

On the Way to Mental Health Centers in Germany: Projects, Obstacles, and Perspectives

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Hamburg, Sept 14, 2017



**Dachverband
Gemeindepsychiatrie e.V.**

Mental Health System: 3 subcontinents

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- **Mental health hospitals & departments of psychiatry at general hospitals**
 - wards
 - day clinics
 - out-patient services for SMI-patients
 - **Resident therapists**
 - GPs, specialists (psychiatrists etc.), psychotherapists
 - Additional therapists (vocational, physical, “social” ...)
 - Short- & long-term care
 - **Regional mental health services**
 - Rehabilitation
 - Supported housing, residential homes
 - Long-term care
 - Supported employment, “second labour market” etc.



Health & social services: fragmented law codes

- *Sozialgesetzbuch* (health & social system law code):
12 „books“
- SGB V: clinical services (hospitals, resident doctors & psychotherapists etc.)
- SGB II/III: vocational training, supported employment etc.
- SGB XII: supported housing, residential care, day centers etc.
- SGB IX: rehabilitation
- SGB VIII: child & youth welfare
- SGB XI: long-term care



Additional fragmentations

- In-patient vs. out-patient services, e. g.
 - Hospital treatment vs. resident doctors/therapists in private practices (*Kassenärztliche Vereinigungen*)
 - Residential homes vs. supported housing
- Daily activities & labour market: multiple fragmentations
 - „Medical rehabilitation“ vs. „vocational rehabilitation“
 - Day centers vs. vocational training
 - Vocational training centers vs. supported employment
 - „Second labour market“ (*Werkstätten*)
- Large numbers of authorities and insurance companies
 - 117 (compulsory) + 47 (private) health insurance companies
 - ... plus insurance companies for pension, accidents, unemployment, and long term care
 - Social welfare, child/youth welfare, and employment agencies
 - Basic services run by communities (*Sozialpsychiatrische Dienste*)



German Guideline on Treatment of SMI

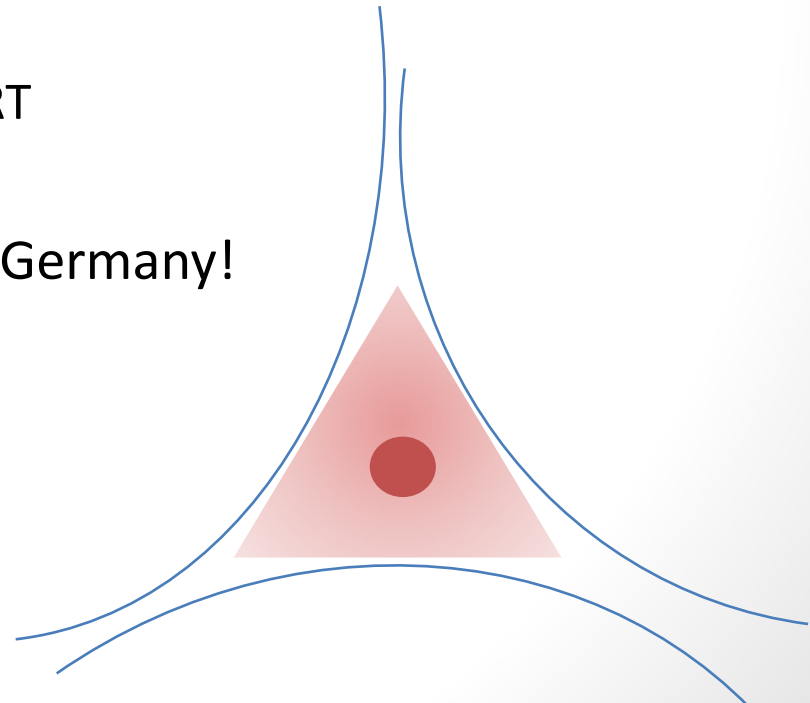
- Community based out-patient treatment by multi-professional teams in defined areas
- ... performed as outreach treatment if needed
- ... at the sites and surroundings of patients' usual lives
- ... particularly when treatment dropouts are to be expected
- ... particularly for homeless persons with SMI
- ... during acute phases of illness and beyond for longer periods
- ... incl. responsibility for all of clinical treatment as well as psycho-social care etc.

