



European Union European Social Fund Operational Programme Employment

MERRPS: INTERNATIONAL EXPERTS

MINUTE OF THE 1ST MEETING

BASIC INFORMATION

Date: 14. 6. 2017

Place: Klecany

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

INTRODUCTION

- **Wolfgang 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
 - member of European Brain Council project; currently also working on mental disorders section of ICD 11; NEU – project on e-mental health (policy solutions and standards for e-mental health)
 - development of quality indicators for 4 countries – DAQUEMECA CZ Hungary, Serbia, Bulgaria
 - new institute for mental health research – agency for 9 hospitals – developing q. indicators
 - treatment guidelines – 2nd revision of German GL for schizophrenia (inpatient), feasibility of data in the hospitals
 - program Open the doors – project on destigmatization – awareness campaigns
- **Daniel Chisholm**
 - originally social anthropologist and economist
 - health economics centre at KCL (with Martin Knapp)
 - joined WHO in 2000 – international projects – question of cost-effectiveness, cross-cutting programs (health system strengthening), vertical programs, global MH action plan, policy development and implementation, using evidence and research as a driver for evidence based development
 - former health systems adviser in the Department of Mental Health and Substance Abuse in Geneva, currently Programme Manager of Noncommunicable diseases and life-course WHO Regional Office for Europe
- every member of the research team introduced himself
- PW – project cooperating with the Ministry of work and social affairs – how to control money spent on projects – importance of health economics

- reform in CZ: no line of HE – cooperation with IOPPN ([Institute of Psychiatry, Psychology & Neuroscience](#)) of KCL on HE
- department of social psychiatry– non-clinical, non-biological

PETR WINKLER: STATE OF MENTAL HEALTH CARE IN CZ

see the [presentation](#)

- **main points and discussion**
 - currently effort to coordinate all implementation projects and secure sustainable funding
 - the projects are expensive but not detailed
 - aim of the project: choosing interventions based on economic evidence, not general ‘improvements of quality’
 - relation of MERRPS and reform
 - goal of MERRPS – system for evaluation
 - we should elaborate our **theory of change** (logical framework)
 - to identify what we control and what we don’t have under control
 - to clearly articulate how far we can go, what explicitly we will expect at the end of the project

PLANNING THE MEETING WITH THE CZECH STAKEHOLDERS

- the main aim is to encourage people to engage in EBD and its use in the reform
- **discussion**
 - on whether we should concentrate more in micro level indicators or structural (macro) level – there has to be a culture ready for evaluation and EBD
 - on whether we need cost-effectiveness analysis in CZ at this stage or more just estimating and planning of the global processes
 - DCH – key message: to demonstrate the relevance of system approach, economic evaluation, strengthening the mental health system related to WHO
 - WG: EBD doctrine is normative; evidence as an argument is not enough – it is only one argument among other (e.g. clinical arguments, equity arguments)

Recorded by: Matyáš Müller

NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ



MERRPS: INTERNATIONAL EXPERTS

MINUTE OF THE 1ST MEETING

BASIC INFORMATION

Date: 16. 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

RECAPITULATION

- we should get involved the people from ministries who were not present
- next time – ask stakeholders to start the meeting
- why people didn't come – holiday, language, afraid of big names
- important to specify roles in reform projects
- next time we have to define specific questions with the stakeholders in Czech, engage them in the process – we can send the questions in advance to ensure a dialogue
- meeting should not be just informative, there has to be a specific intention – work in smaller groups
- talk together personally with the stakeholders
- we might offer translation for some stakeholders if needed

FURTHER COLLABORATION

- end of september – young psychiatrists conference
- we can joint it with a small MERRPS meeting
- next merrps meeting will take place in December or January (we will send a Doodle table)

CONCURRENT PROJECTS

- **twining**
 - horizon project, building of research capacities in new EU member countries, supporting education – summer schools, workshop etc.; preparing ground for other research calls
 - not limited to any field

