INTRODUCING THE EUROPEAN NETWORK FOR COMMUNITY MENTAL HEALTH SERVICES

Nigel Henderson
Marseille
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Outline of Talk

INTRODUCTION
WHY EUCOMS
WHAT IS EUCOMS
6 PRINCIPLES
CONCLUSION
MAPPING & UNDERSTANDING EXCLUSION IN EUROPE
HOSPITAL AT THE CENTRE

- SPEC OUTPATIENT CLINIC
- ACT
- FLEXIBLE ACT
- SHELTERED HOUSING
- CRISIS TEAM
- IHT
- ACUTE WARD
- ACTIVITY CENTERS
- DUAL DIAGNOSIS TEAMS
- REHAB
- CRHT

HOSPITAL AT THE CENTRE
INTEGRATED APPROACH:
COMMUNITY MENTAL HEALTH and SOCIAL CARE

PERSON AT THE CENTRE OF COMMUNITY MENTAL HEALTH AND SOCIAL CARE
SIX PERSPECTIVES

1. ETHICS
2. PUBLIC HEALTH
3. RECOVERY
4. EFFECTIVENESS
5. NETWORK
6. PEER EXPERTISE
1. ETHICS

HUMAN RIGHTS
TOTAL INSTITUTIONS

COMPULSORY

VIOLATION
OF
HUMAN
RIGHTS

VOLUNTARY

HELPFUL?
“Ships are safe in the harbour but that’s not what ships are for”
HUMAN RIGHTS

UN GENERAL ASSEMBLY 2007 (excerpts)

- RIGHT TO LIVE AND PARTICIPATE IN THE COMMUNITY
- RIGHT TO EDUCATION
- RIGHT TO HEALTH
- RIGHT TO EMPLOYMENT AND SOCIAL PROTECTION
- RIGHT TO BE FREE FROM ABUSE OR DEGRADING TREATMENT
- EQUAL RECOGNITION BEFORE THE LAW
2. PUBLIC HEALTH

ADDRESSING THE NEEDS OF THE POPULATION
1 PUBLIC HEALTH PERSPECTIVE: ACCESSIBILITY, NEEDS BASED

NEEDS OF THE ENTIRE POPULATION

WORK IN A WELL DEFINED AREA
- SMALL ENOUGH FOR PRESENCE, LARGE ENOUGH FOR MULTIDISCIPLINARY/MULTIAGENCY TEAM

TEAM DOCUMENT:
- RESOURCES
- DEMOGRAPHICS/INEQUALITIES
- NEEDS ASSESSMENT
- STAKEHOLDERS
PUBLIC HEALTH: STIGMA

CONTACT TLC\(^3\)

- Targeted (eg employers)
- Local
- Contact between people with and without mental illness
- Credible: clients in the lead
- Continuous
3. RECOVERY

BUILDING ON PERSONAL GOALS AND STRENGTHS
DEFINING RECOVERY

Recovery is a way of living a satisfying, hopeful and contributing life, even with limitations caused by (mental) illness.
Recovery isn’t waiting for the storm to pass.

It’s learning to dance in the rain!
Mental Health

Lack of Wellbeing

Wellbeing

Mental Health

RECOVERY ZONE

Focus on wellbeing

RECOVERY DIAGRAM
CHIME FRAMEWORK

http://www.researchintorecovery.com/
4. EFFECTIVENESS INTERVENTIONS BASED UPON NEEDS
Oil and Water or Oil and Vinegar? Evidence-Based Medicine Meets Recovery

Larry Davidson · Robert E. Drake · Timothy Schmutte · Thomas Dinzeo · Raquel Andres-Hyman
EFFECTIVENESS > EVIDENCE BASED

- Be well defined (fidelity scale)
- Reflect person-centred goals
- Be consistent with societal goals
- Good evidence of effectiveness
- Durable personal outcomes
- Reasonable costs
- Adaptable to diverse communities/subgroups
- Easy to implement/replicate
- Easy to access (24/7)
EFFECTIVE INTERVENTIONS: VALUES BASED RECOVERY APPROACH

IPS/HOUSING FIRST
PEER SUPPORT/SUPPORTED LIVING
SELF MANAGEMENT
LEARNING/EDUCATION
COGNITIVE BEHAVIORAL THERAPY
MOTIVATIONAL INTERVIEWING
E-HEALTH
PSYCHOPHARMACOLOGY
5. NETWORK

