WELCOME TO THE FOURTH EUCOMS MEETING IN LUXEMBOURG!

9TH OF FEBRUARY, 2018

#EUCOMS

PROGRAM PART 1"REACHING OUT TO SOCIETY"

Part 1 – "Reaching out to Society"	
13.50 – 14.05	Introduction and Welcome by René Keet (Chair of the EUCOMS Network) & Dr Julie D'Alimonte (Representative Ministry of Health)
14.05 – 14.15	Opening by carer Sonja Zeimet
14.15 – 14.40	Opening the theme "Reaching out to Society" in the context of Luxembourg by Marc Graas & Mark Ritzen
14.40 – 14.50	Q & A

EUCOMS

WELCOME BY RENÉ KEET & JULIE D'ALIMONTE

Chair EUCOMS Network &
Representative Ministry of Health

PERSPECTIVES		WHAT HAVE WE ACHEIVED?
ETHICS		
PUBLIC HEALTH		
RECOVERY		
EFFECTIVENESS		
NETWORK		
PEER EXPERTISE		

OPENING BY SONJA ZEIMET | Carer

OPENING THE THEME "REACHING OUT TO SOCIETY" BY MARC GRAAS

General director

ONE SOLUTION FOR EVERY SINGLE PROBLEM

The Grand Duchy of Luxembourg was formed in its actual shape in the Treaty of London (1839).

CHNP was created only a few years later in 1855.

It was an asylum with multiple purposes that took care of beggars, idiots , epileptics, old people, paralytics, the retarded and… young women who were pregnant but not married.

ONE SIZE FITS ALL
A SUCCESSFUL MODEL?

1200 beds until the seventies.

3 medical doctors working here half-time.

0,5% of the Luxembourgish population was incarcerated here.

For most of them it was a life sentence…

… even beyond their deaths, as CHNP had its own cemetery where they were buried.

OVER THE YEARS, PIONEERS IN PSYCHIATRY…

… created non-profit organisations with offers in:

- counselling
- living
- working
- leisure

THE ROCKING SEVENTIES…

After three suicides of young men from Luxembourgish families, politics finally woke up.

Häfner and Rössler wrote reports about psychiatric care in Luxembourg.

They recommended a drastic reduction of beds, the creation of wards for acute psychiatry in general hospitals, more supervised apartments, etc.

TODAY, A LOT OF THINGS HAVE IMPROVED….

Acute psychiatry only in general hospitals, no first admissions any more at CHNP.

Laws regulating admission in psychiatric wards and guaranteeing human rights.

NGOs empowered with mission of social psychiatry.

CHNP gets the mission of hospital specialised in psychiatric rehabilitation (whatever that is…)

50 YEARS LATER, A LOT OF THINGS STILL NEED TO BE IMPROVED…

Only +/- 280 supervised apartments for a population of 550 000.

Only +/- 200 working places for people with a psychiatric disorder.

No official community treatment programme.

No coherent national vision.

THESE ARE MEANINGLESS NUMBERS IF SOCIAL CONTEXT IS NOT CONSIDERED

80% of the patients admitted at CHNP don't have an adequate living situation.

First admission at CHNP at the age of over 40 years, +/- 20 years after the problems started.

Patients often have to wait for years in the CHNP before they can have the social situation they need.

FROM ONE TYPE OF ASYLUM TO ANOTHER

Beds in psychiatry have been reduced from 480 to 72 beds per 100.000 inhabitants.

So, in a way, we still are the asylum, that we don't want to be any more.

CONCLUSION

Luxembourg is far away from a functioning community care system that is accessible to everyone...

… but the cooperation between professionals from the different organisations is excellent, as we share the same values and vision.

This said, we need a clearer nationwide vision of what kind of psychiatry Luxembourg needs as a country.

THE GOAL SHOULD BE…

… to reduce the number of hospital beds and the length of stay.

… to reinforce community care.

… to create early ambulatory rehabilitation.

OPENING THE THEME "REACHING OUT TO SOCIETY" BY MARK RITZEN

Medical director at CHNP

OFFERING PSYCHIATRIC CARE TO COMPLEX PATIENTS

- Therapeutic outcome/prognosis: determined by psychological, physical and social health
- Need for a holistic, tailored-care approach using stepped care principles, starting at the very beginning of one's disease

But, is it possible ?

« WHOLISTIC, TAILORED » CARE ; IS IT POSSIBLE ?

Ambulatory care is rather incomplete and often very much fragmentized:

- Incomplete diagnostics (addiction, neuropsychology)
- The content/diversity of the ambulant therapeutic offer is often limited (accessibility to specific therapy groups, education, addiction, lifestyle programs, adapted physical training, neuropsychological training)
- Huge distance between different « steps » : reduced accessibility (exclusion criteria, waiting lists)
- Many different visions/ approaches/ expectations between partners (for example concerning « need of compliance », « absence of dangerousity », « presence of Addiction », « Best practice guidelines »)

« WHOLISTIC, TAILORED » CARE ; IS IT POSSIBLE ?

- Difficulties to quickly change the intensity of ambulatory care in respond to clinical changes (lack of outreach activity, crisis management, Social Workers)
- Many obstacles when short (urgent) hospitalisations are needed : Accessibility, different approaches
- Poor collaboration with general practitioners
- Post hospitalization care difficult to organize. Doctor not always accessible (for dialogue, evaluations etc. No possibility of outreaching approach, loss of information between caregivers, no consensus concerning guidelines (addiction etc etc)

Insufficient care → ongoing process of de-connection from society → deterioration of prognosis of a patient's general health

ALTERNATIVE MODEL (1/2):

Existing Psychiatric care structure(s) reach(es) out to society by creating three specialised Units that offer:

- A multidimensional diagnosis including psychopathology (incl. addiction etc.) neuropsychology, physical and social health
- A holistic and tailored intervention from the very beginning
- Social (accompaniment school, work, administrative issues etc.)
- Physical (metabolic issues, lifestyle, etc.)
- Psychological (psychotherapy, medication) psychological

ALTERNATIVE MODEL (2/2):

- Possibility of an outreach approach
- Easy accessibility
- Collaboration with General Practitioners
- Highly accessible in-Treatment (hospitalisation) option for crisis interventions
- Continuity of care with uniform organisational-model, contact persons (Case manager ?), medical File etc. No loss of information.
- Involvement of family etc.

Holistic, tailored care → ongoing process of re-integration to society or prevention → improvement of long-term prognosis of a patient's general health

POSSIBLE PROBLEMS

- Definition and identification of „complex“ patients (double diagnosis? placement?, ...)
- Risk of over-treatment and paternalisation
- Risk of stigmatization (being treated by a “specialized unit”)
- Importance of diversity in the offer of healthcare-Providers
- In the healthcare market one „player“ has too much weight
- Probably need for collaboration between structures with different missions, visions, languages, cultures, and finance-models

THANK YOU FOR YOUR ATTENTION !