*S3-Leitlinie Psychosoziale Therapien bei schweren psychischen Erkrankungen (DGPPN 2013),
recommendations no. 4 – 10*



Mental Health Centers: the missing link

- Speaking of mental health centers as
 - providers of complex services for (severely) mentally ill persons,
 - offered by multi-professional teams
 - including treatment, rehabilitation, support, and care
 - ... as well as (intensive) case management
 - mainly performed as out-patient and outreach services
 - in charge of defined regions
 - additionally providing (F)ACT, CRT
- ... there is no such institution in Germany!

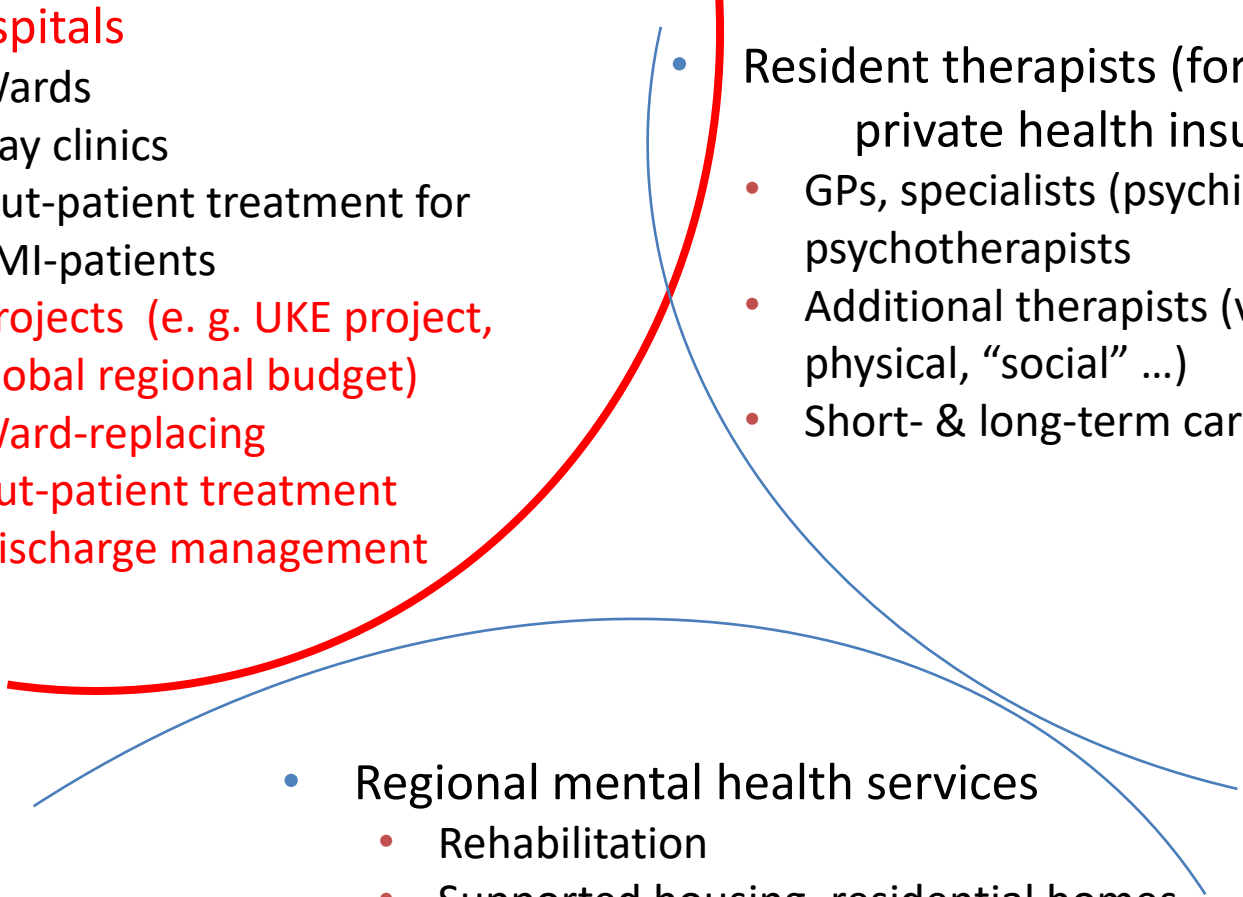


Toward providers of complex services

- „Every Jack has his Jill“:
fragmentation of funding institutions & regulations
→ similarly fragmented structures in services
- No overall comprehensive funding of complex services
➔ no full integration of services in any region
