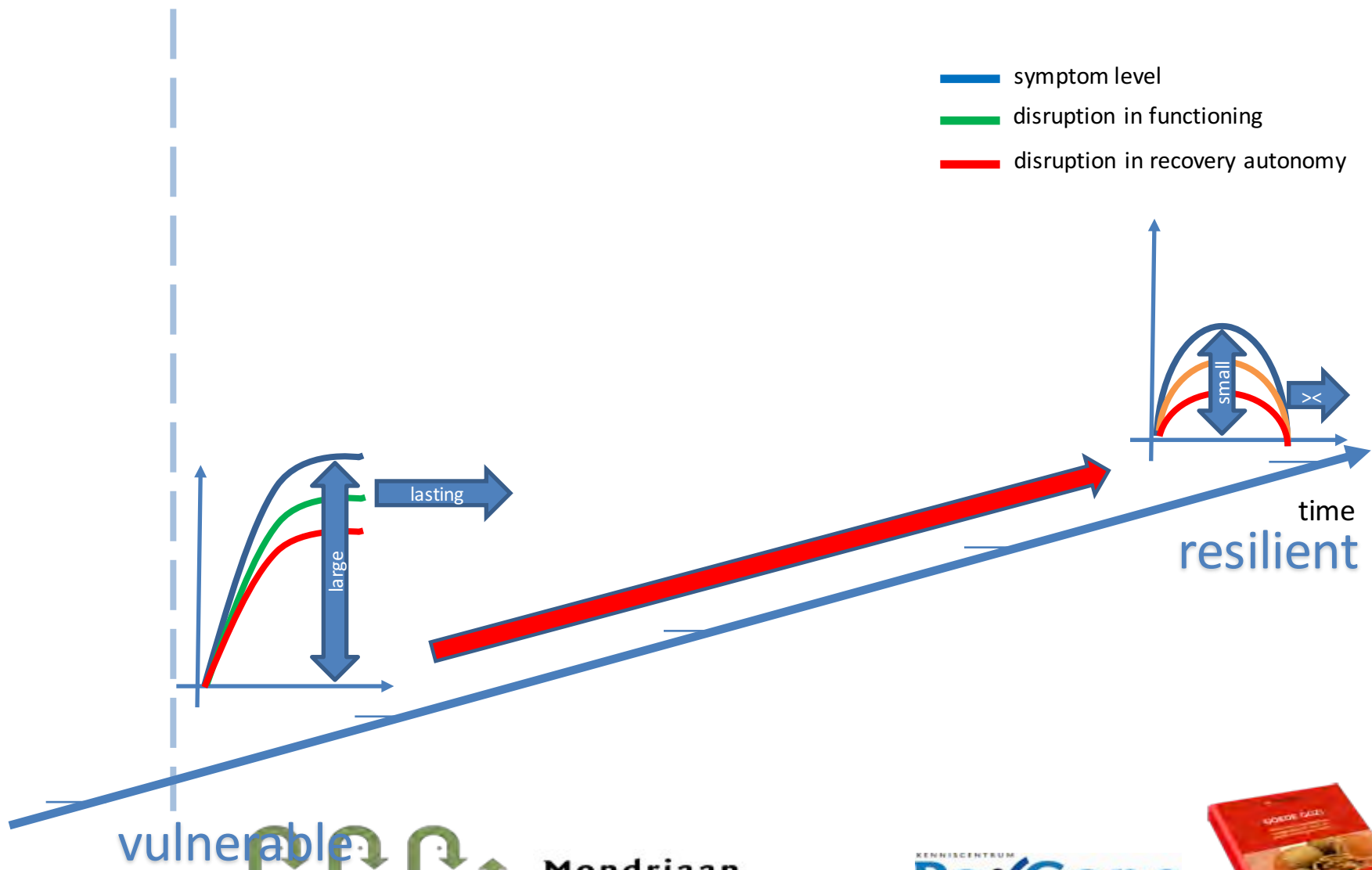- as researchers in the MH field (URC)

recovery domains and (integrated) contextual care

resource group

resource group

personal recovery

symptomatic recovery

social participation

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vulnerability care
= building resilience