DISCUSSION / EXPERIENCES / IDEAS…

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PROGRAM PART 2 STRATEGY OF EUCOMS

Part 2- Strategy of EUCOMS	
14.50 – 15.00	Introduction organisational structure EUCOMS by René Keet
15.00 – 15.20	Exchange and evaluation between The Netherlands and Greece, a Practice example by Katinka Kerssens
15.20 – 15.40	Operationalization of exchange and evaluation within EUCOMS by Niels Mulder & Mirella Ruggeri
15.40 – 16.00	Q & A, establishment of working group
16.00 – 16.10	Introduction of the open session and pitches of the six themes

INTRODUCTION ORGANISATIONAL STRUCTURE EUCOMS BY RENÉ KEET

Chair EUCOMS Network

STRATEGY EUCOMS

- Identity to Entity: Association, paying members
- Publish consensus document in peer reviewed journal
- Advocacy: presence

NEXT STEP: EXCHANGE AND EVALUATION WORKING GROUP

EUCOMS

EXCHANGE AND EVALUATION AN EXAMPLE BY KATINKA KERSSENS

Manager at FIT-Academy

EXCHANGE AND EVALUATION WITHIN EUCOMS BY NIELS MULDER & MIRELLA RUGGERI

Professor Public Mental Health Care &
Professor Health Services Research & Psychiatry

Exchange and evaluation between The Netherlands and Greece a Practice example.

Katinka Kerssens
Manager FIT-academy
k.kerssens@ggz-nhn.nl

FIT-ACADEMY
Mental Health Network and Trainingprograms

Margret Overdijk

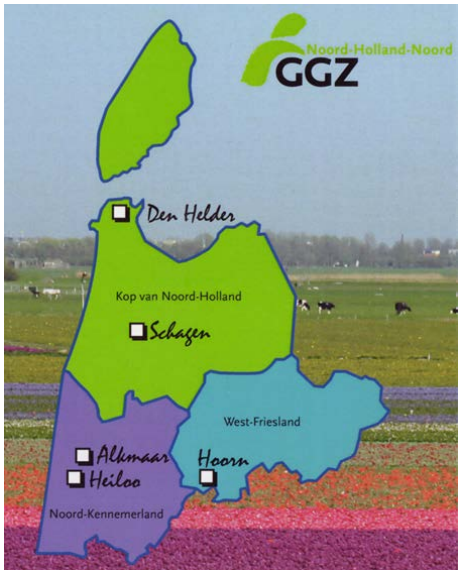
European Assertive Outreach Foundation
EAOF BUILDING BLOCK WITH UNITED SENSES

Content

1. FIT-academy
2. Greece - evaluation
3. Instruments
4. Results
5. Conclusion

FIT-ACADEMY

Mental Health Network and Trainingprograms



The FIT-academy has its roots in mental health care and has many years of experience with building community mental health care, reducing beds and transmural colaboration.

Noord-Holland-Noord GGZ

History FIT-academy

- 2003 Start FACT
- 2007 National project future health care
- 2008 CCAF
- 2009 study-visit Triest/Italy
- 2011 association F-ACT Nederland
- 2014 FIT-academy

Internationaal

Study-visits
Internship
Training
Evaluation

CCAF

EUCOMS

Trimbos instituut

ASKLEPIOS
European network of health care organisations

European Assertive Outreach Foundation
EAOF BUILDING BLOCK WITH UNITED SENSES

Noord-Holland-Noord GGZ

Evaluation of 2 mental health service units in Greece

Mental health service units – 35
Employees – 203
People receiving help – 2079
http://ekpse.gr/en/

SOCIETY OF SOCIAL PSYCHIATRY AND MENTAL HEALTH

SCIENTIFIC DIRECTOR
PROF. P. SAKELLAROPOULOS

ASKLEPIOS
European network of health care organisations

Instruments

Practical kwowledge and experience

FACT fidelity scale

Consensus document EuCoMs

Team proces management/coaching skills

Knowledge of cultural aspects, values, mission and vision.

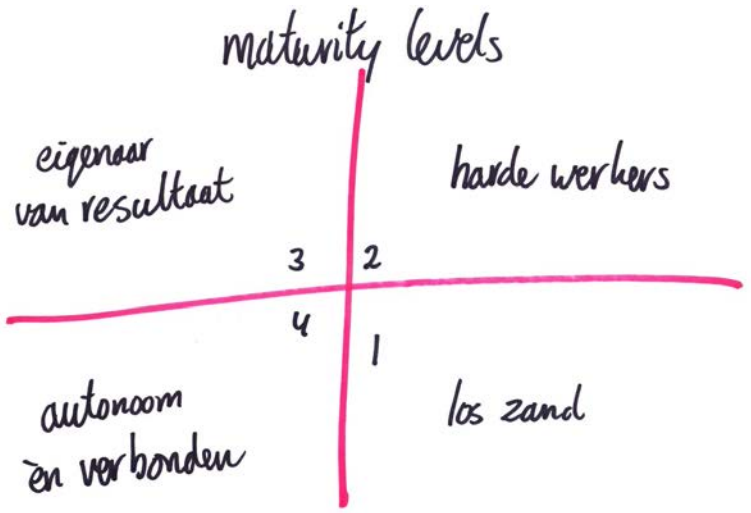
Consensusdocument Eucoms

1. Human rights
2. Public health
3. Recovery
4. (Cost) Effectiveness
5. Community network of care
6. Peer expertise

FACT fidelity scale

1. Team structure
2. Program proces
3. Diagnostics, treatment and interventions
4. Organization
5. Community care
6. Monitoring
7. Professional Development

Management tools



Model for Managing Complex Change

Vision	Skills	Incentives	Resources	Action Plan	=	Success
Vision	Skills	Incentives	Resources	Missing	=	False Starts
Vision	Skills	Incentives	Missing	Action Plan	=	Frustration
Vision	Skills	Missing	Resources	Action Plan	=	Resistance
Vision	Missing	Incentives	Resources	Action Plan	=	Anxiety
Missing	Skills	Incentives	Resources	Action Plan	=	Confusion

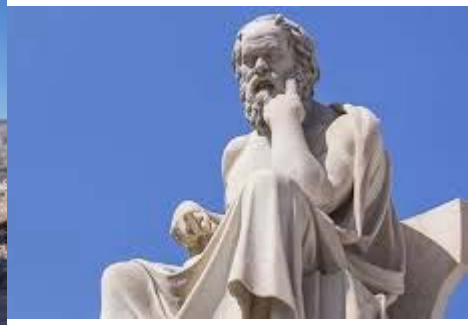
Adapted from Knoster, T. (1991) Presentation in TASH Conference. Washington, D.C. Adapted by Knoster from Enterprise Group, Ltd.

