



# European Union European Social Fund Operational Programme Employment

## MERRPS: INTERNATIONAL EXPERTS

MINUTE OF THE 1<sup>ST</sup> MEETING

### BASIC INFORMATION

**Date:** 15. 6. 2017

**Place:** Klecany

**Present:** Wolfgang Gaebel, Dan Chisholm, Petr Winkler, Dzmitry Krupchanka, Lucie Kondrátová, Dana Chrtková, Karolína Mladá, Zuzana Hrivíková, Alexandr Kasal, Matyáš Müller, Pavla Čermáková, Karla Komárková, Jitka Hlaváčková, Martina Zavadilová, Anna Kagstrom

### INTRODUCTION

- **W. Gaebel**
  - former President of the European Psychiatric Association (EPA), former president of German psychiatric association; former chair of WPA section for schizophrenia; Professor of Psychiatry, Director of the Department of Psychiatry and Psychotherapy at the Heinrich-Heine University, Düsseldorf, and Medical Director of the LVR-Klinikum Düsseldorf, Director of the LVR-Institute for Mental Healthcare Research (LVR-IVF) and the WHO Collaborating Center on Quality Management and Empowerment in Mental Health
  - interests: introduction and implementation of quality indicators (project DAQUMECA), ICD 11, e-mental health, destigmatization campaigns
- **N. Sartorius**
  - President of the Association for the Improvement of Mental Health Programmes (AMH), Former Director of the Mental Health Program of the World Health organization, Former President of the World Psychiatric Association, Former President of European Psychiatric Association; former professor at Charles University
  - interests: epidemiology and social psychiatry, psychiatric and physical comorbidity, education of young psychiatrists, training in Asia
- **D. Chisholm**
  - Program Manager of Division of Noncommunicable diseases and life-course, WHO Regional Office for Europe, former health systems adviser in the Department of Mental Health and Substance Abuse at the World Health Organization's headquarters office
  - interests: regional mental health policies, using evidence for MH system strengthening, health economics
- **D. Protopopová**
  - ministry of finance
  - interests: implementation EBD to MHC, effective use of money
- **P. Říčan**
  - Centre for mental health care development, member of advisory board of the reform

- interests: training of peer workers, development of mental health teams
- **M. Páv**
  - Psychiatric Hospital Bohnice
  - interests: from acute team to assertive treatment development, somatic care – comorbidity, rehabilitation methods, combining with extramural care
- **P. Grexa**
  - psychiatrist, member of deinstitutionalization project of MH ministry
  - interests: preparing survey among professionals and users, using quality indicators in the field work
- **M. Fojtíček**
  - regional consultant for reform of MH in Plzen, NGO com based services
  - here to promote values that are not measurable
- **J Poljaková**
  - board of SPDN – NGO of relatives of MI
  - EUFAMI member – European Federation of Associations of Families of People with Mental Illness

## RECAPITULATION OF THE PROJECT

- the MERRPS project in synergy with the reform of MHC in CZ
- creating the system of economic evaluation – project collecting data of the clients consumption
- 3 pilot evaluations during the project – testing recovery measurement and CSRI at outpatient setting

## PROF. W. GAEBEL: MENTAL HEALTH CARE INDICATORS AND THEIR IMPORTANCE FOR MENTAL HEALTH CARE MONITORING AND EVALUATION OF MENTAL HEALTH CARE REFORM IN THE CZ REPUBLIC

- see the [presentation](#)
- discussion
  - discussion on whether it makes sense to measure recovery as a self-reported measure (danger of subjectivity) or professional-reported quality of life and symptomatology
    - 9 possibilities regarding recovery – who sets the goals and who assesses (patients, doctors and relatives)
    - the goal is to have the matrix of outcome instruments – some more relevant to CMHC, some more in hospitals
    - NS – one of the goals is to set therapeutic alliance - dialogue of family, doctor and patient
  - suggestion that we include use whodas 5 in our matrix of instruments - simple to apply, not too time consuming, sensitive to change
  - discussion on disparity and equity topic

## PROF. N. SARTORIUS: EVIDENCE BASED MENTAL HEALTH

- see the presentation
- **main points**
  - MH services have to respect the cultural and other context (M. hospitals catastrophe in colonies)
  - evidence from one country cannot be applied in another country straightforwardly – there is no best service in world
  - each service has to be evaluated continuously – it changes in time
  - the idea of MERRPS must continue after the project finishes
  - MH services as mosaic – take the best pieces
    - components of MH care: prevention, treatment, recovery, stigma, promotion of MH
  - distinction of disease (view of doctor), illness (patient), sickness (what state considers sick) – overlap is small (subclinical cases, treatment gap); WHO → disorder (something between)
  - promotion of MH – various definitions
    - prevention
    - reduction of numbers with MI
    - elevation of MH on the scale of values of individuals
  - many definitions of health – now MH as state of balance
  - importance of collaboration of psychiatry and other medical specialities

- importance of “rolling horizon planning” – planning only as far as we see
- **discussion**
  - comorbidities and mortality, problem of stigma, lack of evaluative culture, high suicide rate in child and adolescent psychiatry
  - difference of reduction of symptoms and promotion of mental health (mental health as a positive quality, value)
  - how to establish therapeutic alliance – importance of length of visit and listening skill of psychiatrists; question of measuring TA

## DR. DAN CHISHOLM: STRENGTHENING THE MENTAL HEALTH SYSTEM OF THE CZECH REPUBLIC: WHO PERSPECTIVE

- see the [presentation](#)
- **main points**
  - health 2020 - the European policy for health and well-being
  - health system components
    - service delivery
    - health workforce
    - information
    - medical products
    - financing
    - leadership
  - problem of poor countries: not using new services that are expensive
  - necessity of systems perspective
    - some drugs are generally accessible, but real access depends upon by many local factors
    - need of constant monitoring and evaluations
- integration
  - horizontal - integration with other systems
  - vertical – e.g. need for information from primary care to specialised care
- evidence and research - criteria of decision makers for where to put the money
  - human right protection
  - public health and economic burden
  - cost and cost-effectiveness
  - equitable access and social protection
- evaluative designs
  - micro level – looking at the socio-cultural context to examine why some interventions work or do not work
- mental health economics and financing
  - who-choice project - choosing the right intervention, modelling the cost
  - theory of change: cost/inputs of intervention – actions/processes – consequence
  - some cost effective interventions can become expensive when we use them too much (above certain risk)
- **discussion**
  - life course approach – problem of adolescent suicides: prevention in early life is an important goal for WHO
  - this should be a topic for negotiation with Ministry of work and social affairs

*Recorded by: Matyáš Müller*

