# MentALLY*

## Project results II: Healthcare professionals' perspectives on mental health service provision

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mentally
Together for better mental healthcare

*The MentALLY project is a pilot project which has received funding from the European Parliament. Pilot Projects is an initiative „of an experimental nature designed to test the feasibility of an action and its usefulness“ and permits appropriations for it to be entered in the EU budget for more than two consecutive financial years.

# Towards the accumulation of qualitative evidence regarding factors that contribute to the mhcGAP

**Research questions:**

1. What are health professionals' perspectives on the barriers and facilitators to implementing accessible and effective MHC?

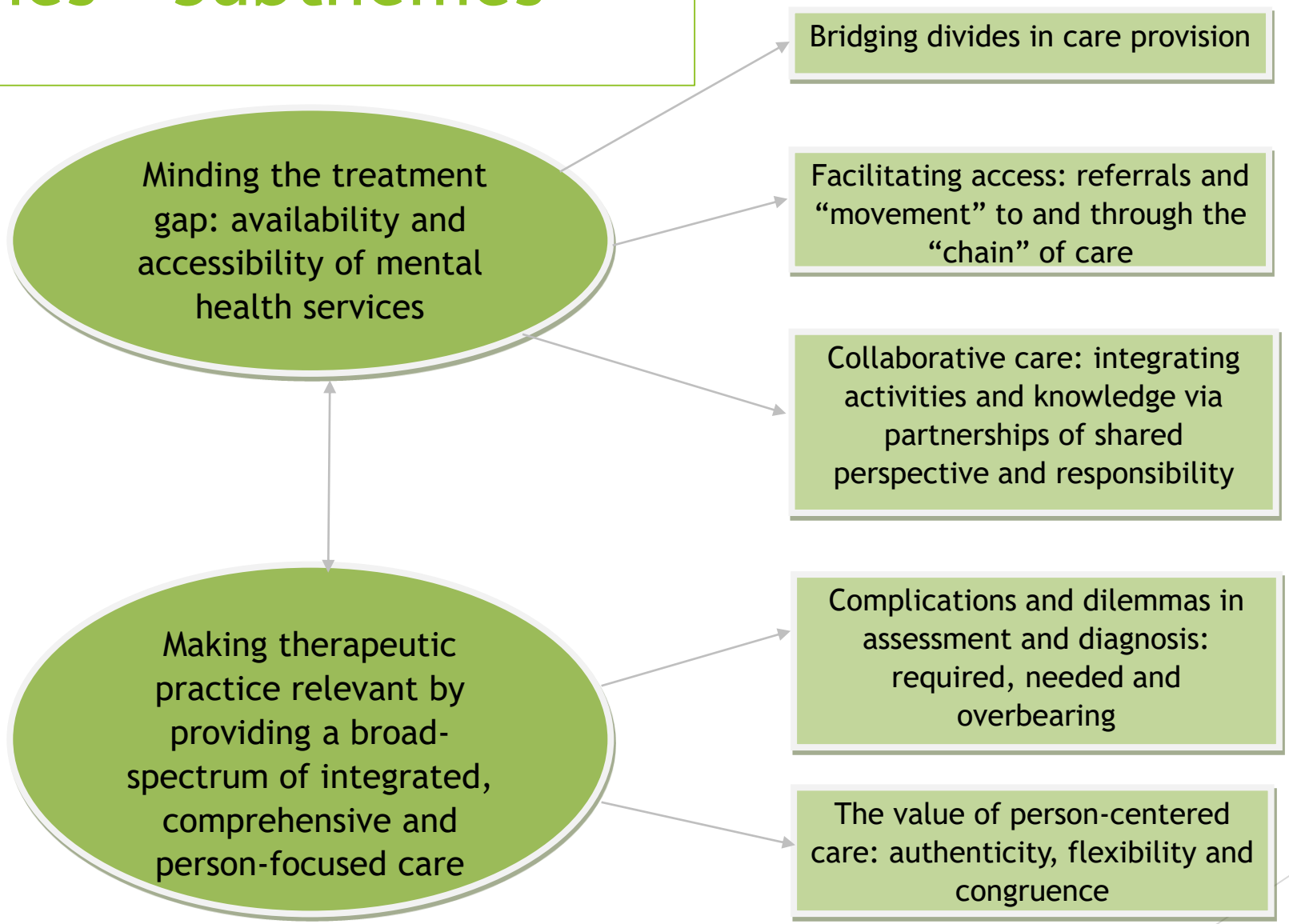
2. What practices and skills do HPs working in MHS consider important and necessary in facilitating accessibility, referral practices, collaboration and positive treatment outcomes?