- Poor collaboration among funding institutions ...
- ... but recently growing efforts to enhance collaboration on the part of service providers
 - Hospitals
 - Resident therapists
 - Regional mental health services



Recent innovations: hospitals

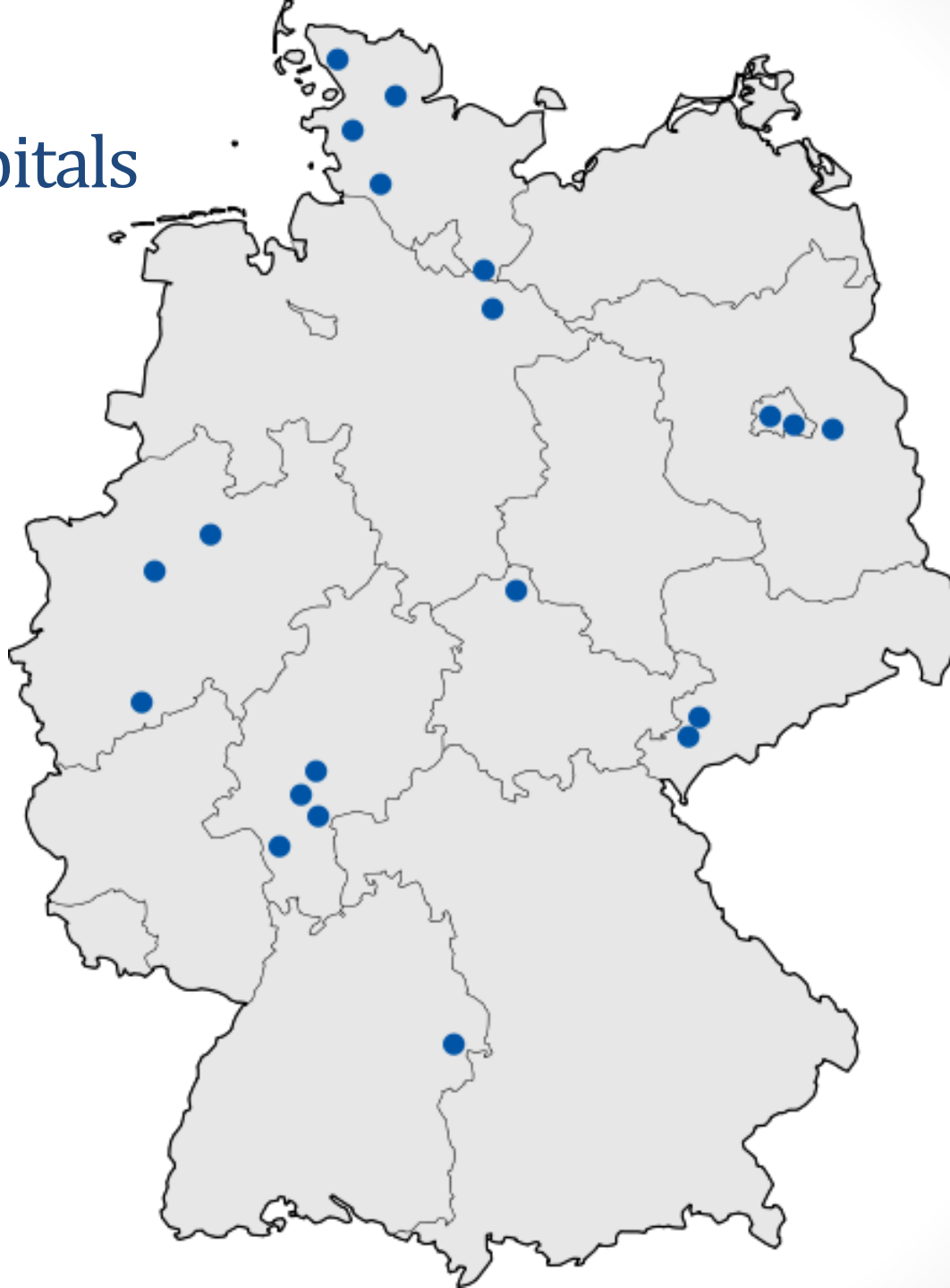
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- **Hospitals**
 - Wards
 - Day clinics
 - Out-patient treatment for SMI-patients
 - **Projects (e. g. UKE project, global regional budget)**
 - **Ward-replacing out-patient treatment**
 - **Discharge management**
 - Resident therapists (for statutory & private health insurance)
 - GPs, specialists (psychiatrists etc.), psychotherapists
 - Additional therapists (vocational, physical, “social” ...)
 - Short- & long-term care
 - Regional mental health services
 - Rehabilitation
 - Supported housing, residential homes
 - Long-term care
 - Supported employment, “second labour market” etc.



