Better Mental Health Care

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CAMBRIDGE
UNIVERSITY PRESS

CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo, Delhi

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9780521689465

First published 2009

Printed in the United Kingdom at the University Press, Cambridge

A catalogue record for this publication is available from the British Library

Library of Congress Cataloguing in Publication data
Thornicroft, Graham.
Better mental health care / by Graham Thornicroft and Michele Tansella.
p. ; cm.
Includes index.
ISBN 978-0-521-68946-5 (pbk.)
1. Mental health services. I. Tansella, Michele. II. Title.
[DNLM: 1. Mental Health Services. 2. Evidence-Based Medicine. 3. Mental Disorders.
4. Outcome and Process Assessment (Health Care) – methods. WM 30 T512b 2009]
RA790.T515 2009
362.2–dc22

2008036967

ISBN 978-0-521-68946-5 paperback

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Foreword

By Dr. Benedetto Saraceno, Director, Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland.

This book by Graham Thornicroft and Michele Tansella has a very clear objective: how better care could achieve better outcomes for people suffering from mental disorders. The preoccupation of the book is to derive better mental health care from the best ethical, evidence-based and experience-based practices available. These two propositions, improving outcomes and framing interventions upon ethics, evidence and experience, are so clearly defined by the authors that this book represents a challenge to psychiatrists who sometimes forget the key link between 'treatment' and 'care'. I say this because I was surprised to note, when looking at the themes of the World Congress of Psychiatry 2008, that among the most disparate issues in the list the words: policy; plan; service; are not even mentioned.

This book talks about community care and, overcoming the numerous theoretical debates around this issue, simply states that community care means services close to home and that a modern mental health service is a balance between community-based and hospital-based care. The authors stress that the evidence available, but also the experience accumulated, support an approach where the provision of hospital care is limited, while the most important part of the care should be delivered at community level. The debate about the balance between hospital and community care (whether the former should prevail over the latter or vice versa) has lasted for many years, and this book provides a solid answer, after which it would be difficult for the debate to continue as ethical, evidence-based and experience-based elements support the idea of a balanced approach which includes community care with a limited provision of hospital care. The authors discuss the resources needed to establish new services outside hospitals and this, too, is an old debate; in some cases the lack of resources argument has been used to justify the perpetuation of an exclusively hospital-based model.

What clearly emerges from the book is that while extra resources are very difficult to identify, the transfer of resources from hospital to community services is a realistic and viable model. This is an important point because it shows that service planners cannot build a parallel service, community and hospital, without clearly decreasing the investment in hospitals, liberating resources and moving those resources towards community services.

Of course, moving care from hospitals, which are, by definition, the health professionals' fiefdom, to the community, where the power of service-users is more embedded in the day-to-day care delivery than in a hospital setting, raises another important issue, which is the one of service-users' involvement. Again the book is clear about this. Service-users should be partners in care, which means that treatment plans are negotiated between health-providers and service-users. In addition, family members should be involved. In other words, the community service involvement becomes a dynamic, interactive setting where negotiation becomes a key word which confirms the initial statement of the book, namely that ethics, experience and science should go hand in hand. Care based on ethics and experience without science is not good, but, equally, care based on experience and science without ethics is unacceptable. In this sense the book by Thornicroft and Tansella brings fresh air into the present debate about mental health care and service organisation.

It is also interesting that the book raises the issue of different resource settings, which is quite uncommon and very much appreciated by someone like me, from the World Health Organization. In fact, the book talks about low-, medium- and high-income countries in relation to the type of service provision they can offer. The low-income countries can often only rely upon primary health care with very scarce specialist back-up, while middle-income countries can provide outpatient ambulatory clinics, community mental health teams, acute in-patient care, long-term community-based residential care and, finally, rehabilitation and work. Here, the authors have two very interesting messages. The first is the emphasis on rehabilitation and its role within mental health services. The second is that the authors, when talking about long-term residential care, refer to community-based residential care, which means that in their minds long-term residential care cannot be synonymous with traditional psychiatric hospitals.

