

Mental health care systems approach

some thoughts for a Brussels Capital region agenda

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A changing field : mental health care “principles”

- Community based - De-institutionalisation (services)
 - Shift of services from mental hospitals to community mental health facilities.
- Needs-based (population & individual) organisation of care
- Continuity and coherence of care
- Multi-sectorial collaboration & integration (supporting a range of life domains)
 - Integration of mental health services, primary care, social care, employment or day activities,... (Justice)
- A (loco-)regional “mental public health” approach needed

The policy context

- Different policy levels :
 - federal state, communities and regions, local authorities have their own competencies in the area of (mental) health
 - Coordination is needed
 - Tool: interministerial conferences
- A wave of state reforms (2014: sixth)
 - Decentralising competencies in (mental) health & social care
- Relatively Low public spending for mental health care
- Financing mechanisms are complex
 - Federal: hospital (and related services) budgets and psychiatric and nursing activities
 - Regions have mental health budget (cfr CGG/SSMG, & since recent reform PVT, BW, concertation platforms)
 - Reflections & difficult debates on the shift of “resources”

Integration Interorganisational Networks

Theoretical principles of integration of care

- Coordinate **all** care services along the **continuum of care**
 - From individual to collective responsibility
- **Patient centred & population based needs assessment** to drive service planning
- **Geographic coverage & taking responsibility for that population**
 - to maximize patient access
 - Avoid duplication & optimise planning of services
- **Interprofessional** teams provide “standardized care” that promotes continuity & coherence of care (shared care)
- **Information systems**
- **Leadership & “culture of collaboration”** (non hospital centred)
- Multisectorial Interorganisational **networks & governance**
- Adapted **financial management** (in a context of different funding mechanisms)
- **Monitoring & evaluation** of performance

“Whole Networks”

- Interorganisational Networks as a new “organizing principle” of care provision
 - Coordinated whole of services of autonomous actors, who operate in a common framework,
 - Both participants and networks as a whole are accountable for the results
- As a means to create more value than existing arrangements (Shortell)
- Governance as a key network implementation issue
 - Structure & agency

Types of services

Key Mental Health services

- Psychiatric hospitals (PZ),
- Departments in general hospitals (PAAZ),
 - Acute (A, day , night)
 - Long term (T)
- “Protected/ Accompanied living houses” -beschut wonen (IBW)
- Psychiatric “care” houses
 - psychiatrische verzorgingstehuizen (PVT)
- Centres for mental health care
 - Centra voor geestelijke gezondheidszorg/ Centres de santé mentale
- Rehabilitation centres (RIZIV/INAMI)
 - centra voor re-adaptatie en psychosociale integratie
- Private/ voluntary initiatives (ad hoc financing, gifts,...)

Other sectors and services

- General and specialised health care
- Social care
 - Local authorities
- Housing
- Employment
- Day activities and leisure
- Cultural sector,
- education (schools),

Combine evidence & field knowledge

- Population based planning
- A health systems approach

http://www.who.int/mental_health/policy/services/5_planning%20budgeting_WEB_07.pdf

Population based MHS planning

rationalise the current “interests dominated” debate

One needs to develop and a consistent use of population (mental) health planning in the organisation of health services

- We need to use and improve our methodology in Brussels
- use existing key players (observatory, Public health departments, overlegplatform...)
- no single organisation or sector can be responsible : we need to coordinate strenghts ans resources of a whole range of organisations and individuals
- grounded in a social model of health,
 - Taking an equity-based approach (socio-economic and equity)
 - recognises the relationship between health and social outcomes
- Consider “*situation as is*”-anticipate “*what comes*”
 - Changing population in Brussels
 - Changing epidemiology
 - Changing role of health services
 - Changing nature of Brussel capital area

Population based MHS planning

rationalise the current “interests dominated” debate

1. Assess current and projected population health needs
2. Review current service capacity and effectiveness,
3. Estimate the future array and configuration of services required to meet population needs
 - based on evidence-based models of care and service models,
4. Outline the processes and desired outcomes of change,
 - define service goals, objectives and strategies (i.e. who does what when, where, how?).

A “health systems” logic to support implementation of change

Basic underlying question:

- how do “elements of care” operate
 - individually
 - and in connection with each other
- “elements of care”
 - Professionals, informal care, departments, technology, cultures, financial resources, regulations, politics, users

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Towards adequate MH Network(s) in Brussels

a mental health systems approach

- Understand the population “heterogeneity” in terms of local area’s (administrative area’s differs from sociological & economic zones’s)
 - Culturally
 - Socio-economic (poverty)
 - linguistic
- Understand the health services provision (social mapping) and its geography
 - Primary, secondary, specialised,
 - Linguistic
 - Cultural (vision on care)
 - Existing regional catchment areas
 - Complementarity and redundancy of tasks
 - How many networks?
- Demythologise the existing “stories” and “images” of MH players in the field
 - Recognise interests and differences in visions
 - Develop trust
 - Seek evidence on “*what works for whom in what circumstances*”
- Understand patterns of use of services

CHANGE MHS in Brussels

Develop Brussels healthy city in the (mental) health landscape as a pioneering innovative region

From Theory to implementation

- Create a team with a clear mission & responsibility
 - Consider competencies
 - Capacity and adequate competencies
 - Integrate available competencies
 - Leadership
 - Differentiate activities
 - Supportive tasks (population needs and health planning)
 - Operational/ implementation tasks (network development)
- Analyse context(s) and understand needs and interests
 - Population
 - Mental health system
- Identify priorities, and set a time frame for each
- Monitor and evaluate systematically



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