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

Nils Greve
Dachverband Gemeindepsychiatrie
Hamburg, Sept 14, 2017
Mental Health System: 3 subcontinents

- 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**

- 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

- 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** (≈ 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, ≈ 1/3 of German population in catchment areas
NWpG regions

Dachverband
Gemeindepsychiatrie e.V.
“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 ≈ 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
Resume

• The link is still missing!

• Several approaches from the three subcontinents,
  • partly within the regular structures,
  • partly as projects with special contracts ≈ 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!

For further information:
• www.psychiatrie.de/dachverband
• info@psychiatrie.de
• greve@psychiatrie.de