

# CONFERENCE MONOGRAPH - London 2000 & Paris 2001

In 2000 ENTER Mental Health was founded to bring together mental health professionals from academic institutions and clinical services across Europe. This monograph contains the presentations from conferences held on 14 July 2000 in London and on 22 June 2001 in Paris. The themes reflect the spirit of the age - reform of mental health services, introduction of case management and the challenges that governments and health systems now confront. In keeping with the goals of ENTER Mental Health this monograph is divided into sections on Service Organisation, Training and finally Evaluation and Research.

## Service Organisation

Nordland county in northern Norway is a sparsely populated region where the case management approach to psychiatric care has been in use for over a decade. Dawson in [Rural Approaches to Clinical Case Management in Northern Norway](#) describes the local rehabilitation service, its target population and the range of interventions offered. There is a strong emphasis on reaching out to patients in their home settings and integrating treatment with social support.

However not all centres in Europe have achieved such fully developed community services. Laijarvi discusses in [The Development of Mental Health Services in Finland between 1980-2000](#) how the early expansion of psychiatric hospital beds was reversed in the 1980's through bed closures, rehabilitation programmes and expansion of outpatient services. By the 1990's the patient population receiving inpatient care were found to be more disturbed, had shorter treatment episodes and higher readmission rates. Concerns were expressed about the poor living conditions of discharged patients. In [Organisational changes and Future implementation of Case Management in Mental Health Services in Finland](#) Laijarvi explains the current approach. Inpatient services have been integrated within general hospitals, outpatient clinics moved into community services in the primary care structure and a programme of Case Management is now planned. Training public health nurses and other non psychiatric professionals as case managers is also under consideration.

In Poland the transformation of Mental Health Services has been complicated by the introduction of private health care. New regulations for state health insurance and contracts with privately owned health units have resulted in poor remuneration for community facilities. In the absence of a clear strategic direction, the Institute of Psychiatry and Neurology in Warsaw presented a detailed programme which was accepted by the Ministry of Health. Schaeffer et al in [Community Care in Poland - A New Mental Health Programme](#) set out the strategy for a comprehensive sector based mental health service across the country, listing the additional manpower required together with training proposals.

In their new role as case managers, mental health professionals now face fresh

ethical and clinical dilemmas. No longer confined within institutions, chronically ill patients may adopt behaviours of those around them in the community. The misuse of drugs and alcohol present a major challenge to services which try to balance respect for individual choice with responsibility for their care. In [Local Responses to Dual Diagnosis in England and Scotland](#) London and Baldacchino outline their experience of two contrasting approaches within the different health systems of England and Scotland.

As consumers, chronically ill patients are disadvantaged and many are not able to articulate their needs effectively. Moreover it is not always possible for case managers to recognise this. Nilsson describes in [Personal Representative Service in Sweden for People with Mental Dysfunction](#) how comprehensive patient advocacy services have been developed. Personal representatives are trained and employed within the Swedish mental health system to participate in planning care and to ensure individuals receive support in accordance with their wishes.

## Training

At the Paris conference O'Halloran presented a paper on [Educating the Capable Practitioner : Towards a New Mental Health Educational Framework](#). He criticised the traditional educational curriculum in the United Kingdom as being too inflexible to adapt to the needs of the emerging mental health system. Rather than focus on professional disciplines the proposed curriculum identifies the required core skills and a framework for training and assessment. The existing educational system would be adapted within this framework so that training would be more closely linked to the workplace.

In [Training in Psychosocial Rehabilitation - Case Management](#) Nilsson describes how Sweden invested in a training programme in 1993 to prepare nurses in the psychiatric service and staff working in the Social Welfare System for case management. Key skills were identified in a curriculum that was offered as a modular part time course to staff working in services.

Other training programmes have focused on a specific set of skills required of mental health professionals. Sjorgren outlines in [A Training Programme to Manage Conflict in Psychiatric Settings](#) a course dealing with conflict and preventing violence in the psychiatric services in the County of Aarhus in Denmark. It incorporates the teaching of theory, control and restraint techniques and role play.

The recruitment of staff is a pressing need for many services. In northern Norway the lack of child psychiatrists has hampered the provision of care to young people and Simonson in [The Regional Project for Training and Recruitment of Child Psychiatrists in Northern Norway](#) outlines the response. In an unusual collaboration between county administrations, clinicians and the university a project was initiated to train child psychiatrists and subsequently retain them in local posts after qualification. Thus far 70% of the recruitment target has been met.

## Evaluation and Research

In the evaluation of any service cost effectiveness and consumer satisfaction are essential criteria. Corominas et al describes an instrument to measure the effectiveness of day hospital psychiatric care in Barcelona in [A New Quality Indicator for Mental Health Care and Partial Hospitalisation - The Care Flow Direction Index](#). This tool is based on a widely used standardised questionnaire which measures patients' level of function and the net flow of patients between hospital and outpatient settings.

A different approach was adopted by Erdner and Ivarsson in Stockholm to try to capture a wider range of measures including consumer satisfaction, quality of life, burden on family members and improvement of symptoms. In [The Quality Star - a Tool for Regular Outcome Monitoring](#) they present a system for data collection from patients, relatives and staff which can then be translated into an easily understood diagram - the Quality Star.

One of the primary aims of ENTER Mental Health is to foster collaborative research across Europe. In [Occupational Stress and the Management of Violence - Introducing the OSCAR](#) Project Ryan and Turner present this three year multicentre study which is currently being undertaken by the group with the support of an EU grant. It compares across six European mental health services the level of occupational stress and burnout of mental health workers linked to violent incidents among severely mentally ill patients. It seeks to develop a comprehensive assessment tool and a standardised European educational package for effective risk management and reduce occupational stress. It is the first project to consider these issues from a pan-European perspective and to examine the specific link between occupational stress and the management of violent clients.

In a [Profile of the Institute of Psychiatry and Neurology in Warsaw](#) Czabala et al introduces the work this widely respected institution. Founded in 1951 it was appointed in 1992 as a World Health Organisation Collaborating Centre for Research and Training in Mental Health. It has a broad research programme which includes the evaluation of the impact of mental health legislation and changes to the health service in Poland.

By contrast the new research unit at the Maison Blanche Hospital in Paris has very different aims. Greacen in [Creating a Research Unit within Community Psychiatric Services](#) explains that it has been deliberately sited outside an academic institution to facilitate research within a traditional psychiatric service moving towards community based care. Projects initiated at grassroots level by staff and patient groups have been facilitated which aim to produce findings of greater practical relevance for clinicians.

Research in its various forms can play a major role in shaping services. Erdner describes in [Integration of Research and Clinical Practice in the Evolution of Case Management](#) how three studies carried out in Stockholm during the 1990's guided the emerging case management model. The initial interventions by case managers inadvertently reduced the quality of the patient's social network and steps were taken to rectify this. The close link between the researchers and clinical practitioners made this possible.

## Conclusion

The conferences held in London and Paris in 2000 and 2001 reflect the current European agenda for mental health service developments. There was broad agreement among countries represented at the conferences as to the key issues - in particular the need for a robust system of case management within community based services. There was also a fruitful diversity of approaches. ENTER Mental Health exists to encourage this cross fertilization of ideas within the community of Europe.

## [Biographical notes.](#)

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