- we want to focus on subdeveloped topics: user-led research, CH&A, old age psychiatry; life approach as a unifying concept
- 'political' topics such as adolescence and violence, migration, terrorism might be included
- **culture and mental health in the context of CEE (DCH)**
 - euro WHO office – collaborating centre at Exeter University – antidote to quantitative reports
 - cultural issues – how culture influences the health experiences
 - country example of reform – qualitative methods to explore the process
 - one day workshop here in Prague in September
 - participants: people from various countries, we can invite our stakeholders as well; intended for professionals
 - can be held at NIMH
 - might be connected with the Lancet paper colleagues, Twinning project, Croatian Institute for anthropological research, we should build upon research we have already done
- **CH&A**
 - we can cooperate with the ministry of youth
 - our topics
 - why is prevalence MH problems in children and adolescents so high in CZ and how to change the situation
 - school dropout
 - gap between medical services (e.g. for adolescents and adults)
 - discontinuity of MH and schools
 - teachers' MH education
 - cultural barriers – major driver of why effective interventions cannot start
- **DAQAMECA**
 - overlaps with MERRPS – indicators, domains, adaptation process
 - stakeholders should be included in Delphi research to make a consensus on indicators
 - Czech Republic, Bulgaria, Serbia, Austria
 - lots of indicators can be taken from MH atlas – at least as an input
 - MERRPS team works with stakeholders
 - reform: Holly, Anders, Pavel Mohr
- **phase 2 who project on adults with mental disabilities**
 - initial assessment
 - adult population
 - training
 - 39 countries in 1st phase, now cca 20
 - problem of insufficient communication of ministries of labour and social affairs and of health
 - Duškov might help
- **comorbidity**
 - discrepancy in what people suffer from what they are treated for
 - data: hospitalization, causes of death, insurance
 - contact Nordentoft – works with registers in the north countries
 - problem that medical institutions and organizations often not interested in collaboration; Wonca dismissed mental disorders
 - book Comorbidity of Mental and Physical Disorders (N. Sartorius et al.) – covers major comorbidities

GROUP WORK

W. GAEBEL: INDICATORS

- we described to prof. Gaebel how we work with indicators and how we get the data
- we consulted the indicators 24 and 31
 - 24 – we should consider if we need this indicator, it is very detailed for our needs
 - 31 – important indicator but we have to prioritize, not necessary to include all components
- general outputs of the meeting
 - we should not concentrate too much on details, it would be too much time-consuming

- we should go from down to top (from macro to micro level) – first identify what data we do have and who is willing to cooperate, based on that identify the key domains and indicators
- prof. Gaebel recommended to reduce the number of indicators – e.g. in Germany they have only about 10 and only for schizophrenia inpatient treatment
- suggestion that we identify 3 most important domains, ask the stakeholders to do the same
- Dana will mention indicators at the reform panel
- structural change needs bringing other arguments than evidence – public awareness, mentally ill relatives of politicians...

D. CHISHOLM: HEALTH ECONOMICS

- **discussion on CSRI**
 - we described how we work with the instrument and how we adjusted it for the Czech context
 - two versions of Czech questionnaire (in and out patient)
 - questionnaire further reduced based on pilot research
 - regarding financing, we should also include
 - Contributions of families, individuals (private expenditures)
 - Time costs
- **WHO Choice**
 - Cost-effective interventions
 - National level contextualization
 - Select region and automatically populate with known data. Data are updated but problems with compatibility
- **OneHealth tool**
 - OneHealth was developed as a successor of Choice
 - pre-programmed tool
 - identifies costs of the disease and planning based on various costing tools
 - cost-effectiveness module included
 - gives general picture and basic idea for government about interventions in a given area (youth and adolescent/depression/schizophrenia), but can simulate also more detailed issues – change from mental hospitals to community care etc.
 - can switch between unit costs and general costs
 - Costs of scaling up services
 - Only predefined interventions (although possible to change a bit)
 - OH tool workshop might be organised
 - OneHealth tool manual available

DEBRIEFING

- **indicators**
 - discussion on how often we should make the Report on the state of psychiatric care – publishing it every year might be too demanding
 - we should define how many indicators we want to have finally – these should cover all domains
- **one health tool**
 - we should compare the results of OHT with results of other programs
- **identification of interventions**
 - two levels
 - MHGAP, WHO CHOICE – packages of care (e.g. inpatient X CMHC)
 - particular individual interventions (NICE)
 - we should preselect 5-10 for all chosen areas and present them for the stakeholders

TASKS

what	who	when	result
send a Doodle table for the next meeting	PW	July	
to organize a meeting with the Exeter University researchers			

contact Nordentoft for collaboration on comorbidity	PČ		
identify 3 most important domains of indicators	research team and stakeholders		
explain indicators at the reform panel	DCH		
compare the results of OHT with results of other programs	research team		
preselect 5-10 for all chosen areas and present them for the stakeholders	AK, ZH		

Recorded by: Matyáš Müller