What does really mean Integrated Mental Health Care?

Benedetto Saraceno
University of Geneva
University of Lisbon

Service Organization: Optimal Mix of Services

Optimal mix?

1. Where the needs are there is no care
2. Funding allocation is not matching with needs
3. Location of Care is not matching with needs

The voice of the pyramid: we need care where the needs are

1. **Where the needs are there is no care**

   a) absolute lack of coverage

   b) relative lack of coverage (care exists but is not where the needs are)

Absolute Gap (lack of coverage)

The proportion of people with mental disorders receiving treatment is far to be adequate:

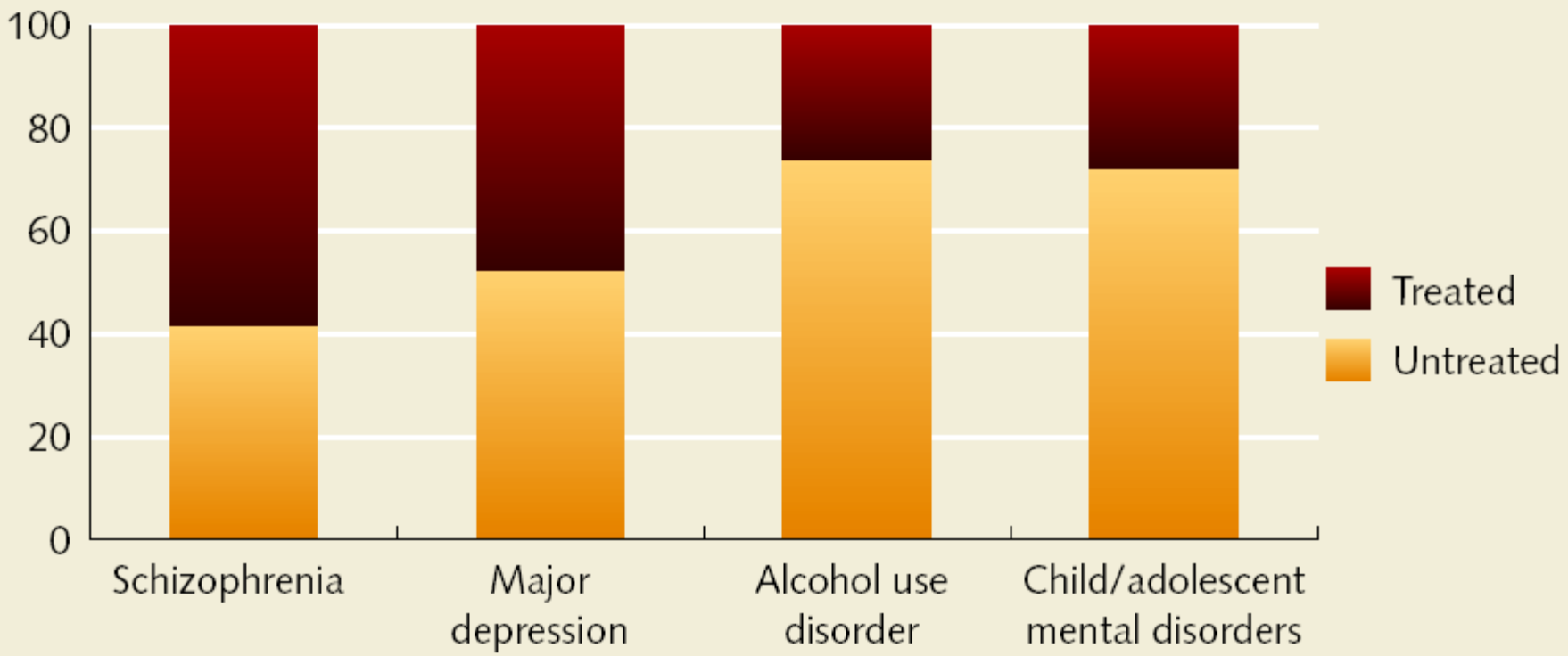
a) in USA: 32.9% treated, all mental disorders (Kessler,2005)
b) In Russia: 25% treated, depression