Hospitals

- **Out-patient treatment for SMI** (*Institutsambulanz*): all MH hospitals and departments, 88 % contacts at hospitals
- **“Global hospital budget”** etc.: starting 2003 (Itzehoe), now 20 hospitals with similar project contracts (§ 64b SGB V)
 - Partly with all, partly with some health insurance companies
 - Only hospitals as contract holders, collaboration varies
 - Main effect: reduction of full-time hospitalization, more day clinic treatment, home treatment (in some areas)
 - “The bed is not the currency any more” (Deister) – more flexibility in hospital treatment

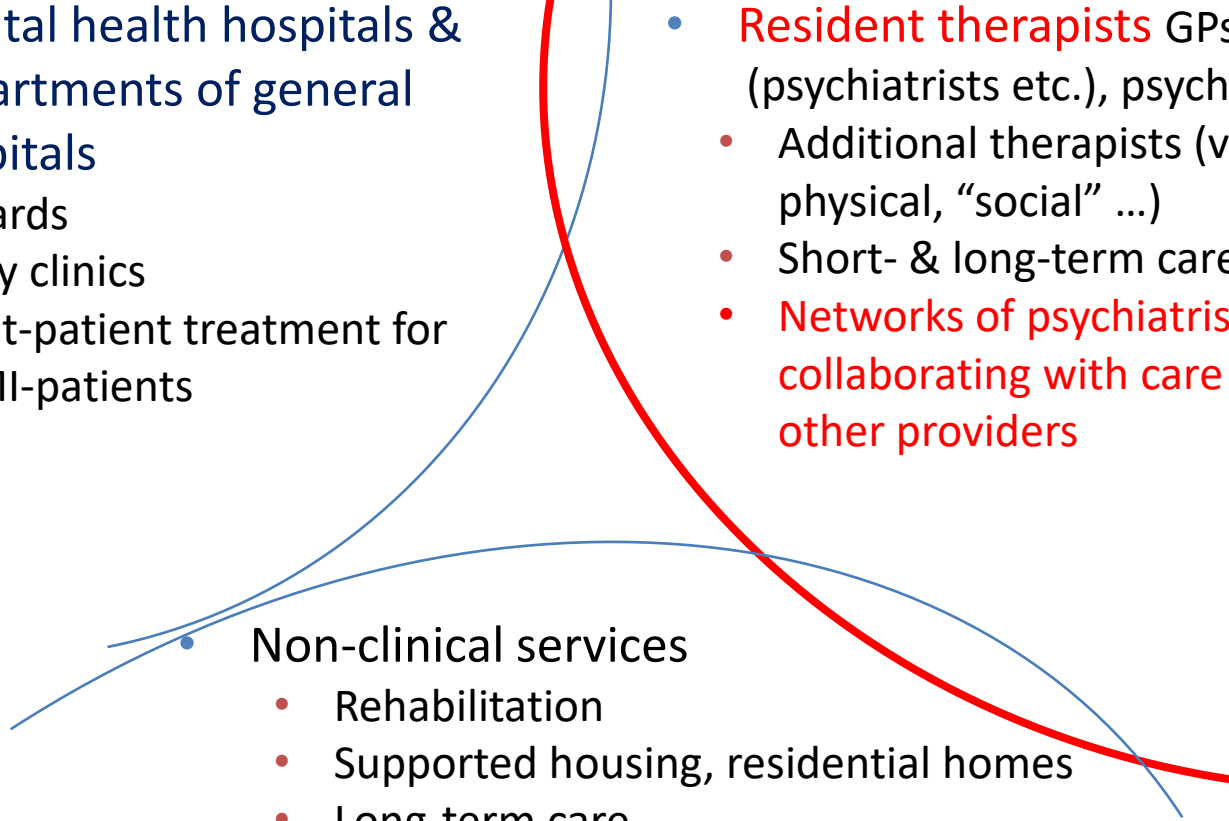
64b hospitals



Hospitals (cont.)

- “Ward-replacing home treatment”
 - 11 predecessors, some of them now in 64b projects
 - UKE Hamburg: remarkably widespread collaboration among treatment providers
- *Stationsäquivalente Behandlung*, option for implementation of HT as regular service through new law (PsychVVG):
 - starting this year, primarily done by hospital, inclusion of other providers possible
- “Discharge management”: designing the following out-patient treatment, by hospitals (only?)
- Hospitals are on their way into real life of patients, though mostly on their own, with loose connection to regional providers

Recent innovations: resident therapists

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- Mental health hospitals & departments of general hospitals
 - Wards
 - Day clinics
 - Out-patient treatment for SMI-patients
 - **Resident therapists** GPs, specialists (psychiatrists etc.), psychotherapists
