

NÁRODNÍ ÚSTAV DUŠEVNÍHO ZDRAVÍ



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

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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. GAEBEL:

- 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

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

DAN CHISHOLM:

- 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

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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
- research team should translate for some stakeholders

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)
- NS: january
- PW: we dont need to have all of you here at a time

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...

DAN 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