Treatment Gap

- **Serious cases receiving no treatment during the last 12 months**
  - **Developing countries- 76.3 to 85.4 %**
  - **Developed countries- 35.5 to 50.3 %**

WHO World Mental Health Consortium
JAMA, June 2nd 2004

The treatment gap



Relative Gap (lack of focus)

- Many people receive treatment for mental disorders but they do not have mental disorders

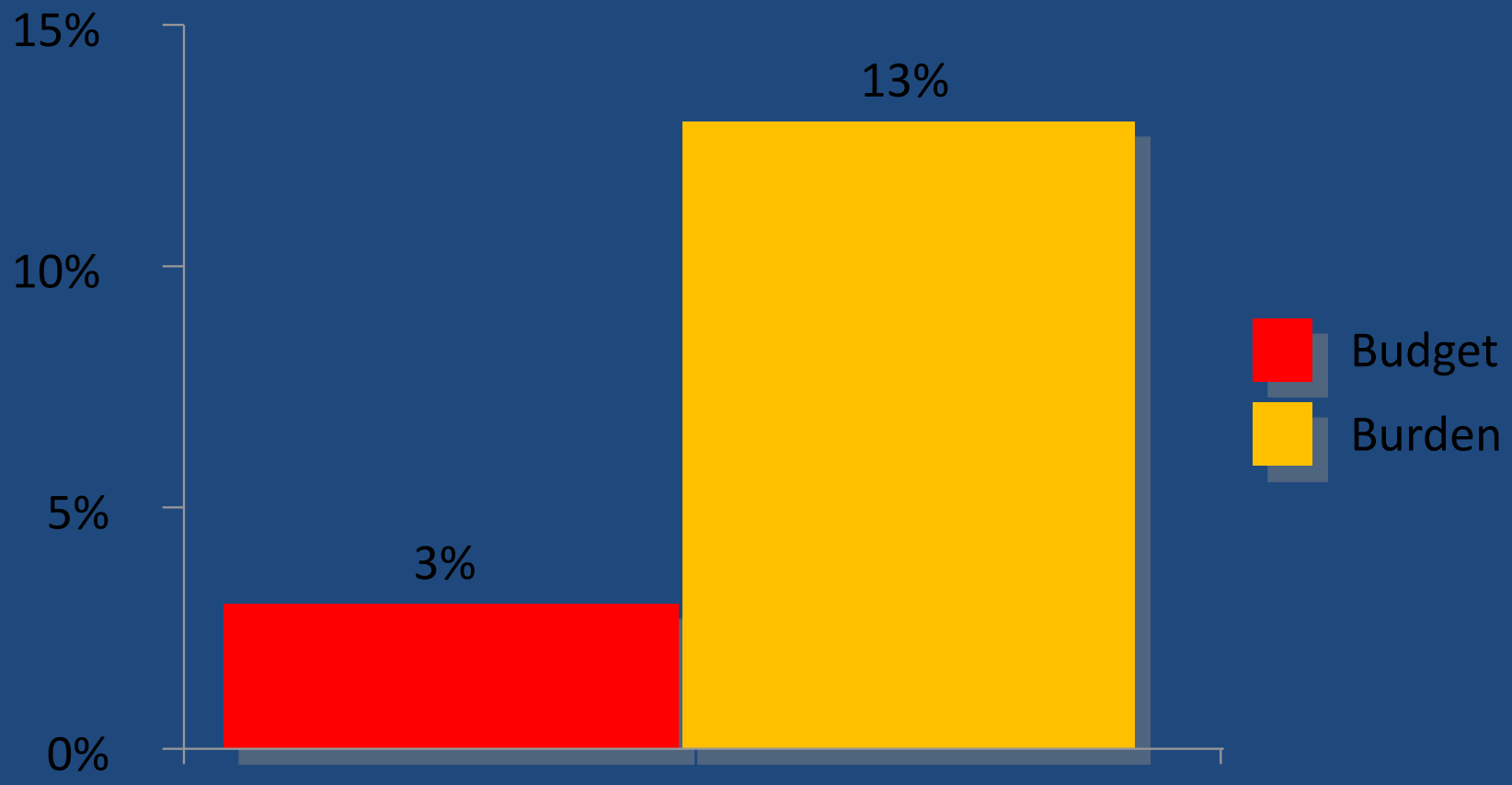
- In 2003 in the USA only half of the people who received treatment had conditions that met diagnostic criteria (Kessler 2005)!!

