

EUCOMS

European Partnership for Delivering Quality Community Mental Health Services

NEWSLETTER, MAY 2017

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Theme 3rd EUCOMS Meeting in Hamburg

The theme of the EUCOMS network is: ‘Collaboration Between Community Outreach Teams and Hospitals’. This theme was chosen in collaboration with our German partners from Dachverband Gemeinde Psychiatrie e.V. the German association of regional mental health centers, and the University of Hamburg. This theme was chosen because of the current development of a law outlining the role and responsibilities of the community mental health services and the hospitals in the care for people with a mental illness in Germany. Members of the expert panel involved in the development of this law will be present at the EUCOMS meeting hopefully leading to some interesting insightful discussions.

In line with the previous two EUCOMS meetings we aim to work on the promotion, monitoring and support of implementation of quality community mental health care (CMHC) in Europe. Participants are invited to:

- Discuss and reach agreement on the final consensus paper outlining the fundamental principles and key elements of community based mental health care
- Share knowledge and experience on current practices and the challenges encountered when implementing CMHC in relation to the theme: ‘Collaboration Between Community Outreach Teams and Hospitals’
- Jointly develop a strategy to promote and support the implementation of quality CMHC in Europe in interactive group sessions
- Jointly develop a strategy to monitor and evaluate the implementation of quality CMHC in Europe in interactive group sessions
- Discuss and reach agreement on the organisation and the funding of the network

All network partners are invited to join the third EUCOMS meeting which will be held on the 12th of September as a preconference for the EAOF conference in Hamburg. The official invitation will be sent out by the 25th of May and registration is possible until the 1st of July. You can register for the 3rd EUCOMS meeting [here](#). More information about the EAOF conference can be found [here](#).



The EUCOMS Logo

We are proud to present to you our new EUCOMS logo. After a selection procedure among the steering group members and the organisational team this logo was chosen. From now on you will find our logo on all our communication material.



EUCOMS MHIN Profile Page

Although the EUCOMS website is not online yet (we are working on it) you can from now on find us on the internet with a profile page on the Mental Health Innovation Network website. You can find our profile page [here](#).

Welcome to our New Members

This month we are happy to welcome the following new members:

- Eric Cheung from the Castle Peak Hospital in Japan
- Richard Hoehman-Roelle from Intego Oberhausen in Germany
- Ulrike Geffert from Essener Kontakte e.V. in Germany
- Thomas Floeth from Netzwerk Integrierte Gesundheitsversorgung Pinel gGmbH in Germany
- Nils Greve from GpG NRW Gesellschaft für psychische Gesundheit in Nordrhein-Westfalen in Germany
- Thomas Hummelsheim from Psychosozialer Trägerverein Solingen e.V. in Germany

If you would like to receive an overview of the members of EUCOMS please send an email to eucoms2015@gmail.com.

Conferences, Meetings, Seminars and Courses

Fourth European Congress on Integrated Care and Assertive Outreach, Hamburg, Germany, 13-15 September 2017

Integrated Care and Assertive outreach is done by programs or services to reach persons with severe and enduring mental illness who are sometimes not themselves able to seek support and help. The aim is to support the person in fulfilling their goals, coping with the illness and achieving a meaningful and good life in the community. The person and his network are the key collaborators for the services. The main theme of the Fourth European Congress on Integrated Care and Assertive Outreach is: Learning from each other. More information can be found [here](#).

Refocus on Recovery Conference, Nottingham, 18 – 20th of September 2017

A conference aimed at advancing the field of recovery research and to create an international community of influence. This conference will bring together leading researchers and people who use mental health services, their carers and informal supporters, mental health workers and professionals, and policy-makers and other stake-holders from across mental health services and wider systems. Previous conferences have attracted participants from over 20 countries, and we work hard to ensure the experience of attending is enjoyable. More information can be found [here](#).



6th European Conference on Mental Health, Berlin, October 4-6, 2017

The conference covers a broad set of themes including recovery oriented practices, community and social psychiatry and e-mental health services. Key note speakers include Pim Cuijpers, Peter Lehman, Niina Junttila and Andreas Heinz. More information about the conference can be found [here](#).