Change Management: Thinking in Five Colours
(De Caluwé & Vermaak, 2002)

Yellow Change Strategy	Blue Change Strategy	Red Change Strategy	Green Change Strategy	White Change Strategy
Power Politics Win-Win	Ratio Plan Knowledge	HRM Motivation Systematic	Growth Learning Direction	Explosion Dynamic Energy


I don't care if you're Dutch or not,
you're so called directness is
just RUDE!!!
someecards
user card


THE WARMTH OF
GREEK
HOSPITALITY




THE DUTCH
SOBRIETY


below left: the classic gesture for silence
above: the gesture for declamation, narration or 'wait a moment'
above: gesture suitable to the exordium
above: gesture expressing amazement or wonder
above: the gesture for 'perfect' or 'excellent'
THE ORATOR'S GESTURES

How

Program of 1 - 1,5 days

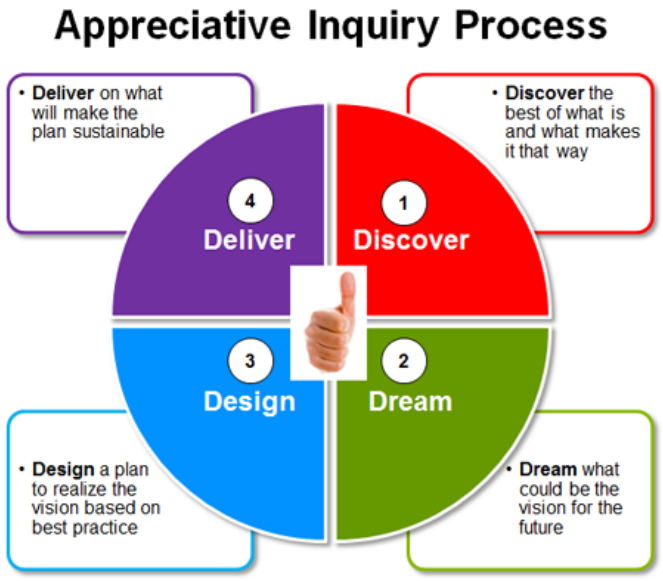
- Join a team meeting
- Interviews people with mental health problems and staff
- House visits
- File research

Noord-Holland-Noord GGZ

Appreciative Inquiry

not what's wrong but what's strong

Problem Solving	Appreciative inquiry
Felt need, identification of problem(s)	Appreciating, valuing the Best of What Is
Analysis of Causes	Envisioning what might be
Analysis of possible solutions	Engaging in dialogue about what should be
Action Planning (treatment)	Innovating, what will be



Results evaluations

Strengths

- Strong vision and values of the psychoanalytic and community base approach
- Strong awareness programs
- Heart and soul team – Fokida
- Great team spirit – Evros-Rodopi

Improvement – Fokida

- The team seems to be stuck because of the workload and enormous diversity in tasks
- Good practices/no procedures
- Team approach for people with Severe Mental Illness
- Training skills

Improvement Evros-Rodopi

- Describe recovery oriented interventions in concrete terms
- Good practices/no procedures
- Team approach for people with Severe Mental Illness
- Training skills
- Diagnostic attention for addiction problems and IQ

Conclusion

- learning from eachother
- helps to orden the work processes
- fun
- consensus document and fidelity scale are helpfull for improvementplan
- budget

Thank you!

k.kerssens@ggz-nhn.nl

EUCOMS SITE VISITS – PERSPECTIVES and PROBLEMS - 1

- Site visits as:

1. an exchange of experience? **(easy – the two teams are on an equal level)**
2. Tutoring to favour implementation? **(requires credibility by the tutors and field experience on the entire range of community care – the two teams are not on an equal level)**
3. Provide training for specific interventions – **(risk to miss the overall picture)**
4. Collection of data to refine the state of art on community care dissemination? **(CAUTION – this would require a representative cohort of services to be reliable)**

EUCOMS SITE VISITS – PERSPECTIVES and PROBLEMS - 2

Practical Problems:

1. Most of all: Money to travel
2. Time and availability of professionals
3. Operationalization of the Consensus – not impossible but difficult
4. Translation? Adaptation to the local context?

EUCOMS SITE VISITS – PERSPECTIVES and PROBLEMS - 3

- AN ATTEMPT OF THE EUCOMS CONSENSUS OPERATIONALIZATION:

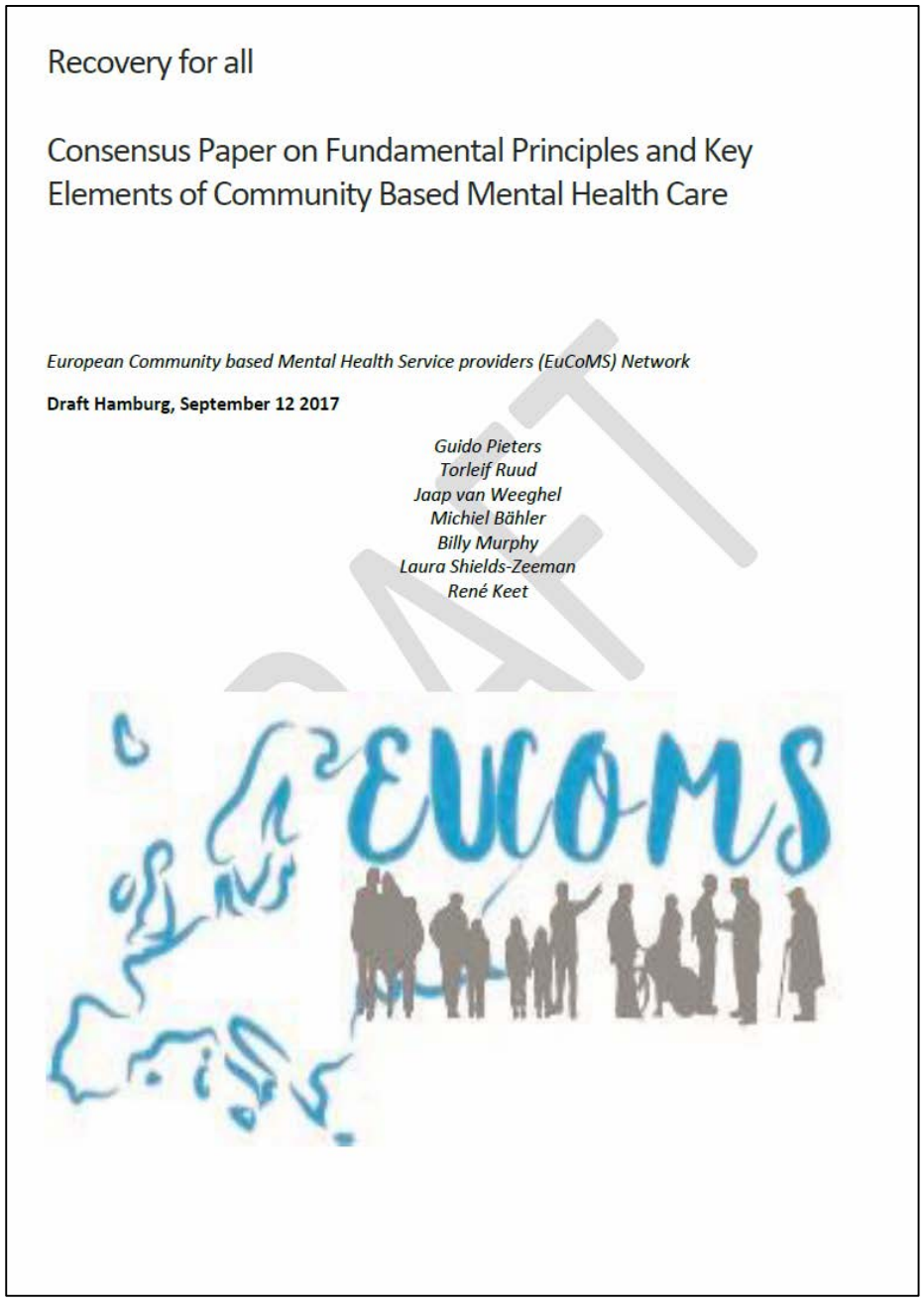
- LEGENDA:
  - IN DARK RED THE RECCOMANDATIONS THAT POSSIBLY MIGHT BE OPERATIONALISED
  - IN GREEN AND HYPOTHESIS OF OPERATIONALIZATION
  - To make examples I have used the slides presented at the Trieste International School - MR