A WIDE NETWORK OF SERVICES AND RESOURCES
NETWORK

SELF-HELP

FAMILY/SOCIAL NETWORKS

COMMUNITY SERVICES

MENTAL HEALTH SERVICES

PERSON
LEAP OF FAITH
INDIANA JONES AND THE LAST CRUSADE (1989)
DOPPELBÖGENBRÜCKE
GELSENKIRCHEN - NORDSTERNPARK, GERMANY
NETWORK MENTAL HEALTH SERVICES:

ESSENTIAL FUNCTIONS/ TEAMS:

- PREVENTION
- EARLY DETECTION/INTERVENTION
- CONNECTIONS WITH COMMUNITY SERVICES/ACTIVITIES
- LOCALITY INTEGRATED MENTAL HEALTH AND SOCIAL CARE TEAMS
- ACCESS 24/7
INTEGRATION WITHIN MENTAL HEALTH SERVICE

SOCIAL INTERVENTIONS
- INDIVIDUAL PLACEMENT AND SUPPORT
- HOUSING FIRST

COMMUNITY CARE AND HOSPITAL COMMUNITY SUPPORT AND HOUSING

FIRST PLACE THEN TRAIN
ONE TEAM APPROACH
6. PEER EXPERTISE

PERSON IS COCREATOR OF CARE
PERSON IS COCREATOR

INDIVIDUAL LEVEL
▪ TREATMENT, SHARED DECISION MAKING

SYSTEM LEVEL
▪ TEAM

POLICY LEVEL
▪ SERVICE, GOVERNMENT
PEER EXPERTISE/LIVED EXPERIENCE

EXPERIENCE → PEER KNOWLEDGE → PEER EXPERTISE

PEER WORKER IN TEAM:
TRAINING/MODELLING RECOVERY

PEER KNOWLEDGE AND EXPERTISE OF OTHER PROFESSIONALS
WE ARE ON A JOURNEY – WITH A HOPEFUL VISION!
<table>
<thead>
<tr>
<th>PERSPECTIVES</th>
<th>PRINCIPLES</th>
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<tbody>
<tr>
<td>ETHICS</td>
<td>HUMAN RIGHTS, UNDERPINS ALL</td>
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<td>PUBLIC HEALTH</td>
<td>ADDRESSING THE NEEDS OF THE POPULATION, RATIONAL USE OF RESOURCES, FIGHTING STIGMA, CHALLENGING INEQUALITIES</td>
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<tr>
<td>RECOVERY</td>
<td>PERSON’S JOURNEY, BUILDING ON PERSONAL GOALS AND STRENGTHS, PERSONAL OUTCOMES FOCUS, RISK ENABLING (NOT RISK AVERSE)</td>
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<td>EFFECTIVENESS</td>
<td>INTERVENTIONS BASED UPON NEEDS, OIL &amp; VINEGAR, RECOMMENDED INTERVENTIONS,</td>
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<td>NETWORK</td>
<td>A WIDE NETWORK OF SERVICES AND RESOURCES, INTEGRATION, FUNCTIONS OR TEAMS, EASY TO ACCESS</td>
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<td>PEER EXPERTISE</td>
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<td>PERSPECTIVES</td>
<td>WHAT HAVE WE ACHIEVED?</td>
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<tr>
<td>ETHICS</td>
<td>Little: reduced life expectancy/ lack of competitive jobs/ participation in community life can be difficult</td>
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<td>PUBLIC HEALTH</td>
<td>Little, Insufficient focus, underestimation of importance</td>
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<td>Hope: Paradigm shift, but risk of window dressing: Real culture change needed</td>
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<td>EFFECTIVENESS</td>
<td>Hope: Start of paradigm shift in research, risk of divided camps, need to embrace community and social care as partners</td>
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<td>NETWORK</td>
<td>A lot: models for organisation of community mental health care (F-ACT, CRHT, EIS, Resource groups, DD), Little: connection beyond MHC</td>
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<td>Hope: Third domain of expertise, few peer experts, even less other open professionals</td>
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WE ARE ON A JOURNEY OF HOPE!

‘Hope is not optimism, which expects things to turn out well, but something rooted in the conviction that there is good worth working for.'
THANK YOU FOR YOUR ATTENTION!
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NEXT EUCOMS MEETING
LILLE, FRANCE 13th -14th
JUNE 2019