ENMESH The Context of Mental Health Care; Conceptualising Measuring and Influencing Context in Mental Health Care: From the Individual to Society, Groningen, Netherlands, 5-7 October, 2017

Mental health systems need to meet two related challenges: providing treatment and support which is personalised to the individual, and responding to environmental change. From the individual to the community and society levels, understanding context is pivotal in treating mental health problems and their psychosocial consequences. The conference will be organised around four topics: 1) assessment: understanding the context; 2) Epidemiology: Methodological approaches supporting personalised care; 3) Approaches: Novel approaches using the patient's own context; and 4) Policy: Societal challenges for community mental health. More information can be found [here](#).

WPA XVII World Congress of Psychiatry, Berlin, 8-12 October 2017

The World Psychiatric Association (WPA) is committed to improving the health care of psychiatric patients through raising the standards of training, education and clinical practice by providing added value. In the current period of the 21st century psychiatry is at a point where biological, social and psychological factors are changing rapidly, and their interaction provides us with opportunities to take the profession forward. Apart from being the most complex, intellectually stimulating and rewarding medical speciality, psychiatry is at a stage where we are beginning to understand more about brain changes and their impact on an individual's functioning. Several countries across the globe provide innovative services despite limited resources. This congress provides a showcase for such developments. More information can be found [here](#).

XII World Congress of Psychosocial Rehabilitation, Madrid, 5-7th of July 2018

The local Organizing Committee of the WAPR World Congress Madrid-2018 has met for the first time in Madrid. The meeting was attended by main officer of FEARP (the Spanish Federation of Association for Psychosocial Rehabilitation and of AEN-Profesionales de Salud Mental, an outstanding Association in Spain, that will be partner in the Organization. The meeting agreed in the main guidelines: This meeting will explore the state of the art in Psychosocial Rehabilitation and will enhance the professional discussion on the main controversial aspects of Psychosocial Rehabilitation today. Users and carers will have a very important role at the congress. More information can be found [here](#).

If you have suggestions for Conferences, Meetings, Seminars and Courses to include in this list please send us an email to eucoms2015@gmail.com



Publications

This section contains a selection of recent publications related to community mental health care. Please feel free to [contact](#) us if you would like to share a publication.

[Relationship between national mental health expenditure and quality of care in longer-term psychiatric and social care facilities in Europe: cross-sectional study](#)

Tatiana Taylor Salisbury, Helen Killaspy, Michael King, The British Journal of Psychiatry, 2017

It is not known whether increased mental health expenditure is associated with better outcomes.

Aims To estimate the association between national mental health expenditure and (a) quality of longer-term mental healthcare, (b) service users' ratings of that care in eight European countries.

Method National mental health expenditure (per cent of health budget spent on mental health) was calculated from international sources. Multilevel models were developed to assess associations with quality of care and service user experiences of care using ratings of 171 facility managers and 1429 service users.

Results Significant positive associations were found between mental health spend and (a) six of seven quality of care domains; and (b) service user autonomy and experiences of care.

Conclusions Greater national mental health expenditure was associated with higher quality of care and better service user experience

[Strengthening mental health system governance in six low- and middle-income countries in Africa and South Asia: challenges, needs and potential strategies.](#)

Petersen I, Marais D, Abdulmalik J, Ahuja S, Alem A, Chisholm D, Egbe C, Gureje O, Hanlon C, Lund C, Shidhaye R, Jordans M, Kigozi F, Mugisha J, Upadhaya N, Thornicroft G, Health Policy Planning, 2017

Poor governance has been identified as a barrier to effective integration of mental health care in low- and middle-income countries. Governance includes providing the necessary policy and legislative framework to promote and protect the mental health of a population, as well as health system design and quality assurance to ensure optimal policy implementation. The aim of this study was to identify key governance challenges, needs and potential strategies that could facilitate adequate integration of mental health into primary health care settings in low- and middle-income countries. Key informant qualitative interviews were held with 141 participants across six countries participating in the Emerging mental health systems in low- and middle-income countries (Emerald) research program: Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda. Data were transcribed (and where necessary, translated into English) and analysed thematically using framework analysis, first at the country level, then synthesized at a cross-country level. While all the countries fared well with respect to strategic vision in the form of the development of national mental health policies, key governance strategies identified to address challenges included: strengthening capacity of managers at sub-national levels to develop and implement integrated plans; strengthening key aspects of the essential health system building blocks to promote responsiveness, efficiency and effectiveness; developing workable mechanisms for inter-sectoral collaboration, as well as community and service user engagement; and developing innovative approaches to improving mental health literacy and stigma reduction. Inadequate financing emerged as the biggest challenge for good governance. In addition to the need for overall good governance of a health care system, this study identifies several specific strategies to improve governance for integrated mental health care in low- and middle-income countries.