# Methods

- Focus Groups
- Thematic Analysis

| | Psychiatrists | | Psychologists | | GPs | | Psychiatric nurses, social workers & physiotherapists | |
|---|---|---|---|---|---|---|---|---|
| | | Work setting | | Work setting | | Work setting | | Work setting |
| **Belgium** | 2 | PH & private practice<br>PH | 3 | General hospital & private practice PH<br>Outpatient MHC | 2 | National organization for refugees<br>Private practice | 2 | Center for general well being<br>Community health center |
| **Cyprus** | 2 | MHSs, rehabilitation clinic<br>Private psychiatric clinic | 4 | MHSs, day center<br>Private psychiatric clinic<br>Community mental health department, outpatient services<br>Private practice | 1 | General hospital | 1 | Public PH Community service |
| **Greece** | 4 | Public hospital<br>Psychiatric inpatient & outpatient unit<br>Public hospital, psychiatric department<br>Private practice (2)<br>Collaboration with public MH services | 4 | Short-term hospice service unit /after hospitalization care<br>Private psychiatric clinic Private practice (2)<br>NGO | 2 | PHC (2) | 1 | Public hospital Psychiatric Unit |
| **Norway** | - | - | 2 | PHC<br>Substance abuse treatment/private practice | 2 | General practitioner<br>Nursing home | 1 | Outpatient clinic |
| **Sweden** | 3 | Outpatient care (addiction)<br>Specialized Psychiatric care at a hospital (psychosis)<br>PH (affective disorders) | 2 | Psychiatry, in- and outpatient departments<br>PH (affective disorders) | 2 | PHC (2) | 1 | Rehabilitation center |
| **The Netherlands** | 3 | PH (2)<br>Academic hospital, Department of psychiatry | 3 | MHC (3) | 2 | University hospital, Department of Geriatric Medicine & General Practitioner<br>Medicine General Practice | - | - |

# Themes - Subthemes



# Minding the treatment gap: availability and accessibility of mental health services

# Bridging divides in care provision

- “Castle surrounded by a moat” (quote from HP, Norway)
- *“The different(MHC) institutions are too isolated and ask a bit too much either of this or that. Then there is the problem with the organization of the health services. The structuring, coordination and patient flow...There are too many areas where we fall short.”* (HP, Norway)
- *“I have never heard a surgeon say ‘oh they have appendicitis. Well, I don't have time for that so, they can wait'. With crisis care, I kind of get that sense. You have to visit them and give several arguments for the patient's case… These patients need help, quick. There shouldn't be any waiting lists for these kinds of patients… the severely suicidal patients that need immediate help but can't find the help."* (General Practitioner, The Netherlands)
- HPs have difficulty “*in identifying mental health providers and the available services*” (Belgium).

# Facilitating access: referrals and “movement” to and through the “chain” of care

- The MH professionals expressed concern that they “*often have to work beyond their professional competencies in diagnostic procedures*”(Belgium, Greece, Cyprus) or they *“lack the tools required to provide the best care”* (lack of standardized assessment tools in Cyprus or evidence-based protocols for diagnosis in Greece) and absence of funding for continuing training / professional development (Greece and Cyprus).
- In Sweden and Norway on the other hand, professionals presented different reasons to the complications in the early identification and diagnosis of people's mental health needs, namely, the *“chase for a diagnosis”* and “*working in predetermined and inflexible frameworks”* where only one specific model of care can be provided.

# Collaborative care: integrating activities and knowledge via partnerships of shared perspective and responsibility

- HPs emphasized the "*fragmentation of existing forms of care*" (Belgium, Norway) and the "*parallel and conflicting operation of different forms of care*" (i.e., between primary care and specialized care in Sweden) and their efforts to collaborate fully for the benefit of those seeking services.