Consensus Paper on Fundamental Principles and Key Elements of Community Based Mental Health Care

Mirella Ruggeri, Roberto Mezzina,

Renee Keet, Rulf Torleif

on behalf of the EUCOMS Group



Development of the consensus document

- Developed by the writing group with input from the EUCOMS network
- Guido Pieters leader of the writing group, René Keet leader from summer 2017
- Present draft has 37 pages and 40+ references to publications with relevant information
- The principles in the text are supplemented by some examples framed in boxes

A PREMISE

EVEN IF SEVERAL DOCUMENTS HAVE
HIGHLIGHTED THE PRINCIPLES
OF COMMUNITY PSYCHIATRIC CARE,

THE MAIN SPECIFICITY AND VALUE
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IS THAT IT HAS BEEN DEVELOPED BY SERVICE PROVIDERS
ON THE BASIS OF A BOTTOM-UP PROCESS,
WITH A CLOSE INVOLVEMENT
OF SERVICE USERS

Background and aim of the document

- Given the great variety in care practices and organisation of services in health systems throughout Europe, a clear set of criteria supporting the implementation of effective community-based services for people with mental health problems across different contexts is fundamental.
- Aim to serve as a reference-document for area-based models of community mental health in Europe and beyond
- Intended for persons who practice, organise and use mental health services
  - Help services that (plan to) start implementation of community mental health
  - Help existing services to improve functioning

Content of the document

- Describes fundamental principles and key elements of community based mental health care
- **Based on the expertise of service providers throughout Europe who have identified a shared need to define to governments, commissioners and funders what good community mental health care looks like**
- Dimensions and criteria of community mental health care are based on a synthesis of scientific evidence, good practices and expert opinions discussed in a network of professionals, users and their close ones

Structure of the document

Perspectives	Principles
Ethics	Human rights
Public health	Addressing the needs of the population,
Recovery	Building on personal goals and strengths
Effectiveness	Interventions based upon needs
Network	A wide network of services and resources
Peer expertise	Patient is cocreator of care

1. The ethics perspective (I)

- The foundation of community mental health is a focus on human rights: **the right of access to needs based care in the least restrictive environment and the right of full participation in community life**
- UN Convention of the Rights of Persons with Disabilities sets out the right for persons with disabilities to live and participate in the community, as well as it ensures **the right to education, health, employment, housing and social protection**

1. The ethics perspective (II)

- Persons with disabilities are not viewed as "objects" of charity, medical treatment and social protection; rather as **"subjects" with rights**, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being **active members of society**
- Promoting quality services available close to people's homes *(obvious in Italy, but not so elsewhere…)* which respect to human rights are also priority areas for action in the WHO Mental Health Action Plan 2013-2020 **- report the mean distance (in KM) between the services and the users' home**

2. The Recovery perspective (I)

- Recovery is **defined by the person themselves**, and is often defined by service users as a **unique, individual process or experience**, which can best be described as a journey.
- Recovery is **focused on what you can do**, not what you can't, and is not a linear process as there are both ups and downs along the journey.

2. The Recovery perspective (II)

- A paradigm shift, moving towards a strength-based approach , which **emphasises the strengths and resources of the person** rather than weaknesses
- This transforms the whole notion of care; from suppressing symptoms and solving problems to a focus on recovery goals of the service user
- It focuses care on what the person wants, desires, aspires to, and dreams of, linking that to the person's knowledge, skills and resources
- **……..provide evidence of the shared process of the recovery perspective (standardized instruments, service procedures, interviews to a random sample of users…)**

10 ways to be a good guide in the recovery of a client

- 1. Support recovery of health, functioning and identity
- 2. Offer hope for recovery
- 3. Ask ourselves in everything we do: do we help or do we hinder
- 4. Focus on what's strong, not on what's wrong
- 5. Decide with not about the service user
- 6. Acknowledge that the expertise of the service user is as important as our own expertise
- 7. Collaborate with our stakeholders
- 8. Acknowledge the service user's right to take risks
- 9. Collaborate with the family and network as a resource and partner
- 10. Share and integrate knowledge

3. The public health perspective (I)

- Adopting a public health lens when developing good community mental health services lies in the focus not only on treatment, but on mental health promotion and prevention as well
- Taking the needs of the population into account, not only those with an existing mental health problem
- Promoting social inclusion and stigma reduction, including by contact and campaigns
- *(obvious in Italy, but not so elsewhere…)*
- **……..provide evidence of the initiatives activated to promote social inclusion and stigma reduction**

3. The public health perspective (II)

- Planning and monitoring community mental health care, based on assessments of needs in the area
- Defining geographical areas, balancing needs for close collaboration and needs for enough resources
- Community mental health teams have an important task as treatment providers for persons with severe and persistent mental ill health, as well as consultants for other service providers (e.g. primary care providers) in the prevention of mental health problems and treatment of persons with mild to moderate mental ill health
- *(obvious in Italy, but not so elsewhere…)*
- **……..provide evidence of catchment areas size and of networking activities**