This attention to low- and middle-income countries is important and also makes the book a valuable instrument for those health professionals, care providers and planners who work in less resourced settings. The authors recognise that to achieve this kind of balanced approach and to reach a high-quality mental health community service there are a number of barriers that should be recognised and challenged. The authors echo some elements from the Lancet Series on Global Mental Health and specifically from *Barriers to Improvement of Mental Health Services in Low-Income and Middle-Income Countries*, Saraceno *et al.* The authors recognise that insufficient funding, centralization of resources, large institutions, complexities in mainstreaming mental health care in primary health care, scarcity of health workers trained in mental health, poor public health vision among mental-health leaders and fragmentation, if not sometimes contradiction between mental health advocacy groups, are the key barriers to be overcome.

However, other barriers described by Thornicroft and Tansella are playing a role in making the change difficult. The authors stress that the research

evidence in mental health is mainly concentrated at an individual level rather than at a local level and that the evidence generally applies to single clinical interventions rather than to treatment combinations, such as medication plus psychological support plus psychosocial rehabilitation. In other words, the authors think that the clinical approach still prevails in research, not a more service-oriented approach. Accordingly, research should be more service oriented because service organisations clearly play a role in outcome determination. Patients do not improve or worsen just because they received one medication or another, but because this treatment was provided in a certain care environment or another. Therefore, treatment cannot be seen in a vacuum, but occurs in the framework of a service organisation and the characteristics of each service organisation are powerful determinants of the evolution of a disorder and the outcome of its treatment.

What clearly emerges from this compelling book is that moving services from institutions to the community does not require, in the authors' words, 'purely a physical relocation of treatment sites, but requires a fundamental reorientation of staff attitudes'.

Finally, in their delightful intermezzo on the history of mental health care, the authors mention three historical periods:

(1) The rise of the asylum
(2) The decline of the asylum
(3) The development of centralised community-based mental health care.

The authors' assumption would appear to be that we are living in the third period, which I think optimistic. Undoubtedly the services they lead in their respective countries, the UK and Italy, belong to the third period, but the majority of services, even in some economically developed nations, are still in period two, the decline of the asylum, not having yet reached period three. There are also signs in some countries that history is reversing to the first period and a new type of asylum could appear, possibly with different external characteristics from those sad images with which we are familiar when looking back to the reality of large asylums; nevertheless there are new types of asylum growing and, in some countries, this is represented by prisons. A large number of people suffering from mental disorders now live in prisons and these institutions are characterised by the same logic of the old psychiatric asylums and are very far from the idea of a decentralised, community-based mental health service. A further example is institutions for the elderly, which are not technically defined as psychiatric asylums, but they are long-term institutions for people with mental disorders such as dementia.

On this slightly pessimistic note, I wish to congratulate Professor Thornicroft and Professor Tansella for once again contributing to better mental health care with a book that will help policy-makers, service-planners, mental health professionals, family and consumer organisations and, also, on behalf of the World Health Organization, I wish to thank them for this remarkable contribution.

Acknowledgements

We wish to acknowledge the many people who have encouraged us and who have directly helped us with this book. In particular we would like to thank: Abdul Aziz Abdullah, Thomas Becker, Chee Kok Yoon, Fiona Crowley, Cecília Cruz Villares, Nicolas Daumerie, Iris De Coster, Melvyn Freeman, Nikos Gionakis, Peykan G. Gökalp, Sergiu Grozavu, Lars Hansson, Judit Harangozo, Ulrich Junghan, Yiannis Kalakoutas, Alisher Latypov, Burul Makenbaeva, Graham Mellsop, Roberto Mezzina, Pětr Nawka, Jean Luc Roelandt, Vesna Švab, Maris Taube, Radu Teodorescu, Rita Thom, Chantal Van Audenhove, Jaap van Weeghel, Kristian Wahlbeck, Richard Warner and Stefan Weinmann, who have directly engaged with us on the questions and challenges discussed in Chapter 6. Dr. Ann Law also provided invaluable contributions, both to Chapter 6 and to the volume as a whole. Richard Marley at Cambridge University Press has been a source of continuous support throughout this project. We have also developed the approach described here through informal discussions, in many parts of the world, with people active across the whole range of mental health care, who have offered us ideas and inspiration: some who plan services, others who provide care, and the many who need better mental health care.