



mentally

Together for better mental healthcare

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Towards optimal mental healthcare in Europe:

A SWOT-analysis of mental healthcare in six European countries

THE MENTALLY PROJECT

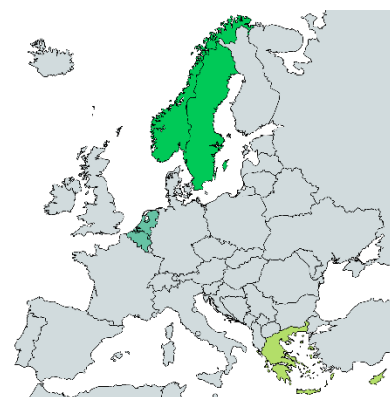
Mental health problems in adults are of great concern in multiple countries across Europe, as they are highly prevalent and have a significant impact on a person's individual wellbeing, but also on healthcare, social welfare, and the economy. Pharmaceutical and psychotherapeutic treatment have both proven to be effective. However, there is still a disparity in the use of mental healthcare. There is under- and suboptimal treatment of some adults and overtreatment of others. MentALLY's strategic aim is to gather the necessary empirical evidence to accelerate the evolution towards a European mental healthcare that provides effective support to all adults who are in need.

Six countries

- Sweden & Norway
- Belgium & The Netherlands
- Greece & Cyprus

TWO MAIN QUESTIONS

- 1) What are the **strengths** and **vulnerabilities** of mental healthcare organization in these six countries?
- 2) What can these countries learn from each other to strengthen their own mental healthcare?



METHOD

- **Desk research**
- **Expert meeting** (Brussels, 29-30/10/2018): Two days of presentations and co-creation sessions with ca. 20 stakeholders from different countries and various organizations (e.g. local patient organization, national knowledge support associations, etc.)

Desk research: European diversity in mental healthcare systems

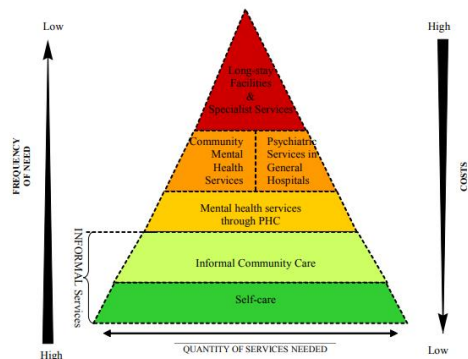


Figure 1. Euro Health Consumer Index (Björnberg, 2016).¹

European countries largely differ in terms of patient rights and information, accessibility of healthcare, health outcomes, range and reach of healthcare services provided, prevention efforts, and use of pharmaceuticals. The European Health Consumer Index (EHCI) is a way of measuring to what extent expectations of good, consumer-friendly healthcare are met within each country (see Figure 1). General quality of healthcare is better in countries such as Norway, Sweden, the Netherlands, and Belgium (colored green in Figure 2; EHCI > 700) than in countries such as Greece or Cyprus (colored yellow in Figure 2; EHCI 577 and 595 respectively). The latter countries however have better healthcare than countries such as Poland or Romania (colored red in Figure 2; EHCI < 550).

¹ Björnberg, A. (2017). *Euro Health Consumer Index 2016 Report*. Marseillan, FR: Health Consumer Powerhouse. Retrieved from <https://healthpowerhouse.com>. Accessed 21 January 2019.

Desk research: What does optimal mental healthcare look like?



The **World Health Organization** created a lot of guidelines to optimize the organization of mental healthcare across the world (WHO, 2003).² As Figure 2 illustrates, there should be a high quantity of low-cost mental health services at the community level (e.g., schools, community workers, etc.) and at the level of self-care. In addition, there should be a low quantity of high-cost long-stay and specialist mental healthcare services, such as help offered by psychiatric hospitals and specialist rehabilitation centers. In between should be a reasonable number of psychiatric services offered in primary healthcare (e.g., GP services), in general hospitals, and by formal mental health community services (e.g., outpatient mental healthcare centers, psychiatric home care).