 - Additional therapists (vocational, physical, “social” ...)
 - Short- & long-term care
 - **Networks of psychiatrists, partly collaborating with care services and other providers**
 - Non-clinical services
 - Rehabilitation
 - Supported housing, residential homes
 - Long-term care
 - Supported employment, “second labour market” etc.
 - ...



Resident therapists

- Very few **regional networks of specialists** (\approx 50 GP networks),
 - Built up by psychiatrists (and related specialists) and
 - - optionally – psychotherapists
 - collaboration with care providers (nursing)
- **PIBB, Berlin**: management company
 - special contracts (§ 140a SGB V) with several health insurance companies, since 2006
 - initiated and mainly performed by resident psychiatrists
 - obligatory collaboration with providers of all groups via additional contracts
 - Main effect: reduction of hospitalization days

Regional mental health services

- Mental health services in single cities/counties:
 - nearly everywhere, wide range from providing one type of service to complex services (e. g. *Gemeinde- or Sozialpsychiatrische Zentren*)
 - mainly non-clinical, inclusion of clinical services varies
 - Most of them are members of non-profit welfare system (*Freie Wohlfahrtspflege*)
- *Dachverband Gemeindepsychiatrie*: 220 member organisations, predominantly regional MH service providers
- Basic non-clinical services run by communes (municipalities resp. counties) themselves (*Sozialpsychiatrische Dienste*):
 - nationwide, in all German cities resp. counties



