

Conference abstract

Balance of care (deinstitutionalisation in Europe). Results from the Mental Health Economics European Network (MHEEN)

Martin Knapp, London School of Economics and Political Science, London, UK

David McDaid, London School of Economics and Political Science, London, UK

Helena Medeiros, London School of Economics and Political Science, London, UK

The MHEEN Group

Correspondence to: David McDaid, E-mail: d.mcdaid@lse.ac.uk

Abstract

Introduction: Limited research has been undertaken in Europe examining the shift in the balance of care from psychiatric facilities to community/alternative based facilities (deinstitutionalisation). In order to address this gap the Mental Health Economics European Network undertook research across 32 network countries to explore the extent to which care has shifted, and what challenges and barriers, particularly any economic and organisational ones, exist.

Methods: In order to examine whether the mix of services and support provided across Europe is considered appropriate, a questionnaire was developed to explore the economic barriers and incentives affecting the shift in the balance of care.

Results: Countries are at different stages in the implementation of deinstitutionalisation. Community care is greatly overstretched in all countries and very limited in others. Many countries still need to make considerable investments in the necessary physical and human resources.

Conclusion: Network countries have and face varied experiences and challenges. There is growing consensus around community care but there is a lack of community services in many countries. Greater investments and political will is needed.

Discussion: Decision makers need to keep in mind the danger of closing beds before community care is fully developed. The closure of an institution is easy; the challenge is to build good community care. Country leaders need to ensure that mental health services are provided through primary care facilities, with appropriate secondary systems, consisting of specialist consultant services, and inpatient specialist care when needed, and that community care is seen as encompassing social care support.

Keywords

mental health, deinstitutionalisation, community care, economics

Presentation slides available from:

http://www.bridgingknowledge.net/Presentations/Symp10_Medeiros.pdf