symptom level
disruption in functioning
disruption in recovery autonomy

small

time
resilient

lasting

large

vulnerable

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GOEDE GGZ

aim: improve resilience

- not through avoidance but exposure;
- not (only) symptoms ('ill-health') but also functioning and experiencing ('well-being')
  - what someone does and how this feels
- not the filtered display in the doctor's office (symptoms) but focus on daily functioning
- prevention(!) skills should be available in and out of care
- PERSON centred (also resilient, without professional)

phase-flexible/2

(EBM)
an intervention
that does not work today
for a specific patient
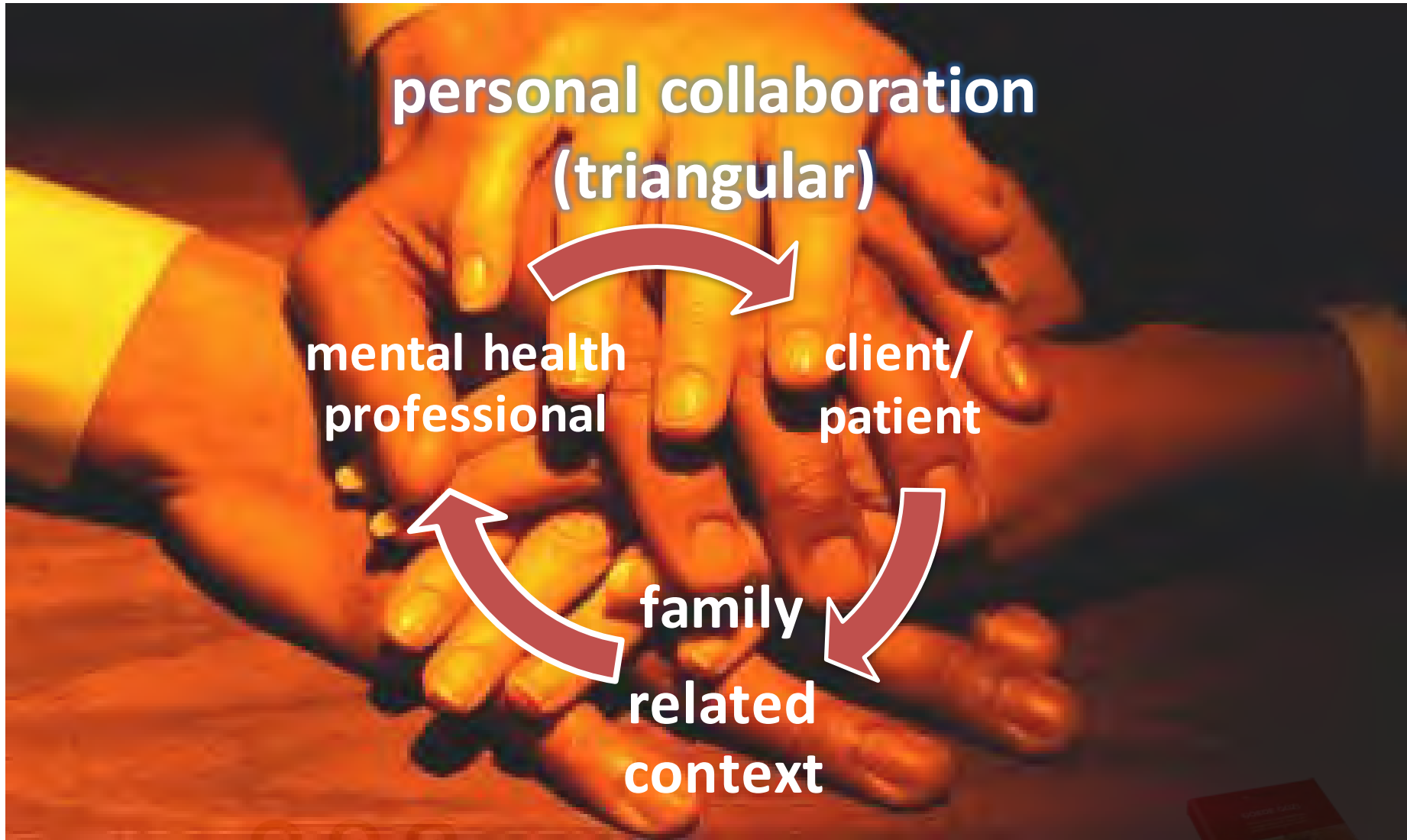might work tomorrow