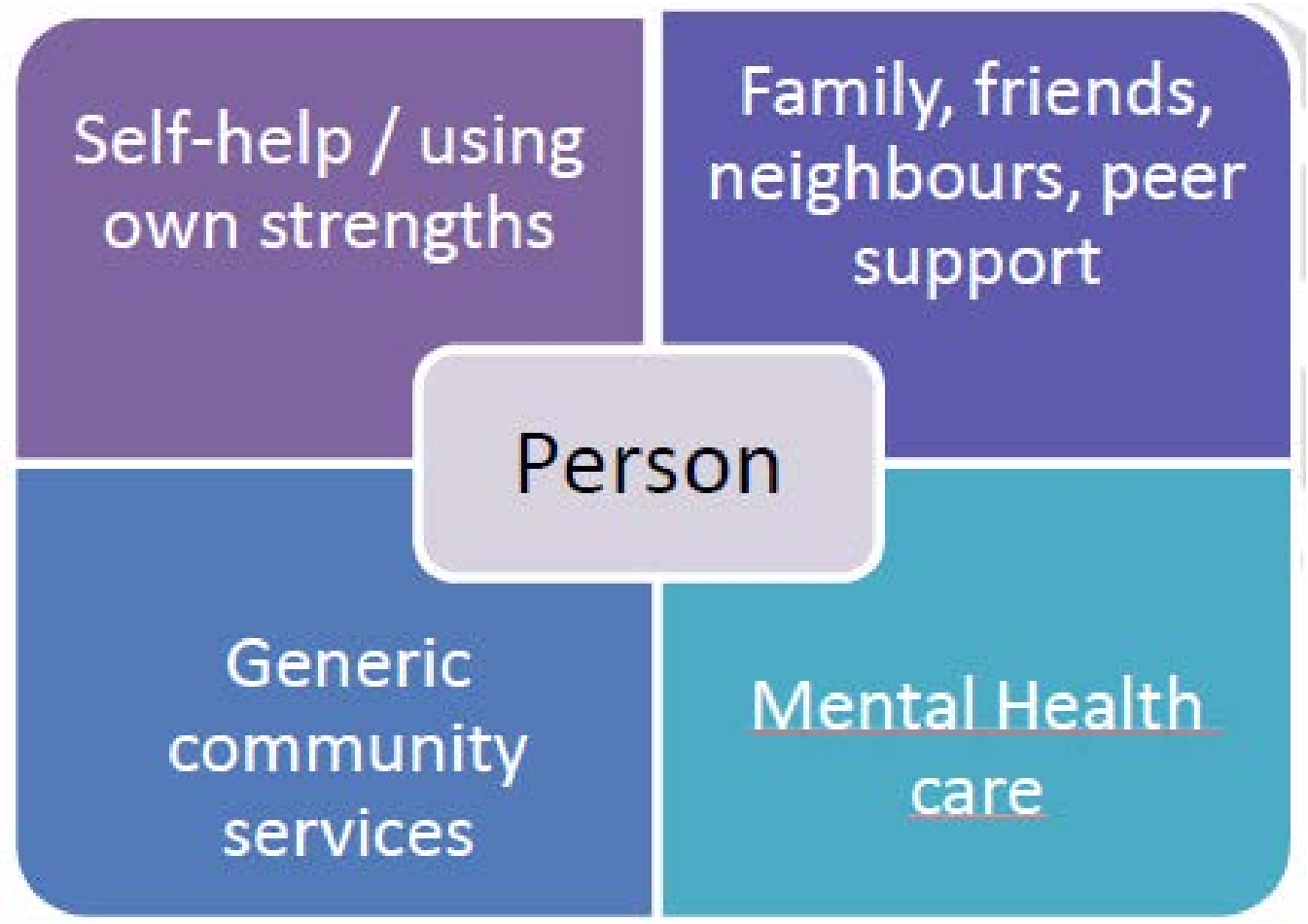
4. The effectiveness perspective

- Use high-quality evidence-based interventions
- Also based on user preferences and local context
- Supporting and monitoring the implementation

- Interventions focusing om symptoms and health
  - Pharmacological interventions – evidence of local guidelines
  - Psychological interventions – evidence of local guidelines
  - Physical health care and support for a healthy lifestyle – evidence of local guidelines

- Interventions focusing on social Inclusion
  - Collaborating with the family and the informal network
  - Rehabilitation, supported employment (IPS)
  - Supported Accommodation
  - E health and M health – evidence of procedures

5. The community network perspective (I)



5. The community network perspective (II)

- **Teams or functions in comprehensive community mental health services network:**
- Integration of mental health into primary care
- Outreach teams offering intensive treatment
  - Crisis resolution teams and emergency mental health care in the community
  - Ongoing outreach and integrated care for people with serious mental health problems: ACT and FACT
  - Dual diagnosis treatment
  - Intensive residential treatment

  …….Provide evidence

6. The peer expertise perspective

- **Clients and service users are equal partners in the design, delivery, steering and evaluation of a service.**

- Co- creation of care is where service users, peer supporters and staff work together as equal partners to design, deliver, steer and evaluate a service, ensuring that people with lived experience lead the way. It is the recognition of the importance of peer expertise as one of the foundations of recovery oriented care.

- At the individual level, **shared decision making** is a tool for co-creation of treatment planning.

- Individual level, system level, policy level

--provide evidence of concrete involvement of users in the decision making both at individual and organizational level

The six perspectives

Perspectives	Principles
Ethics	Human rights
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Further development of the document

- The writing group is ready to receive more input
- Dissemination of the final consensus document
  - The EUCOMS website (www.eucoms.net)
  - Article in an international journal?
  - Translation to various languages

EUCOMS

European Community Based Mental Health Service Providers Network

Towards learning from each other

BASIC IDEA

We have the consensus document

- This is going to be transfered into a guide to help for visiting one another
- People from different institutions learn from each other while visiting
- During Eucoms meetings you will present what is learned (first in Malaga, end of 2018)

MOST WELCOME TO THE FOURTH

EUROPEAN CONFERENCE

ON INTEGRATED CARE AND
ASSERTIVE OUTREACH IN
MENTAL DISORDERS

13 - 15 SEPTEMBER 2017
HAMBURG / GERMANY

LEARNING FROM EACH OTHER...