The voice of the pyramid: we need care where the needs are

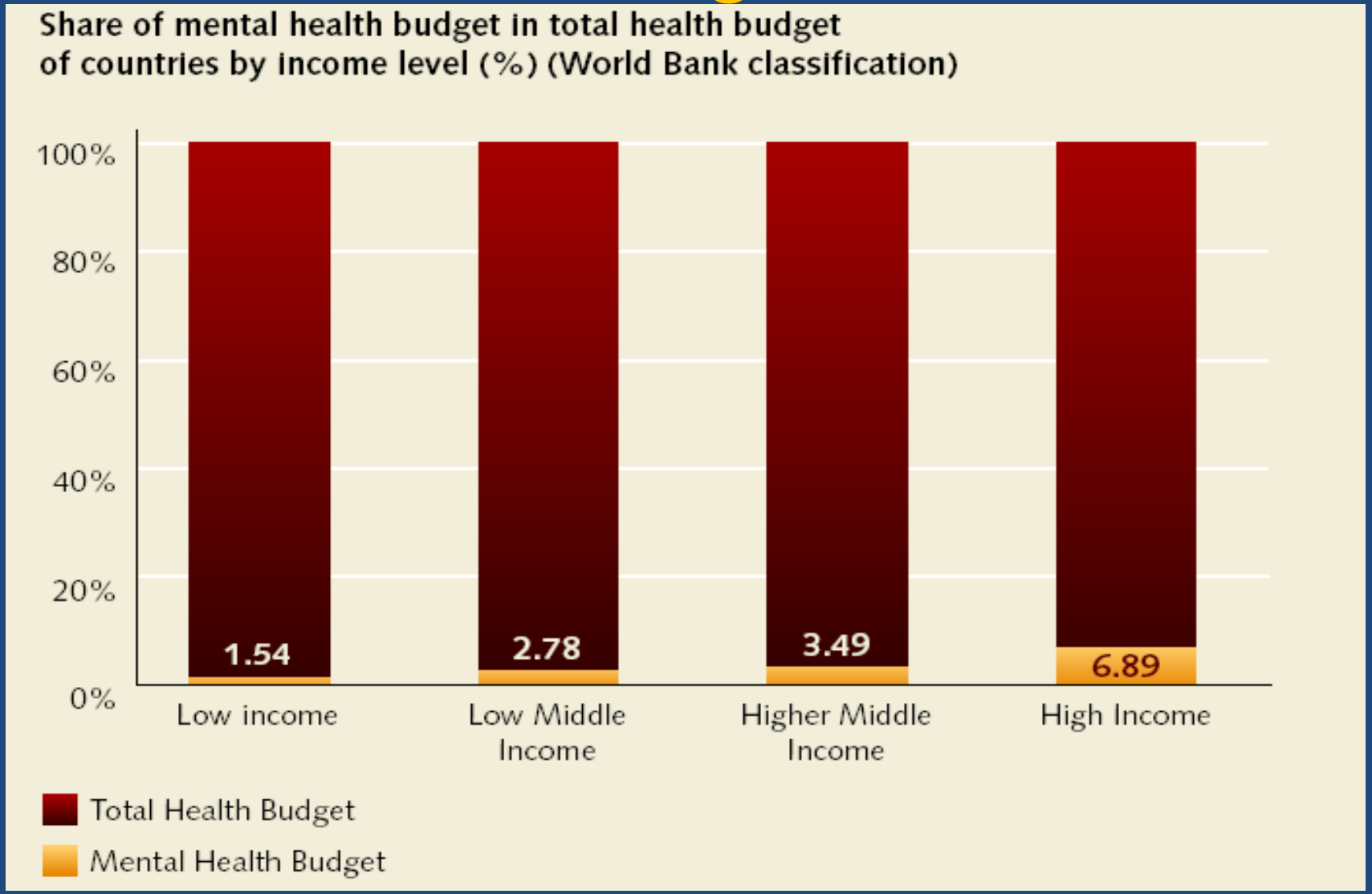
2. Funding allocation is not matching with needs

