

Challenges and opportunities in shifting care from hospital to the community in Europe

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Background

- Data collection on deinstitutionalisation "balance of care"
- definition of deinstitutionalisation "the replacement of long-stay psychiatric hospitals with smaller, less isolated community-based alternatives for the care of mentally ill people" (Bachrach 1997)
- 3 main components:
 - the release of these individuals from hospitals into the community
 - their diversion from hospital admission and
 - the development of alternative community services
- growing consensus that delivering mental health services within the community is the most appropriate strategy

Objectives of the questionnaire

- issues relating to mental health and deinstitutionalisation
- economic barriers and incentives affecting deinstitutionalisation and the development of community-based services
- help further social inclusion (an EU goal) by looking at whether there is an appropriate mix of services/supports provided in appropriate settings
- collect data to allow cross-country comparisons

Information Collected

Background

- Bed and resident numbers
- Admission and discharge information

Policy

- Is there a national mental health policy?
- Are there any policies specifically to develop community care?

Information Collected

Opportunities

- What opportunities are there to shift the balance of care away from hospital?
- What (if any) economic incentives to do this?

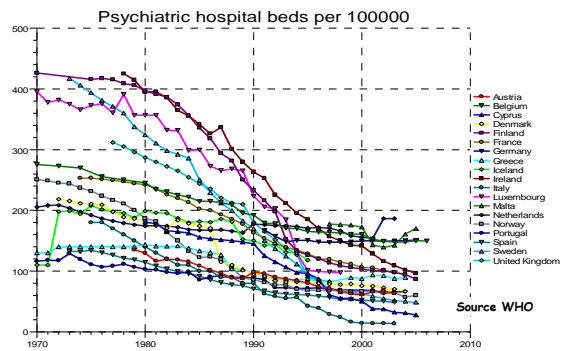
Barriers

- What factors are hindering the move from hospital-based care?
- What economic barriers are there, in particular?

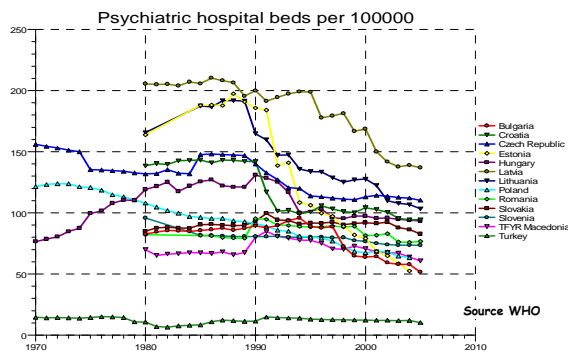
Where countries stand

- MHEEN countries are at various stages of implementation
 - Advanced deinstitutionalisation
 - On- going (Transition)
 - Just starting
 - Not yet started

Trends in availability of psychiatric beds in Western Europe



Trends in availability of psychiatric beds in Central and Eastern Europe (CEE)



Bed/Resident Trends in Western Europe

	Psychiatric hospitals		General hospitals		Social care beds	
	Beds	Res	Beds	Res	Beds	Res
Austria	▼	?	▲	?	?	?
Belgium	▼	▲	▲	?	▲	?
Cyprus	▼	▼	▲	▲	▲	▲
Finland	▼	?	?	?	?	?
France	▼	?	▼	?	?	?
Germany	▼	▼	▲	?	▲	▲
Greece	▼	▼	▲	▲	▲	▲
Iceland	none	none	▼	▼	▼	▼
Ireland	▼	▼	?	?	—	—
Italy	none	none	—	—	▲	▲
Liechtenstein	none	none	—	—	▲	—
Luxembourg	▼	?	?	?	▼	?
Malta	▼	▼	—	—	none	none
Netherlands	▲	▼	?	▼	none	▲
Norway	▼	▼	▼	▼	▲	▲
Portugal	▲	?	▼	?	?	?
Spain	▼	?	▲	?	▲	▲
Sweden	none	none	▼	▼	▲	▲
Switzerland	▲	▲	?	?	none	none
England	▼	▼	▼	▼	▲	▲
Scotland	▼	▼	▲	▼	▼	▲
Wales	▼	▼	▲	▼	▲	▲
Northern Ireland	▼	▼	▼	▼	▲	▼