University Medical Center Hamburg-Eppendorf

in cooperation with

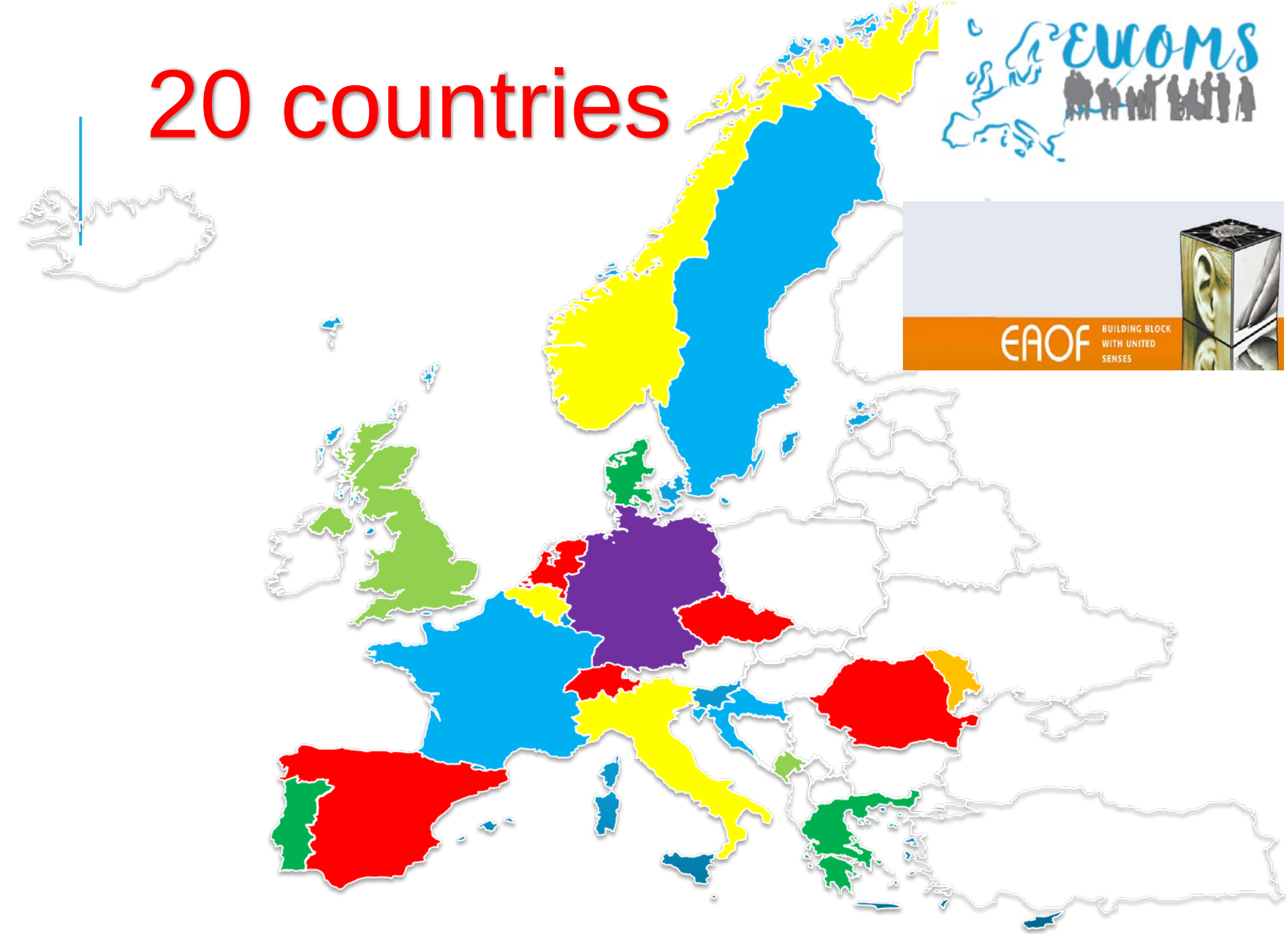
UKE
HAMBURG

European Assertive
Outreach Foundation
EAOF BUILDING BLOCK WITH UNITED SENSES

DGPPN
German Association
for Psychiatry, Psychotherapy
and Psychosomatics

Visit www.eaof-conference-hamburg-2017.com

20 countries



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METHOD

We will ask you

- Whether you want to participate in the cross-visits
- Which institution you would like to visit or be visited by

- We will try to mach as good as possible
- 10 or more pairs?

EUCOMS SITE VISITS – PERSPECTIVES AND PROBLEMS - 1

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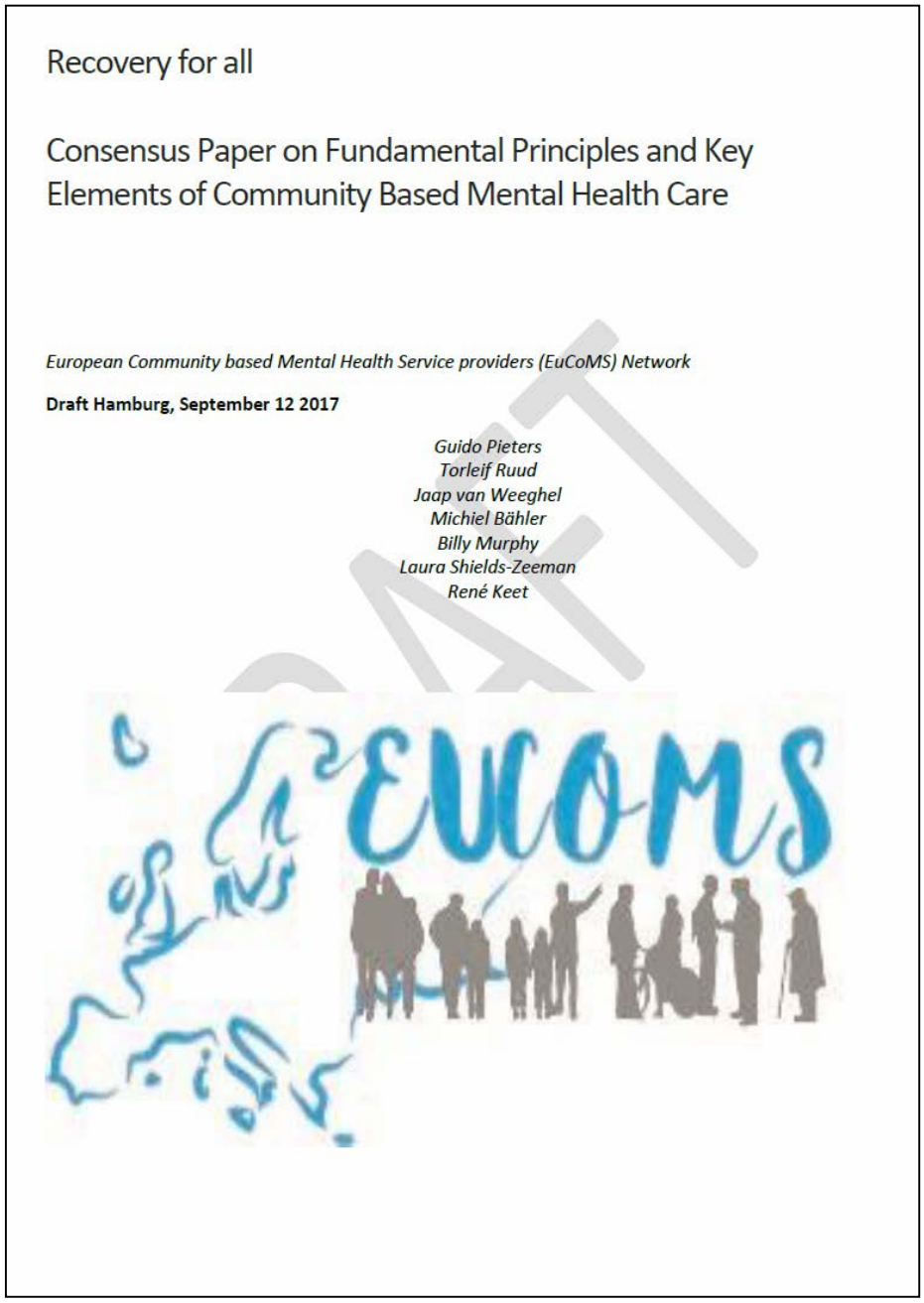