- Collaborative relationships between primary care physicians and MHC providers require extensive effort and "a chain of care" (Belgium).

- "*This is what I am thinking; prevention, treatment, stabilization, psycho-education, de-stigmatization, and in general, the improvement of the quality of life of the recipients of mental health services.*" (Psychologist, discussing ideal MHC, Greece) and that MHC should be moving, "*towards a community of caring for each other.*"(Belgium)

# Making therapeutic practice relevant by providing a broad-spectrum of integrated, comprehensive and person-focused care

# Complications and dilemmas in assessment and diagnosis: required, needed and overbearing

- *"There is a huge concern that I am experiencing … in our obsession with diagnosis codes…so I eschew using unspecified mental disorder. Because I think that there are people in a crisis in their lives. For some people, becoming an adult involves a lot of anxiety, but if I were to categorize it and, even worse, send them to mental health care, they could get a personality disorder diagnosis, and perhaps they fulfill the criteria, but is it any use to them…And so I don't see the benefit in getting a diagnosis. Meanwhile, I must bear in mind that in order to be reimbursed, a diagnosis is necessary. Which I think is totally absurd. It is devastating… so you are forced to write a diagnosis."* (HP, Sweden)
- *"I think it is an added value, that you can leave all that labelling behind and just go into a conversation with that person and move on with his question…"* (HP, Belgium)

# The value of person-centered care: authenticity, flexibility and congruence

- According to the HPs person-centered care is the optimal and most beneficial approach to delivering MHS. In Norway, participants described the "*flexibility of choosing an appropriate treatment for each patient*" as an essential aspect of their job which, in turn, facilitates their ability to deliver quality services.

- Another aspect of optimal care was described by HPs in all the focus groups as *'being authentically there'* and developing a positive and unique long-term relationship or 'bond' with the service-users. HPs also emphasized that person-centered care should not be hindered by administrative constraints. MHC can only be adequate when care providers treat people not as objects (diagnoses or parts of their problem) but as people with dignity.

# Discussion and implications for practice

- The mhcGAP in Europe is substantiated in the research literature as encompassing funding shortages, differential accessibility, human resource capacity problems and treatment delivery barriers (OECD,2016, Thornicroft et al., 2017)

- The mhcGAP is also comprised of: accessibility to comprehensive services and the availability of relevant services.

- The facilitators to the provision of MHC include the trustworthiness, reliability, and integrity of HPs.

# Discussion and implications for practice

- Participants highlighted collaborative models of primary, secondary, and prevention-oriented mental healthcare which were deemed positive and vital in bridging the mhcGAP.

- Teamwork in providing care was considered to be more effective and efficient when it comes to the use of resources.
- HPs believe that the use of e-Mental health and emerging digital technologies can enhance collaborative practices and can be used to provide access to care in hard to reach populations.
- Access to a continuum of community-based care that is responsive, coordinated and in line with people's needs throughout their lives constitutes another facilitator of optimal care.

# Discussion and implications for practice

- Dilemmas:  Bridging gaps
- mhcGAP
- The prevailing models of service delivery vs. holistic and systemic models
  - Patel and Chatterji [2015] and Javadi, Feldhaus, Mancuso, and Ghaffar [2017] recommended comprehensive training, teamwork, and task shifting to increase the capacities of HPs working in primary care as ways to enhance and augment the effectiveness of person-centered care.
  - Raviola, Naslund, Smith, and Patel [2019], whose work focuses on the mental health treatment gap, conclude that "*task sharing*" expedited by service delivery models such a "*balanced care*" a systems-based framework, collaborative care in combination with a transdiagnostic approach, all of which are facilitated by digital technologies, may be useful in bridging the gap.

# Discussion and Implications for practice

- Dilemmas:  Bridging gaps

- The “Credibility GAP” (Patel,2014)
- Efficiency, operationalization, and performance vs. empathy and compassion in care provision (Kerasidou, 2019)

Thank you very much!

Ευχαριστώ!

Tack!

Dank je!

Merci!

Takk skal du ha!