Recent innovations: regional teams

- Mental health hospitals & departments of general hospitals

- Wards
- Day clinics
- Out-patient treatment for SMI-patients

- Resident therapists (for statutory & private health insurance)

- GPs, specialists (psychiatrists etc.), psychotherapists
- Additional therapists (vocational, physical, “social” ...)
- Short- & long-term care

- Regional mental health services

- Rehabilitation
- Supported housing, residential homes
- Long-term care
- Supported employment, “second labour market” etc.
- Short- and long-term care ↙
- “Sociotherapy”
- “Integrated care” (e. g. NWpG)

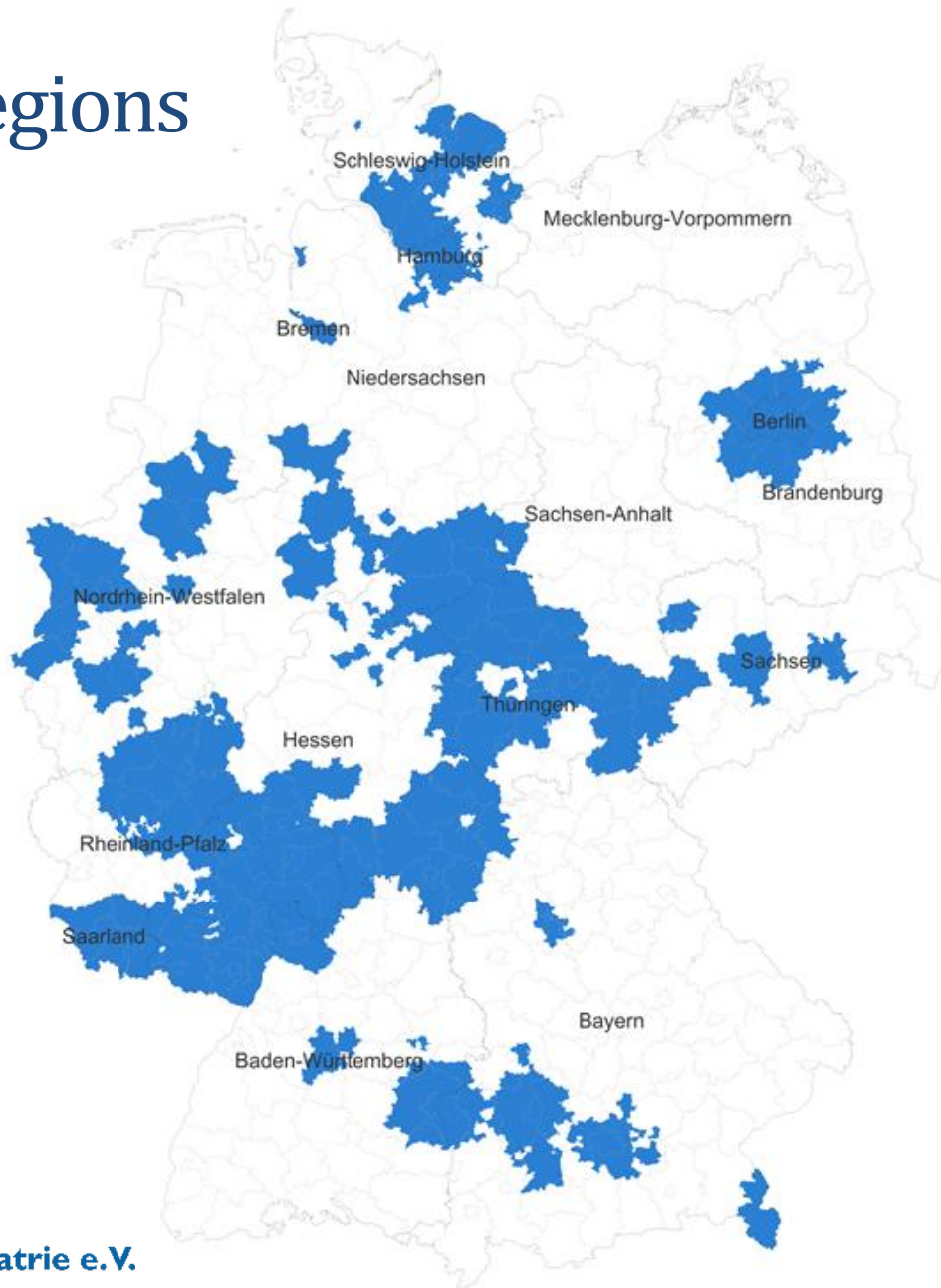


“Network Mental Health” (*NWpG*)

- “Integrated care” (§ 140a SGB V): including only treatment, excl. rehabilitation, support etc.; managed care contracts
- “*Netzwerk psychische Gesundheit*” (*NWpG*): special contracts between Techniker Krankenkasse etc. and members of Dachverband Gemeindepsychiatrie, since 2009
- Similar contracts with other insurance companies
- Providers: mainly regional mental health centers, collaborating with regional hospitals & doctors
- 11 contract holders (contract management companies)
- ≈ 80 catchment areas, $\approx 1/3$ of German population in catchment areas



NWpG regions



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“Network Mental Health” (NWpG)

- ≈ 30,000 patients since 2009
- Ca. 80 multi-professional mobile teams, each in charge of one city/county
- comparable to CMHT + CRT (+ ACT)
 - Tandem: 2 staff members per each patient & social network
 - Case management, collaboration with all providers
 - Crisis intervention 24/7 incl. outreach and in-patient crisis unit
- Collaborations of varying intensity
 - ... from teams by one single provider ...
 - ... up to common performance of NWpG services by partners throughout the three “subcontinents”
 - ... at least initiating networks of psychiatrists, hospitals and services in all NWpG regions