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The principles in the text are supplemented by some examples framed in boxes

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Intended for persons who practice, organise and use mental health services

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1. THE ETHICS PERSPECTIVE (II)

Persons with disabilities are not viewed as "objects" of charity, medical treatment and social protection; rather as **"subjects" with rights,** who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being **active members of society**

Promoting quality services available close to people's homes *(obvious in Italy, but not so elsewhere…)* which respect to human rights are also priority areas for action in the WHO Mental Health Action Plan 2013-2020 **- report the mean distance (in KM) between the services and the users' home**

2. THE RECOVERY PERSPECTIVE (I)

Recovery is **defined by the person themselves,** and is often defined by service users as a **unique, individual process or experience,** which can best be described as a journey.

Recovery is **focused on what you can do**, not what you can't, and is not a linear process as there are both ups and downs along the journey.

2. THE RECOVERY PERSPECTIVE (II)

A paradigm shift, moving towards a strength-based approach , which **emphasises the strengths and resources of the person** rather than weaknesses

This transforms the whole notion of care; from suppressing symptoms and solving problems to a focus on recovery goals of the service user

It focuses care on what the person wants, desires, aspires to, and dreams of, linking that to the person's knowledge, skills and resources

……..provide evidence of the shared process of the recovery perspective (standardized instruments, service procedures, interviews to a random sample of users…)

10 WAYS TO BE A GOOD GUIDE IN THE RECOVERY OF A CLIENT

1. Support recovery of health, functioning and identity
2. Offer hope for recovery
3. Ask ourselves in everything we do: do we help or do we hinder
4. Focus on what's strong, not on what's wrong
5. Decide with not about the service user
6. Acknowledge that the expertise of the service user is as important as our own expertise
7. Collaborate with our stakeholders
8. Acknowledge the service user's right to take risks
9. Collaborate with the family and network as a resource and partner
10. Share and integrate knowledge

3. THE PUBLIC HEALTH PERSPECTIVE (I)

Adopting a public health lens when developing good community mental health services lies in the focus not only on treatment, but on mental health promotion and prevention as well

Taking the needs of the population into account, not only those with an existing mental health problem

Promoting social inclusion and stigma reduction, including by contact and campaigns

(obvious in Italy, but not so elsewhere…)

……..provide evidence of the initiatives activated to promote social inclusion and stigma reduction

3. THE PUBLIC HEALTH PERSPECTIVE (II)

Planning and monitoring community mental health care, based on assessments of needs in the area

Defining geographical areas, balancing needs for close collaboration and needs for enough resources

Community mental health teams have an important task as treatment providers for persons with severe and persistent mental ill health, as well as consultants for other service providers (e.g. primary care providers) in the prevention of mental health problems and treatment of persons with mild to moderate mental ill health

(obvious in Italy, but not so elsewhere…)

……..provide evidence of catchment areas size and of networking activities

4. THE EFFECTIVENESS PERSPECTIVE

Use high-quality evidence-based interventions

Also based on user preferences and local context

Supporting and monitoring the implementation

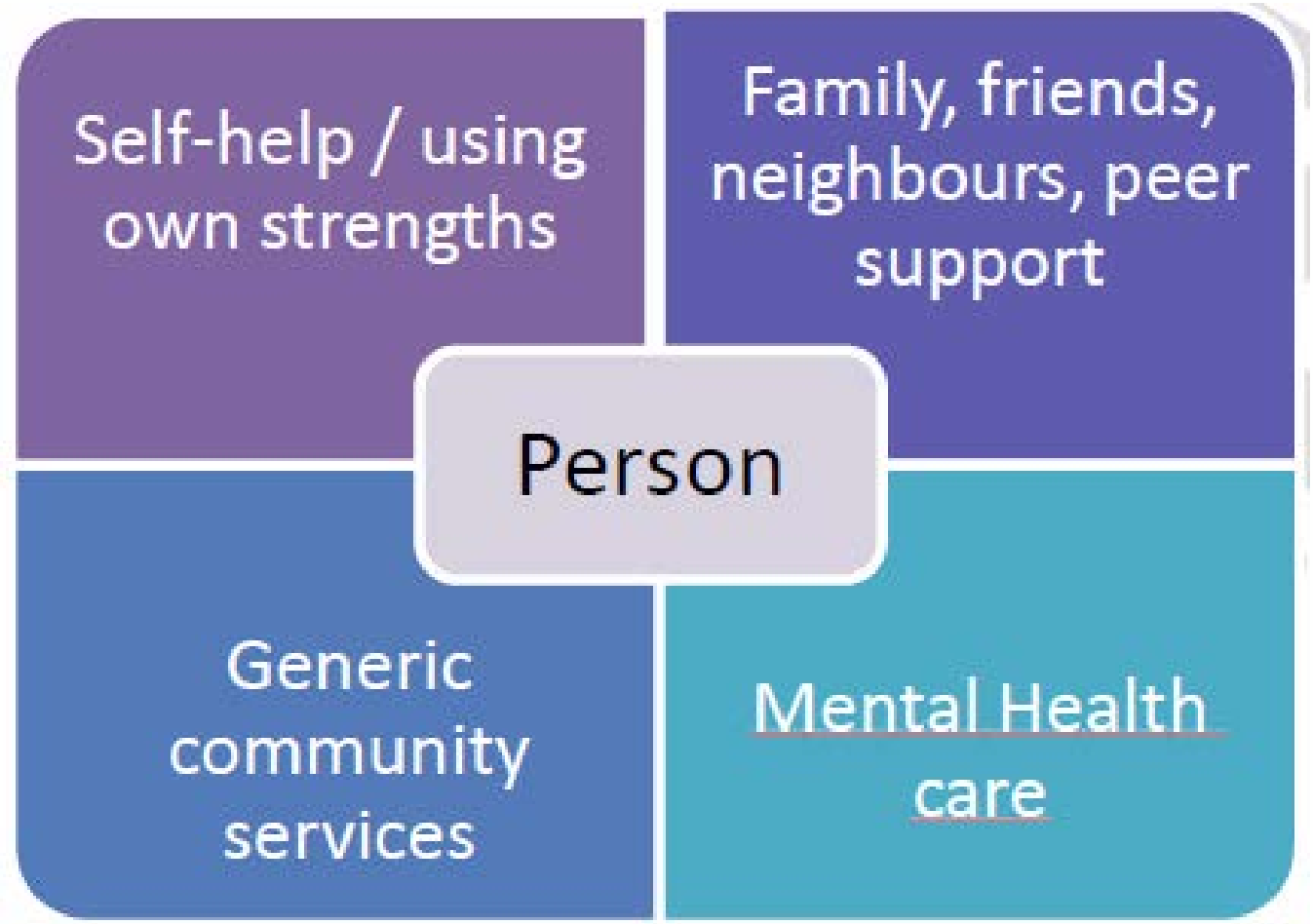
Interventions focusing om symptoms and health

