

New WHO report maps out huge differences in mental health services and practice throughout Europe



EUROPE

Policies and practices for mental health in Europe - meeting the challenges

A report published by WHO Regional Office for Europe and co-funded by the European Commission, provides data not hitherto available on mental health policy and practice across the European Region. It also highlights important information gaps.

Policies and practices for mental health in Europe allows for country to country comparisons on indicators such as numbers of psychiatrists, financing, community services, training of workforce, prescription of anti-depressants and representation of users and carers. Data for the 42 Member States involved was obtained from ministries of health.

The report concludes that:

1. Much progress has been achieved on policy development with a clear convergence towards supporting deinstitutionalization and establishing services close to where people live;
2. Countries are gradually accepting the involvement of service users and carers as good practice, and most countries are establishing programmes for the social inclusion of service users,
3. There is large diversity across the large majority of variables;
4. A lack of precise and comparable information exists, even on fundamental information;
5. There is lack of consistency in practice and education.

Countries in the WHO European Region are committed to transforming their mental health programmes and activities, aiming to shift from institutional practices to person-centred community-based care. This WHO report gives an overview of policies and practices for mental health in 42 Member States of the European Region. The very large majority of countries have made significant progress over the past few years, and several are among the leaders in the world in such areas as mental health promotion, mental disorder prevention activities, service reform and human rights.

The 128 figures and tables in the report demonstrate the large diversity, and allows for country to country comparisons of indicators such as numbers of psychiatrists, financing, community services, training of workforce, prescription of anti-depressants and representation of users and carers.

The report indicates that the large majority of countries now have mental health policies and legislation, and many, but not all, countries are making some progress towards implementing community-based mental health services. However, it also shows clearly that because of the differences between countries, the treatment – or lack of treatment – given to someone suffering from mental ill health depends mainly on where they live. The diversity reflected in the report is not always related to prosperity and investment, but especially to diversity of policies, mental health systems and practices. The report makes the case for greater clarity and consistency, and sharing of knowledge and experience.

However, this report also identifies weaknesses in Europe, some systematically so, such as the lack of consensus on definitions and the absence of compatible data collection, and others that vary more, such as the need for development and investment across several areas. It identifies gaps in information where further work must be done, and is a baseline against which progress can be measured towards the vision and the milestones of the Mental Health Declaration for Europe.

Readjusting spending - drugs, beds or community services?

The report demonstrates the diversity across the European Region, and the different interpretation of some data. For example, two clusters of countries have the fewest beds. The first seems to group countries with low level of investment in mental health care and low supply of services. The second group, are in the post-hospital stage, having replaced beds with community services. Some countries, combine a high level of beds with community services. Whether this is the best or worst of both worlds is an important debate.

There are powerful arguments for carefully assessing spending priorities for people with mental disorders in residential and social homes. Conditions in some of these places, a life-time home for some of the most vulnerable people in society, can be shocking. A slight increase or readjustment in spending could make a great difference.

The report also gives a clear message about the growing implementation of community-based mental health services. There is a convergence towards supporting deinstitutionalization and establishing services close to where people live. Undeniably, there is still a long way to go, as illustrated by some of the examples of poor institutional practices in this report, but countries now agree that these are no longer acceptable and are introducing alternatives.

Promoting mental health and preventing mental disorders

The findings show that interventions have been undertaken to raise awareness and to tackle stigma and discrimination in almost all countries. However, evaluations of impact and effectiveness are rare.

Training and workforce for mental health care

There is a striking variation in staff numbers, differences in education and the lack of reliable information available from countries in many areas:

- For nursing education, it is surprising how many countries cannot provide data about numbers. In addition, the training and levels of education differ vastly, raising questions about variation in competencies in some countries
- At a time of great change in service delivery and knowledge, continuing education is important, but the picture is not reassuring. No one would like to be operated on by a surgeon educated 25 years ago who has had no more recent updated training. Continuing education seems to be taking place, but there is little control over content or providers, with a strong reliance on informal self-regulation. Where more formal processes have been put in place, the emphasis seems to be on the process rather than the outcome.

Human rights - neglect and abuse

Findings on monitoring, the presence of protocols and the availability of national data for involuntary admission, restraint and seclusion show considerable variation. Further efforts are needed to collect basic data to allow more in-depth analysis of comparative good practices related to safeguarding the human rights of people with mental disorders. This could include reviewing procedures to prevent poor practices and abuse related to involuntary admission and involuntary treatment and reviewing the availability and effectiveness of alternatives to restraint or seclusion. Some countries have already accepted the principle of including service users and carers on inspection visits with good results.

The overall picture

Some European countries lead the world in the vision and quality of activities. Most countries are creating an increasingly diverse and competent workforce. Countries are gradually accepting the involvement of service users and carers as good practice, and most countries are establishing programmes for the social inclusion of service users, if often initially on a small and local scale. The role of primary care in the care of people with mental health problems is growing, and partnerships with other agencies are being established. This report indicates the need for action. It reveals the lack of reliable indicators and valid information that should support the shaping of progressive mental health programmes and the creation of a competent workforce. The challenge is now to address this need in partnership with Member States and other intergovernmental agencies.

Read the report on the WHO Regional Office web site: http://www.euro.who.int/mentalhealth/20080602_1