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collaborative (multi-expert)

personal collaboration (triangular)

mental health professional

client/ patient

family related context

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scaled to the neighborhood

where SMI citizens
want to succeed
&
care providers
find colleagues (e.g. GP)

COFFEESHOP
PICK UP THE PIECES

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health care as 'enhancer' in recovery

(in a phasic process towards resilience)

- phases: speeding up, slowing down, stagnations, recovery, relapse or a slip;

- meaning: stagnation can be a moment of growth (an incubation) and result in sensitive moments (*tipping points*) for (faster) improvement (or crisis)

- but also: periods without therapeutic input (moratoria) can improve autonomy (which is difficult to realize with a professional who is continually present).

we treat...

- vulnerabilities (of people)
  - anxiety/depression (emo conflicts)
  - craving, agression ('behavioral' biases)
  - salience (perceptual biases)
  - paranoia, obsessions (cognitive biases)
  - energy (energy leaks) ...
- in the (historical) context where they originated: trauma
- in the context where they are problematic: functional dynamics

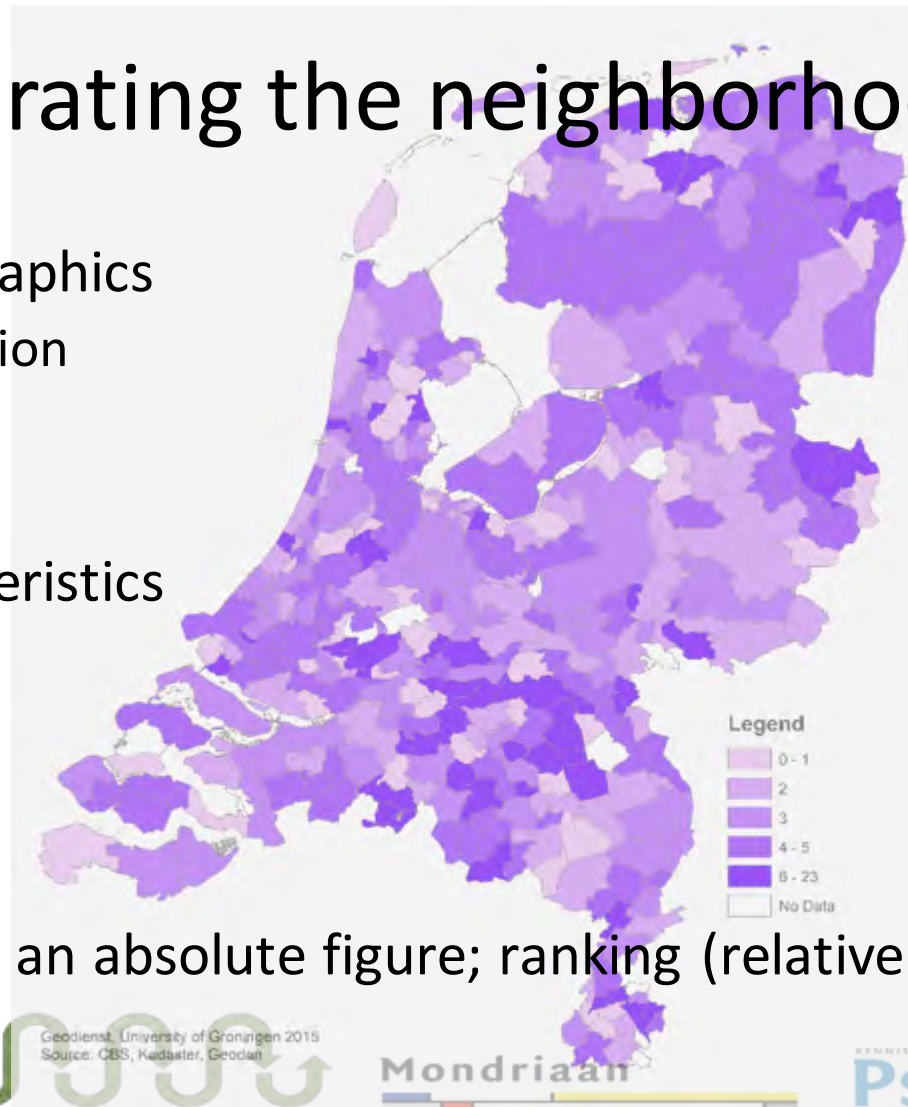**transdiagnostic (vulnerability) concepts ≠ diagnoses**

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Calibrating the neighborhood?

