

European Forum for Primary Care Mental Health (EFPCMH)

Summary of Workshop on primary care mental health EFPC 2014 (Barcelona)

Presentations available from the EFPC website (MH).

Henk Parmentier - Lisa Hill - Christos Lionis

Introduction and joint chairs - Henk Parmentier, Jan De Lepeleire

Presentation 1 - Henk Parmentier

There is an enormous interaction and interconnectivity between mental health and general practice. There is a need to overcome the mind and body gap to address key issues such as evidence of interrelated Multi - morbidity which is best handled in primary care.

Presentation 2 - Lisa Hill

Showed UK health economic data about the management of people with mental health problems at the secondary care level with enormous and important financial consequences and where the investment goes rather than in primary care and prevention.

Presentation 3 - Christos Lionis

The Greek mental health reforms started before the economic crisis. But here again there are important elements causing problems in the appropriate delivery of mental health, related to

- Organisation of care
- Training of GP's (and others)
- Integration more focus on medical care

Debate

One of the (starting) solutions could be the development of guidelines at an international level to address issues such as over prescribing which have universal sign up - want to share ideas and share patients experience. Measuring effectiveness and outcomes what is important to the patient is not always the same as what is important to finance models and need added value

1 Recovery star

2 Wrap plans

3 statistics and measures

Concern is a move from economics and beds as most countries are starting from a clinical point and are not starting from the same point as the patient e.g. in the community. This was echoed by the Belgian ,UK and Spanish experience as it was felt hospitals were not questioned by society. There is a need to ensure that primary care in itself is not siloed and is in fact integrated with social care. The Scottish (KIS) system allows information on vulnerable groups to flow across systems including primary and acute interfaces and care plans include primary care.

The conference is very much focused on ICT and telehealth and it was agreed that it is an enabler and a tool but was not there to replace a face to face consultation and the use of common sense just to facilitate the process

Netherlands started nurse practitioner and have built on that alongside social prescribing however cuts to social care mean that this is now risky. It was agreed that positive wellbeing and sharing research and resources is a positive step in developing resilience and a recent conference on positive psychology had over 5,000 pieces of research.

The recession was seen as both a challenge and an opportunity in Amsterdam an example was shared of women with children coming together to combat issues such as isolation and loneliness.

One approach in Belgium is an integrated approach which incorporates social care leaving the GP to focus on medical issues however in Norway though they also have a multi professional approach it was agreed a common definition was needed of what is mental health, what is best practice and what is best treatment to work together and describe core values.

Key points

Economic - Move from describing cost to investment. Share business cases examine the relationship between acute and social care

Define core values

Education - Train professionals in mental health, resilience and wellbeing

Research - Need for ethical evidence and an international shared evidence base.

DSM v - labelling was felt to not be useful within primary care

The need to move away from labels to suit financial drivers (insurance) and redefine primary care mental health

Establish international guidelines and best practice

Involve the patient in developing guidelines and evaluating impact based on their experience.

ACTION FOR THIS EFPC GROUP - what is needed

- Measures of outcome to see what works
- Measures of quality of care to see what works
- Facilitating effects of ICT techniques and developments (e.g. implementing social issues in care plan)
- 'social prescription' (examples in the UK, Netherlands and Belgium)
- Positive psychology a lot of evidence available
- What about education (of the general population and the health care professionals)
- What about studies evolving the evidence of all this?
- What about the ethical evidence?
- Establish international standards and guidelines

Dr Ann Stavdal - Let's start to discuss about the common understanding what we are talking about, look for the common understanding and common values

Overwhelming message is keep it simple and improve experience at all levels especially transitions for the patient.