a) Insufficient allocation
b) Inefficient allocation

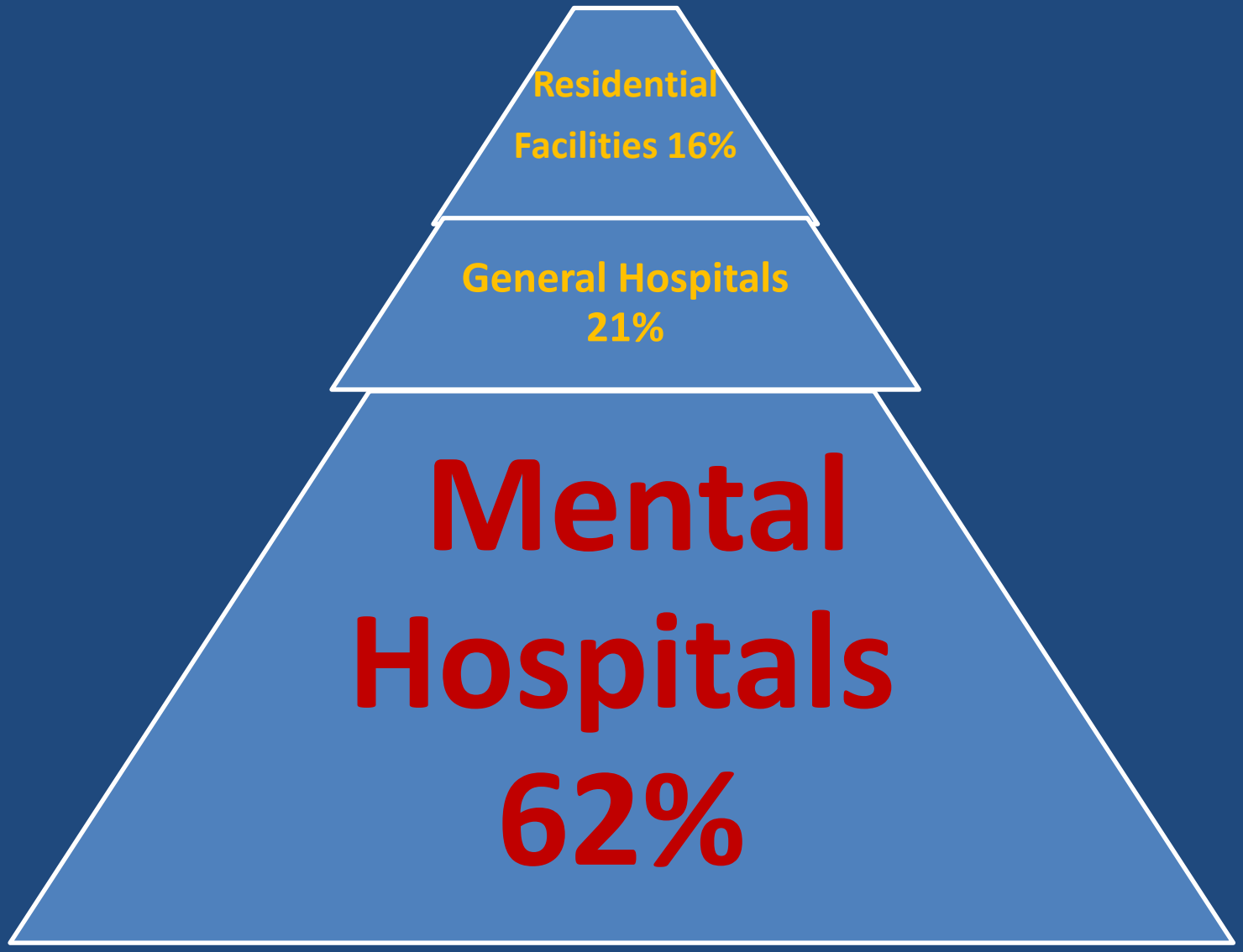
INSUFFICIENCY: Burden/budget gap: too large !