Bed /Resident Trends in CEE

	Psychiatric hospitals		General hospitals		Social care beds	
	Beds	Res	Beds	Res	Beds	Res
Bulgaria	▲	—	▲	▼	—	▲
Czech Republic	▼	?	▲	?	?	?
Estonia	▼	▼	▼	▼	▲	▲
Hungary	▼	?	▼	?	▲	▲
Lithuania	▼	?	▼	?	▼	▲
Poland	▲	▲	▲	▲	▼	▲
Romania	▲	▲	?	▲	?	?
Slovakia	▼	?	▲	?	?	?
Slovenia	▼	▲	—	?	▲	?
Turkey	—	▲	▲	?	none	none

Trends

- Decrease in length of stay in all countries
- High re-admission rates and revolving door syndrome
- Reinstitutionalisation occurring

Admission/Discharge Trends in Western Europe

	Psychiatric hospitals		General Hospital		Social Care	
	Admission	Discharge	Admission	Discharge	Admission	Discharge
Austria	?	▲	▲	▲	?	?
Belgium	▼	—	▲	?	▲	?
Cyprus	▼	▲	▼	▲	▲	▼
Finland	▼	▲	?	?	?	?
France	▲	▲	▲	?	?	?
Germany	▲	▲	▲	?	?	?
Greece	▲	▲	▲	▲	▲	—
Iceland	none	none	—	▲	—	—
Ireland	▼	▼	?	?	▲	▼
Italy	none	none	—	—	▲	—
Liechtenstein	none	none	?	▲	?	▲
Luxembourg	?	?	?	?	?	?
Malta	▲	▲	▼	▼	none	none
Netherlands	▼	▲	▼	▲	▲	▲
Norway	▲	▲	▲	▲	▲	▲
Portugal	▲	▲	▲	▲	?	?
Spain	▼	▼	?	?	▲	?
Sweden	none	none	▲	▲	▲	?
Switzerland	▲	▲	▲	▲	none	none
England	▼	▲	▼	▼	▲	?
Scotland	▲	▼	▲	▼	▲	?
Wales	▼	▲	▼	▲	▲	?
Northern Ireland	▼	▲	▲	▲	▲	▼

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Bulgaria	?	—	?	▲	▲	▼
Czech Republic	?	?	?	?	?	?
Estonia	▲	▲	▲	▲	▲	▲
Hungary	?	?	?	?	—	—
Lithuania	▲	▲	▼	▲	?	?
Poland	▲	▲	▲	▲	▲	▲
Romania	▲	▲	?	?	?	?
Slovakia	▲	▲	▲	▲	▼	?
Slovenia	▲	▲	?	?	▲	?
Turkey	▲	—	?	?	none	none

Community Care Policy & Development Western Europe

	Mental health policy	Community Care Policy	Community Care Available	Injection of additional resources for community care
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
Ireland	Present	Yes	Limited	Yes
Italy	Present	Yes	Widely	No
Liechtenstein	Absent	Yes	Widely	Yes
Luxembourg	Absent	Yes	Widely	Yes
Malta	Present	Yes	Very limited	No
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
England	Present	Yes	Widely	Yes
Scotland	Present	Yes	Widely	Yes
Wales	Present	Yes	Widely	Yes
Northern Ireland	Present	Yes	Widely	Yes

Community Care Policy & Development in CEE

	Mental health policy	Community Care Policy	Community Care Available	Injection of additional resources for community care
Bulgaria	Yes	Yes	Very limited	Yes
Czech Republic	Yes	Yes	Very limited	Yes
Estonia	Yes	No	Very limited	No
Hungary	No	No	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

Challenges

- Rigid funding systems make re-allocation difficult
- Use of DRGs
- Fragmented/multi source budgets
- Insufficient - unspecified budget allocation for mental health
- Inadequate funding of outpatient care and community care
- Lack of protection "ring fencing" of funds

Challenges

- Limited availability of community services
- Economic impact of hospital closures on a local economy
- Shortage of suitably trained staff
- Opposition from the psychiatric profession and the community
- Inadequate balance between hospital and community care
- Inadequate services in primary care
- Inadequate co-ordination and planning of services

Opportunities

- Positive environment to carry out reforms:
 - Extensive programme of health care reforms
 - Health is at the top of the political agenda
 - Increasing recognition of mental health problems
- Increasing and improving funding mechanisms
- Extending national and mental health plans to include community service
- Widening the referral network of mental health to include community services

Opportunities

- Ring-fencing of resources for development of community services
- Increased visibility and transparency of mental health budgets
- Seed money and pilot projects to build community services
- EU subsidies for investment in community infrastructures
- Capital investment in community care and less on institutions

Last thoughts

- Countries have varied experiences and challenges ahead
- Growing consensus around community care
- But... lack of community services in many countries
- Beware ... closing beds before community care developed
- Closing institutions is easy - the challenge is to build good community care