- population demographics
  - age + sex distribution
- population density
  - urbanicity
- population characteristics
  - migration
  - SES
  - 'social' capital

- PS: we do not need an absolute figure; ranking (relative weights) is OK

Legend

	0 - 1
	2
	3
	4 - 5
	6 - 23
	No Data

Geodienst, University of Groningen 2015
Source: CBS, Kadaster, Geodan

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Building time series!
And set up Plan-Do-Check-Act cycles…
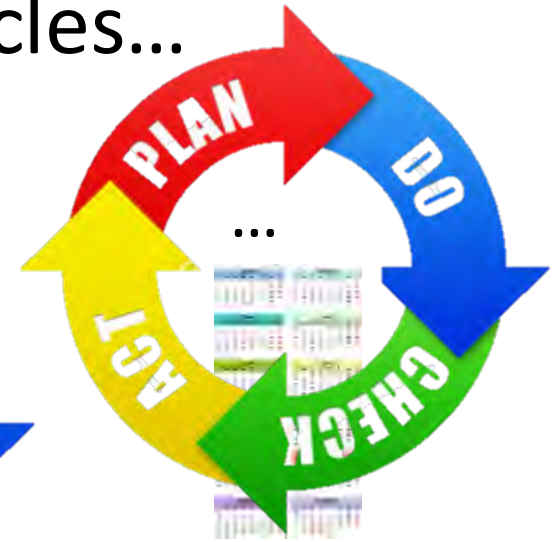
measuring care needs of neighborhoods!
and the efficiency of the care system
(while reducing administrative burden)

- mental (and somatic) fitness of individuals (using positive health perspective)
  - three domains of recovery:
    - symptoms: (incl. somatic)
    - participation
    - personal goal setting
  - quality of life
- big data outcome
  - health parameters: prescribed antidepressants, anxiolytics, antipsychotics
  - admission, numbers in care
  - suicide; survival age people with MH problems
  - budget use (breakdown ambulatory/clinical; …)
- evaluation by stakeholders
  - clients, family, acquaintances, neighborhood, referrer (GP), police,…