Mental Health Budget and Total health Budget



INEFFICIENCY



….where are the resources for mental health care?

a) **in psychiatric hospitals**

b) **in highly specialized units with no catchment area**

c) **in private institutions with or without contract agreement with public sector**

The voice of the pyramid: we need care where the needs are

3. Location of Care is not matching with needs

a) Too many psychiatric hospitals
b) Too many beds in psychiatric hospitals
c) Not enough alternative solutions for long stay users
d) Not enough beds in General Hospitals
e) Not enough Community Mental Health Centers
f) Not enough mental health literacy in PHC

CONCLUSION: resources are **far** from needs

- **People need more services (more absolute coverage)**

- **With more efficient allocation of resources**
- **(reversing the pyramid)**

- **With more focus (less avoidable treatments)**

- **People need services close to home: PHC and CMHC (real availability)**

LANCET SERIES: Global Mental Health

Benedetto Saraceno, Mark van Ommeren, Rajaie Batniji, Alex Cohen, Oye Gureje, John Mahoney, Devi Sridhar, Chris Underhill

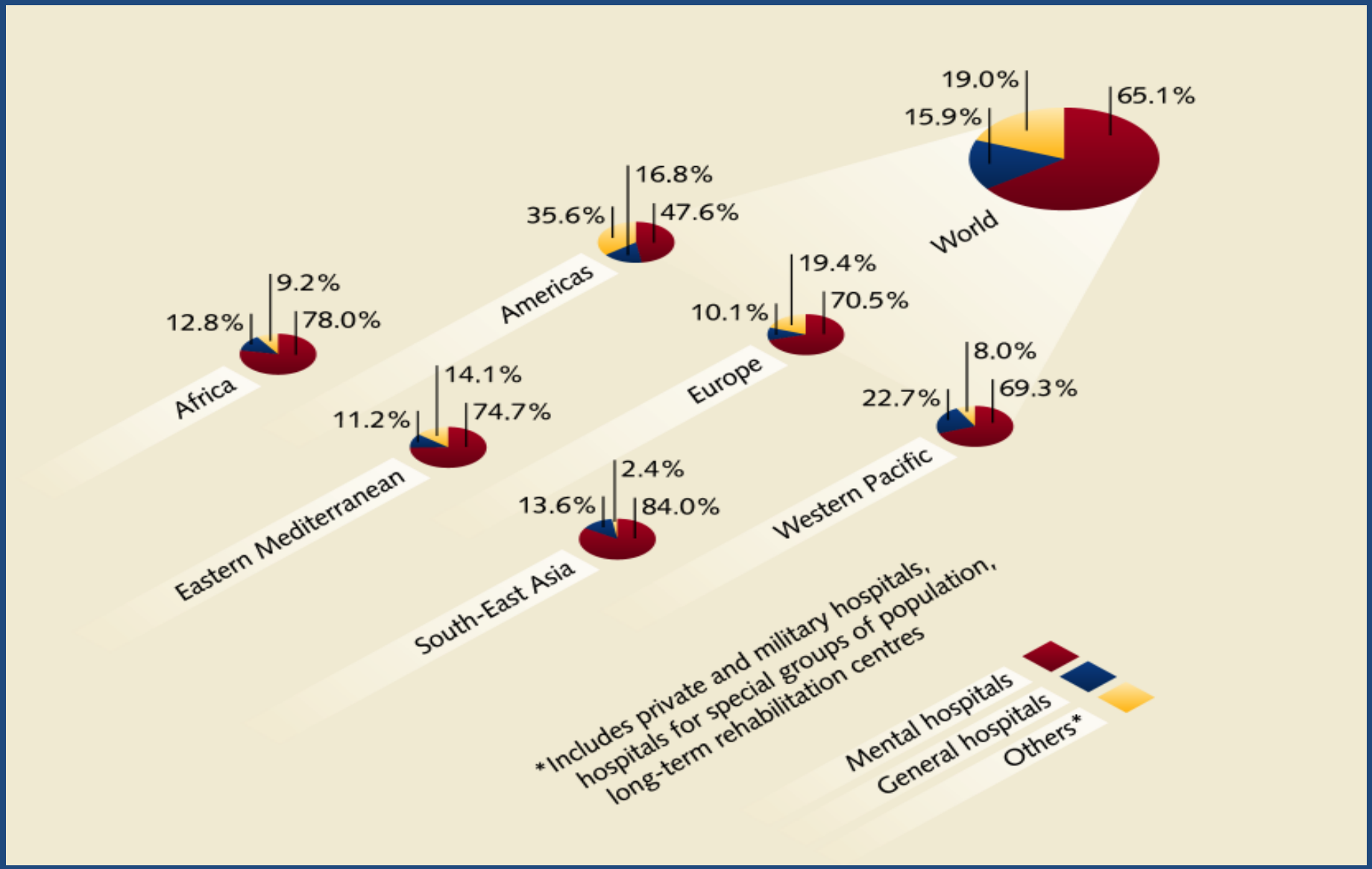
Barriers to improvement of mental health services in low-income and middle-income countries