- Pharmacological interventions – evidence of local guidelines
- Psychological interventions – evidence of local guidelines
- Physical health care and support for a healthy lifestyle – evidence of local guidelines

Interventions focusing on social Inclusion

- Collaborating with the family and the informal network
- Rehabilitation, supported employment (IPS)
- Supported Accommodation
- E health and M health – evidence of procedures

5. THE COMMUNITY NETWORK PERSPECTIVE (I)



5. THE COMMUNITY NETWORK PERSPECTIVE (II)

Teams or functions in comprehensive community mental health services network:

Integration of mental health into primary care

Outreach teams offering intensive treatment

- Crisis resolution teams and emergency mental health care in the community
- Ongoing outreach and integrated care for people with serious mental health problems: ACT and FACT
- Dual diagnosis treatment
- Intensive residential treatment

…….Provide evidence

6. THE PEER EXPERTISE PERSPECTIVE

Clients and service users are equal partners in the design, delivery, steering and evaluation of a service.

Co- creation of care is where service users, peer supporters and staff work together as equal partners to design, deliver, steer and evaluate a service, ensuring that people with lived experience lead the way. It is the recognition of the importance of peer expertise as one of the foundations of recovery oriented care.

At the individual level, **shared decision making** is a tool for co-creation of treatment planning.

Individual level, system level, policy level

--provide evidence of concrete involvement of users in the decision making both at individual and organizational level

THE SIX PERSPECTIVES

Perspectives	Principles
Ethics	Human rights
Public health	Addressing the needs of the population,
Recovery	Building on personal goals and strengths
Effectiveness	Interventions based upon needs
Network	A wide network of services and resources
Peer expertise	Patient is cocreator of care

FURTHER DEVELOPMENT OF THE DOCUMENT

The writing group is ready to receive more input

Dissemination of the final consensus document

- The EUCOMS website (www.eucoms.net)
- Article in an international journal?
- Translation to various languages

Q & A, ESTABLISHMENT OF WORK GROUP BY NIELS MULDER & MIRELLA RUGGERI

Professor Public Mental Health Care &
Professor Health Services Research &
Psychiatry

INTRODUCTION OPEN SESSION AND PITCHES OF THE SIX THEMES BY RENÉ KEET AND THE MODERATORS

Chair EUCOMS & diverse professionals

GOAL OPEN SESSION

The consensus paper has been completed. The next step is to operationalize the consensus document and to develop an instrument that can be used as an exchange and evaluation tool between services and countries.

The open session of the meeting has the following goals:

- To explore how the 'exchange and evaluation tool' should look like, what elements should be included
- To explore what indicators should be included in the 'exchange and evaluation tool'
- To explore what the next steps should be to put the exchange and evaluation in practice within Europe

The input given during the meeting will be used by the designated working group to develop the 'exchange and evaluation tool'.

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HUMAN RIGHTS

BY LAURA SHIELDS-ZEEMAN &
SHUNA VANNER

Senior Health
Implementation Specialist
at Trimbos International &
Clinical Nurse Specialist
at GGZ NHN

PUBLIC HEALTH

BY TOR HELGE TJELTA & TROND HATLING

Head at Local Centre for Mental Health Care and Addiction Development & Social Researcher at NAPHA

RECOVERY BY WIM VERWAEST & BILLY MURPHY

Director Mental Health
at INSPIRE

(COST)- EFFECTIVENESS BY CLAUDE BESENIUS & MIRELLA RUGGERI

Chargée de Direction/ Psychologist at CNHP & Professor Health Services Research & Psychiatry at Verona University

COMMUNITY NETWORK OF CARE BY UTE HEINZ & REBECCA COTTON

Director of Mental Health Policy at Mental Health Network, NHS Confederation

PEER EXPERTISE BY BEVERLEY ROSE & ANNETTE FURNEMONT

Project member labor participation at GGZ Nederland & Peer Worker

PROGRAM PART 3 OPEN SESSIONS

Part 3 - Open session	
16.10 – 17.10	Topics open session focusing on the operationalisation of the consensus paper: 1. Human rights 2. Public health 3. Recovery 4. (Cost) Effectiveness 5. Community network of care 6. Peer expertise
17.10 – 17.40	Moderators present key findings
17.40 – 17.50	Closing by René Keet, Marc Graas & Mark Ritzen
17.50 – 18.00	Closing by carer Sonja Zeimet
18.00	Walking dinner

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CLOSING BY
BY RENE KEET, MARC GRAAS & MARK RITZEN

Chair EUCOMS, General director and medical director at CHNP

WITH SPECIAL THANKS TO... BY RENE KEET

Chair EUCOMS Network

THANK YOU FOR MAKING THIS POSSIBLE!

cHNP
Centre Hospitalier Neuro-Psychiatrique

Noord-Holland-Noord
GGZ

GGZNEDERLAND

Trimbos instituut
Netherlands Institute of Mental Health and Addiction

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NEXT EUCOMS MEETING:
INTEGRATED COMMUNITY MENTAL HEALTH CARE: THE CHALLENGE OF AN INTERSECTORIAL APPROACH

MÁLAGA, SPAIN, 4-5TH OCTOBER, 2018

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NEXT EUCOMS MEETING: INTEGRATED COMMUNITY MENTAL HEALTH CARE: THE CHALLENGE OF AN INTERSECTORIAL APPROACH

TIMETABLE: 4th October: 8,30-18 ; 5th: 9-13,30

GOALS:

- Introducing EUCOMS: a mental health network to improve mental services among professionals, users and families. Sharing knowledge, evaluating services, shaping new solutions for old problems
- Exploring the interface between social and health services
- Evaluating the state of the art in Europe.
- User´s and families perspective about EUCOMS proposals

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CLOSING BY SONJA ZEIMET | Carer

PRACTICAL ANNOUNCEMENTS BY MARJONNEKE DE VETTEN

PhD Candidate at
Trimbos International

EUCOMS