Sampling Individuals
I. the care needs of neighborhoods

using
the community
registry office

sampling
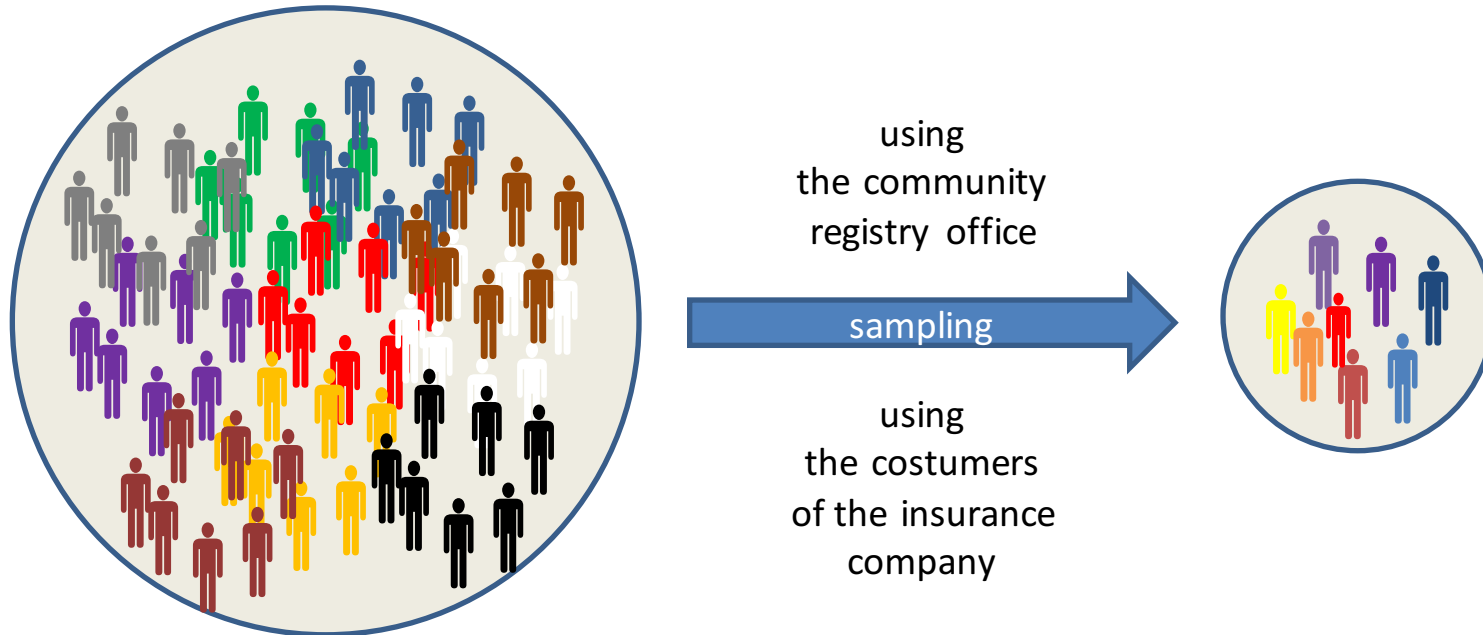
using
the costumers
of the insurance
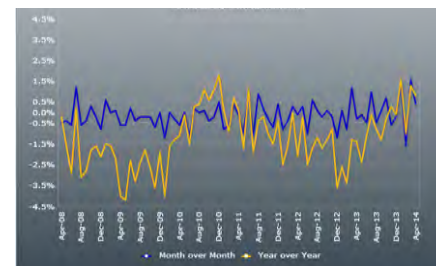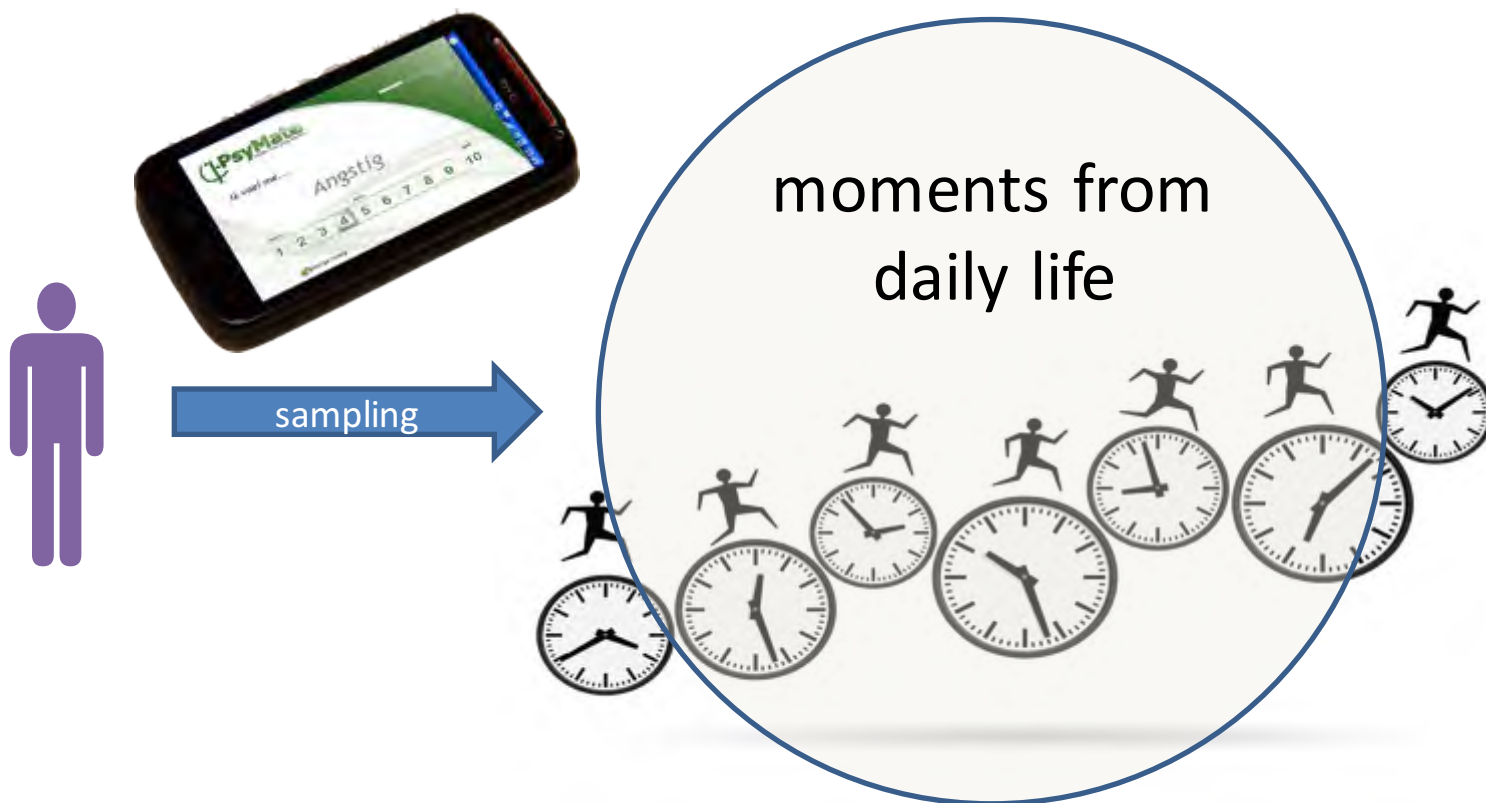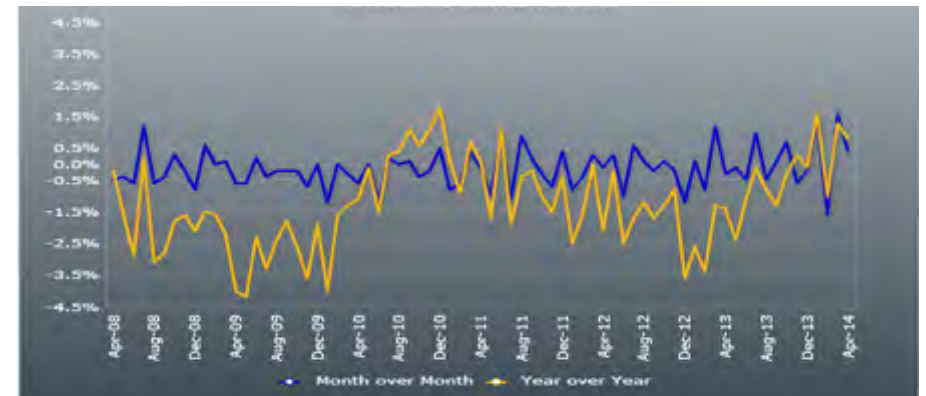company

Sampling Moments
II. the care needs of individuals

Mental Status Needs

- anxiety, depression, loneliness, irritation,...
- pain
- constructs: PA/NA, psychose index
- QoL (+utilities)
- functions:
  - stress reactivity
  - recovery speed
  - salience sensitivity
  - reward effectiveness
- time budgets:
  - in pain, hallucinating, being anxious, stressed

Participation Needs

- activities
  - what: self-management, work, volunteer work
  - how long
  - + how it is experienced
- social networks
  - with who
  - how long
  - + how this is appreciated (incl. loneliness)
- mobility
  - where
  - how long
  - + how this is appreciated

Recovery (personal goal realization) & QoL

- what
  - are you able to do what you want to do?
- who
  - are you able to meet with you want to meet?
- where
  - are you able to go where you want to go?
- QoL
  - about what you do?
  - about living circumstances?
  - about social relations?
  - about physical health?
  - about mental health?
  - are you satisfied with your life?

momentum
(for an innovative MH care)