Lancet. 2007 Sep 29; 370(9593):1164-74.

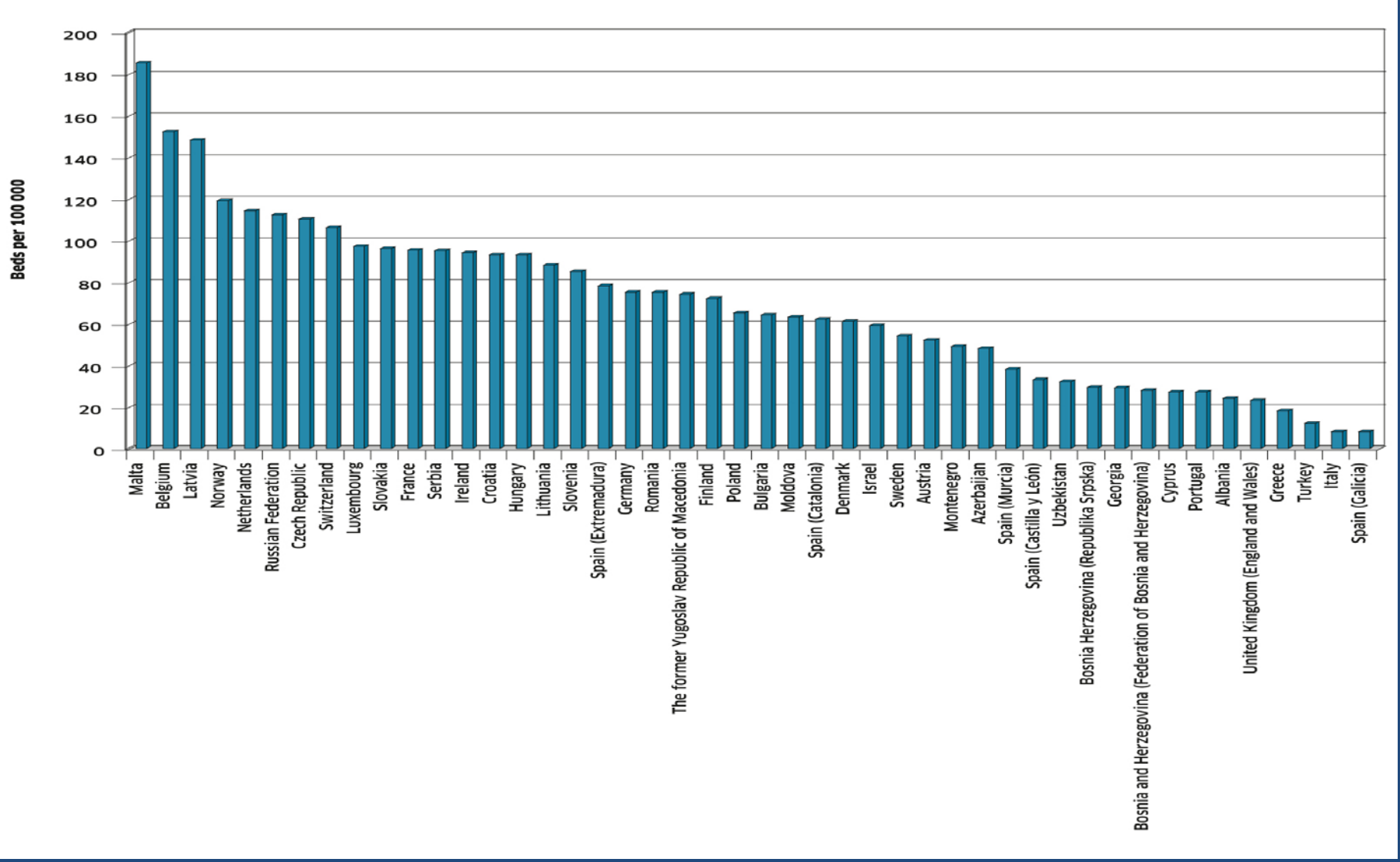
Barrier 1: Mental health resources centralized in and near big cities and in large institutions