NWpG etc.: results of studies

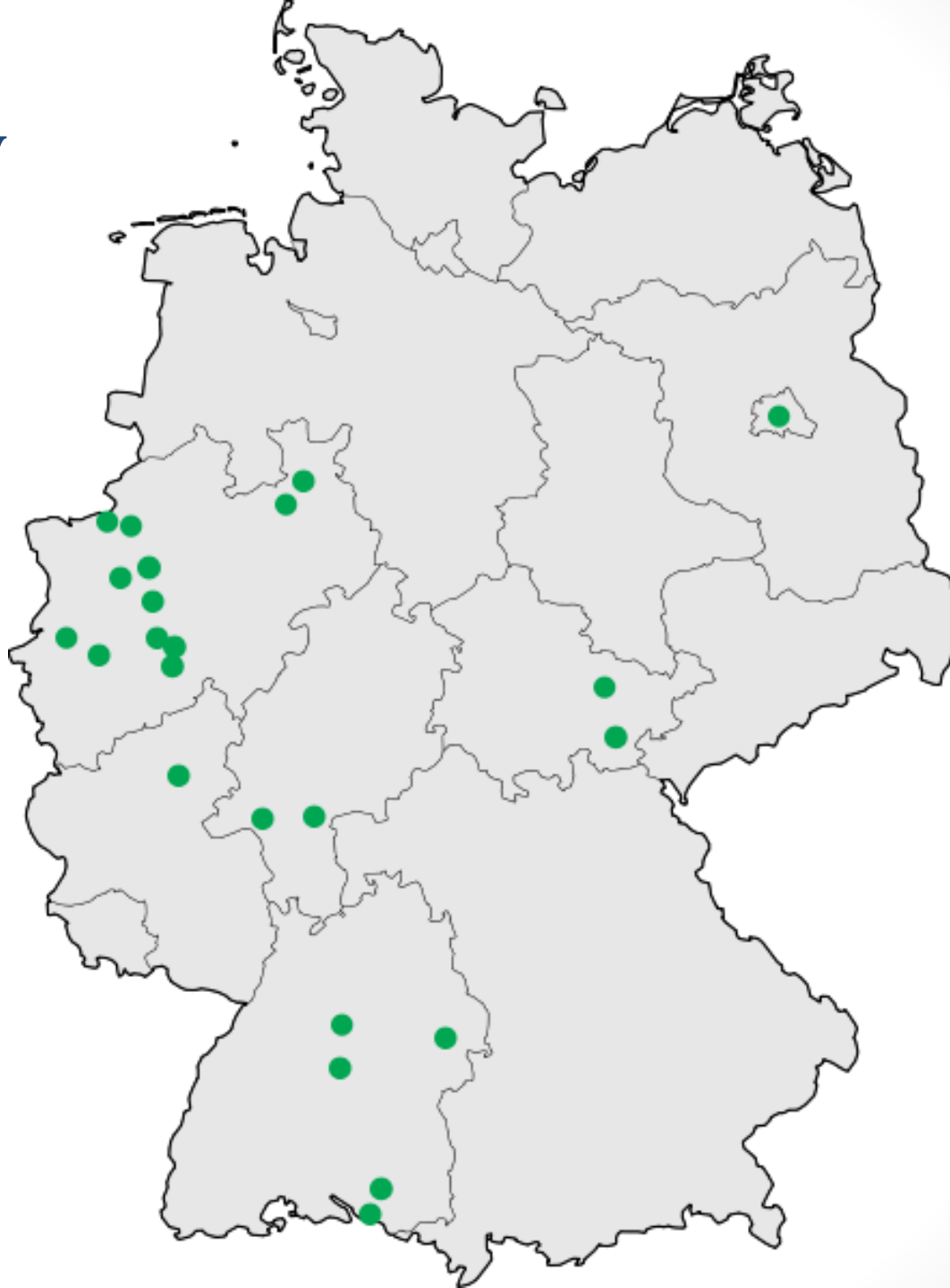
- Reduction of hospital days/year \approx 50 % (own data, no CG)
- IVPOWER (Kilian et al.): slight advantages over TAU in
 - patients' active participation & satisfaction with treatment
 - carers' satisfaction with treatment
 - No significant difference in overall costs between TG and TAU (risk-adjusted comparison)
- Health insurances: no cost advantage over TAU
- Consequence: access to programs since 2016 restricted to only SMI (subgroups of F2 and F3) shortly after hospital discharge
 - before: much less diagnosis-specific, with or without hospitalization

Regional service networks

- Regional service networks (*Gemeindepsychiatrische Verbünde*):
 - generally based on the non-clinical regional services,
 - collaboration including (more or less) all relevant providers, including commune, hospital, and (optionally) resident services;
 - collaboration of loose to modest intensity, primarily non-clinical types of services
- Nationwide umbrella organisation (*BAG GPV*) with members from 24 regions
- Variations of regional networks in many German regions



BAG GPV



Resume

- The link is still missing!
- Several approaches from the three subcontinents,
 - partly within the regular structures,
 - partly as projects with special contracts \approx managed care
- Wide range of relationships among service providers,
 - from open rivalry and disregard
 - to collaboration of variable intensity
- No fit-for-all model, due to heterogeneous structures of regional mental health care systems



What we need

- Laws and governmental orders that request and encourage collaboration instead of competition and rivalry
- Common funding of complex mental health services
- Providers intensifying regional collaborative structures
- Pilot projects with sufficient funding and ongoing evaluation



Perspective

- Community Mental Health Centers as first-line services
 - in charge of defined regions
 - close to patients' homes and social networks
 - including all types of treatment, rehabilitation, support, and care in the fields of daily living, work, health services, and social activities
 - performed by multi-professional teams
 - mainly as out-patient and – if needed – outreach services
- ... based on the given structures of regional services, i. e. performed by competent regional providers – be it
 - hospitals
 - resident therapists
 - mental health services
 - or combinations of all these!



Thank you for your attention!

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