

Euro Mental Health 2019: Recovery for all in the community; position paper on principles and key elements of community-based mental health care- Rene Keet- GGZ-Noord-Holland-Noord

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Abstract

Background: Service providers throughout Europe have recognized the need to describe how high-quality community-based mental health care looks to establish their own services and to update governments, commissioners and funders. In 2016, councils of mental health care service providers, networks, umbrella organizations and knowledge organizations in Europe came together to found the European Community Mental Health Services Provider (EUCOMS) Network. This network advanced a shared vision on the ideologies and key elements of community mental health care in different circumstances. The result is a comprehensive agreement paper, of which this location paper is an outline.

With this paper the network wants to contribute to the conversation on how to recover structures in mental healthcare, and to narrow the gap between evidence, policy and exercise in Europe.

Main text: The progress of the consensus paper started with an skilful workshop in April 2016. An allocated writing group on behalf of the workshop contributors built upon the outcomes of this meeting and developed the harmony paper with the input from 100 European counterparts through two additional work groups, and two structured feedback rounds via email. High quality community-based mental health care: 1) protects human rights; 2) has a public health focus; 3) supports service users in their recovery journey; 4) makes use of effective interventions based on evidence and client goals; 5) promotes a wide network of support in the community and; 6) makes use of peer expertise in service design and delivery. Each principle is illustrated with good practices from European service providers that are members of the EUCOMS Network.

Conclusions: Dialogue among EUCOMS network members resulted in a blueprint for a regional model of integrated mental health care based upon six principles.

Aim: This paper defines a shared vision in the form of a position paper outlining six values behind the organization of

good community-based mental health care in a separate geographically defined region or catchment area. The practical implications of these principles have been exemplified with good practices from European service providers that are members of the EUCOMS Network. With this shared vision EUCOMS aims to contribute to the conversation on how to narrow the gap between evidence, policy and practice in Europe supporting the regional application of quality public mental health care taking into account the diverse contexts. The main inquiry addressed in the position paper is: "what are the principles and key elements of high-quality community-based mental health care according to memberships of the EUCOMS network?"

Methods

Setting the scope: Consultation and integration

Finalization: Principles and key elements of community-based mental health care.

This position paper abstracted health as the lively ability to adapt and self-manage one's own well-being to address the physical, emotional and social tests of life. This definition shifts the stress from ill-health to resilience and well-being stressing that the focus of community-based mental health care is on the promotion of mental health, integrating cure, care and anticipation of mental illness. The position paper defines what high quality municipal mental health care looks based on six principles each outlined below:

1. Human rights
2. Public health
3. Recovery
4. Effectiveness of interventions
5. Community network of care
6. Peer expertise

Conclusions: Discussion among European professional-, scientific- and peer- experts and members of the EUCOMS network resulted in an impression of six principles that help as a foundation for a national, regional and local model of integrated mental health care. High quality community-based mental health care: 1) protects human rights; 2) has a public health focus; 3) supports service users in their recovery journey; 4) makes use of effective interventions based on evidence and client goals; 5) promotes a wide network of support in the community, and; 6) makes use of peer expertise in service design and delivery.

The six principles can be explained from three consistent perspectives. The first combines the human rights and public health principle in the citizenship or societal viewpoint, which claims for the protection of human rights for all, including people with mental illness. The second is the personhood or the facility user perspective, which combines the retrieval and peer know-how principle. This perspective puts emphasis on the centrality of the service user in care and the use of their expertise in service design and establishment. The last viewpoint is the quality of care or the professional perspective, uniting the effectiveness of interferences and the community network of care principles. This last viewpoint argues that interventions are effective when they take into account local realities and work with the network, both formal and informal, of the facility users.

Limitations: Although the authors tried to develop a agreement based on the viewpoint of a broad variety of stakeholders both in terms of their role within the mental health system and country of origin, it must be noted that not all investor groups have been equally signified. This article presents the view of EUCOMS members on what the principles and key-elements are of high-quality community-based mental health care. EUCOMS members are mental health service managements, umbrella organization directors, mental health care professionals, peer experts, researchers and policy advisors who are mostly in favor of community-based mental health care, as they became member of the network to endorse its implementation. In the development of the shared vision professionals from Western European countries were overrepresented. Relatively little service users and careers, and respondents from Southern and Eastern European countries provided input. This could have resulted in a view that does not sufficiently reflect counterarguments for community-based mental health care, the perspective of the service users and careers, and the socio-cultural and economic context in Southern and Eastern European countries.

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