- Need for extra funding to shift to community-based services
- Resistance by mental health professionals and workers, whose interests are served by large hospitals

Psychiatric beds in each WHO Region and the world (ATLAS Data, per 10,000 population)



Total mental health beds in Europe per 100 000 population



Barrier 2: Difficulties in integrating mental health care in primary health care services

- Primary care workers already overburdened
- Lack of supervision and specialist support after training,
- Lack of continuous supply of psychotropics in primary care in many countries

Learning core competencies for PHC

- Assessment and diagnosis: simplified but reliable GHQ, ICD 10phc, AUDIT, ASSIST, mhGAP
- Listening and Support (key principles)
- Treatment (simplified but evidence based)
- Referral (to whom? A responsible specialist service)
- Community Intervention (community alliances)

Barrier 3: Lack of investment in secondary care: the missing number

- 3
- ?
- 1

Severe Mental disorders determine disabilities

Mental disabilities are chronic conditions and require

long-term care

Are Psychiatric Hospital providing adequate long-term care?

Too often Psychiatric Hospitals determine

1. accumulation of deficit symptoms
2. social isolation
3. ill-treatment to patients
4. very low cost-effectiveness
5. users' dissatisfaction

Severe Mental Disabilities: history of a denial

- **Asylum** the « invented city »
- **Unplanned de-hospitalization**
- abandonment and family burden
- **Homelesness** the diffuse asylum
- **Trans Institutionalization**
  « the imbroglio »

But why institutionalization?

- a) long term protection
- b) long term care and assistance
- c) family relief

Mental disabilities are chronic conditions and require long-term care

Deinstitutionalization

=

De-hospitalization

+

Long-Term **Care**

Deinstitutionalization is needed

….but

Deinstitutionalization

is more than

De-hospitalization

Deinstitutionalization is

De-hospitalization + Long-Term Care

Long Term Care= 5 C

- **Comprehensiveness:** broad spectrum of offers (psychiatric care, family support, housing, employment, inclusion strategies)
- **Community Long Term Care:** long term perspective (spectrum from permanent care to full recovery)
- **Continuity of care**: continuity across time and across space: ONE service
- **Collegiality:** multiprofessional team + users & families
- **Capacity:** new skills are needed

Axes of Psychosocial Rehabilitation

- Habitat → Home → House
- Learning, Applying Knowledge and Communicating → Socialization
- Social Value → Work → Employment

Barrier 4: Mental health leadership often lacks public health skills and experience

- Those who rise to leadership positions often only trained in clinical management
- Public health training does not include mental health

Barrier 5: Political will (& thus funding) for mental health is low, because of

- Inconsistent and unclear advocacy by MH advocates
- People with disorders not organized in a powerful lobby in many countries
- Incorrect belief that care is cost-ineffective

Pending Issues

1. the balance (resources and weight) between hospital and community care (hospital means general hospital and not psychiatric hospital)

2. community care means comprehensive care and not ambulatory care