Figure 2. Optimal mix of different mental health care services (WHO, 2007).³

User group meeting: summary of strengths and vulnerabilities

Sweden	Norway	Belgium	The Netherlands	Greece	Cyprus
(+) well-established primary and community-based care (+) reimbursement of evidence-based psychotherapeutic treatments (+) efforts to reduce stigma and improve reintegration of patients (e.g. place-and-train projects)	(+) policy , financial, educational, and media efforts to promote mental health (+) efforts to reduce stigma and improve reintegration of patients	(+) high expenditure from government for (mental) healthcare	(+) an optimal balance between primary and specialized care facilities with efficient referral protocols (+) reimbursement for evidence-based psychotherapy treatments (protocols)	(+) well-developed family services and peer-to-peer support networks	(+) well-established community-based care (+) new committees for mental healthcare are being developed
(-) unequal geographical distribution of staff and competencies (-) large gap between primary and specialized care (-) high staff turnover	(-) coordination problems (-) difficulties in referral and standardization of treatment due to geographical barriers	(-) barriers in access to mental healthcare facilities (financial, taboo , waiting lists, etc.) (-) coordination problems between care providers	(-) limited therapeutic freedom for the patient (-) fragmentation of mental health problems instead of a holistic view	(-) lack of well-organized policy (-) lack of resources for effective primary and specialized MHC (-) access barriers to professional help (taboo , geographical barriers, low mental health literacy, etc.) (-) difficulties in referral process (-) no policy regarding mental healthcare for refugees	(-) few policy efforts for professional mental healthcare until recently (no reimbursement, legal regulations, etc.) (-) very little availability of competent staff and facilities (-) refugees in need of mental healthcare but difficult due to cultural differences

² World Health Organization. (2011). *Mental Health Atlas 2011*. Geneva: WHO. Retrieved from https://www.who.int/mental_health/publications. Accessed 21 January 2019.

³ World Health Organization. (2007). *The optimal mix of services for mental health*. Geneva: WHO. Retrieved from https://www.who.int/mental_health/policy/services. Accessed 21 January 2019

FINDINGS

Sweden – Norway – Greece

Several European countries note that they experience difficulties in providing mental healthcare due to **geographical barriers**.

Norway – Belgium – Greece

Several countries across Europe seem to experience difficulties in the **referral** process in MHC and **coordination** between various mental health professionals.

Greece – Cyprus

In countries such as **Greece** and **Cyprus**, financial means for mental healthcare are often lacking, which lowers the access to professional care.

The Netherlands

Mental healthcare systems with good diagnosis and **referral protocols** regulated and financed by the government, such as those in **the Netherlands**, have the advantage of being **cost-effective and efficient** (the right kind of care at the right moment with care continuity across facilities), but the risk of neglecting **person-specific** mental healthcare needs.

Greece – Cyprus

These countries seem to have well-established **community-based and voluntary** (family and peer) care systems.

Belgium – Greece

Taboo is considered one of the main access barriers in seeking help for mental health problems.

Sweden – Norway

Northern European countries tend to focus a lot on policies concerning the way mental health issues are approached by the media. In addition, they promote the reintegration of (ex) patients into society in general and into workplaces specifically. These policies contribute to the **reduction of the stigma** concerning mental health.

Greece – Cyprus

Greece and Cyprus report difficulties in providing MHC to **refugees**, since there are no policies on this matter.

How to proceed?

European countries should learn from each other's ideas to improve mental healthcare in their own country. Some countries could learn from evidence-based tools and best practices that are being used in other countries regarding **efficient diagnosis and referral systems**. Other countries might want to search for a more **holistic and humanistic** approach in treating patients with mental health problems. Still other countries might benefit from evidence-based tools and practices from other countries to **reduce stigma** and **increase literacy** on seeking help for mental health problems within their own country.