[An Exploration of Factors that Affect the Implementation of Peer Support Services in Community Mental Health Settings](#)

Mancini, M.A. Community Mental Health Journal, 2017

This study explored the integration of peer services into community mental health settings through qualitative interviews with peer-providers and non-peer mental health workers. Results show peer job satisfaction was contingent upon role clarity, autonomy, and acceptance by non-peer coworkers. Mental health workers reported the need for organizational support for peer services and guidance about how to utilize peers, negotiate their professional boundaries and accommodate their mental health needs. Effective peer integration requires organizational readiness, staff preparation and clear policies and procedures. Consultation from consumer-based organizations, enhanced professional competencies, and professional development and career advancement opportunities for peers represent important resources.

[National implementation of a mental health service model: A survey of Crisis Resolution Teams in England](#)

Brynmor Lloyd-Evans PhD, Bethan Paterson MSc, Steve Onyett PhD, Ellie Brown MSc, Hannah Istead MSc, DClinPsych, Richard Gray PhD, Claire Henderson PhD, Sonia Johnson DM, International Journal of Mental Health Nursing, 2017

In response to pressures on mental health inpatient beds and a perceived 'crisis in acute care', Crisis Resolution Teams (CRTs), acute home treatment services, were implemented nationally in England following the NHS Plan in the year 2000: an unprecedentedly prescriptive policy mandate for three new types of functional community mental health team. We examined the effects of this mandate on implementation of the CRT service model. Two hundred and eighteen CRTs were mapped in England, including services in all 65 mental health administrative regions. Eighty-eight percent (n = 192) of CRT managers in England participated in an online survey. CRT service organization and delivery was highly variable. Nurses were the only professional group employed in all CRT staff teams. Almost no teams adhered fully to government implementation guidance. CRT managers identified several aspects of CRT service delivery as desirable but not routinely provided. A national policy mandate and government guidance and standards have proved insufficient to ensure CRT implementation as planned. Development and testing of resources to support implementation and monitoring of a complex mental health intervention is required.

[How to implement Illness Management and Recovery \(IMR\) in mental health service settings: evaluation of the implementation strategy](#)

Karina Myhren Egeland, Torleif Ruud, Terje Ogden, Rickard Färdig, Jonas Christoffer Lindstrøm and Kristin Sverdvik Heiervang, International Journal of Mental Health Systems, 2017

Background The purpose of this study was to evaluate the implementation strategy used in the first-phase of implementation of the Illness Management and Recovery (IMR) programme, an intervention for adults with severe mental illnesses, in nine mental health service settings in Norway.

Methods A total of 9 clinical leaders, 31 clinicians, and 44 consumers at 9 service settings participated in the implementation of IMR. Implementation was conducted by an external team of researchers and an experienced trainer. Data were gathered on fidelity to the intervention and implementation strategy, feasibility, and consumer outcomes.

Results Although the majority of clinicians scored within the acceptable range of high intervention fidelity,



their participation in the implementation strategy appeared to moderate anticipated future use of IMR. No service settings reached high intervention fidelity scores for organizational quality improvement after 12 months of implementation. IMR implementation seemed feasible, albeit with some challenges. Consumer outcomes indicated significant improvements in illness self-management, severity of problems, functioning, and hope. There were nonsignificant positive changes in symptoms and quality of life.

Conclusions The implementation strategy appeared adequate to build clinician competence over time, enabling clinicians to provide treatment that increased functioning and hope for consumers. Additional efficient strategies should be incorporated to facilitate organizational change and thus secure the sustainability of the implemented practice.

Becoming member of the EUCOMS Network

If you have questions, comments or you are interested in joining our network please contact us via eucoms2015@gmail.com.

