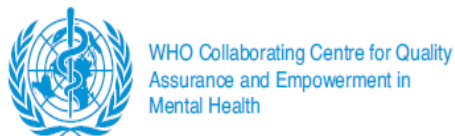


The Guidance Project of the European Psychiatric Association

Wolfgang Gaebel



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- Introduction to EPA and EPA Guidance
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EPA Statutes

2.1 Purpose of the Association:

The purpose of the Association is **to improve the quality of mental health care throughout Europe**, by:

- a) enhancing the standard of psychiatric education and training;
- b) creating Sections ...
- c) promoting excellence in psychiatric research and clinical practice;
- d) encouraging progress in psychiatric clinical practice;
- e) supporting the development of public health policies relevant to mental health;
- f) disseminating information about psychiatric research and practice;
- g) contributing to initiatives improving ethical standards of psychiatric care;
- h) encouraging professional interchange/exchange between European Psychiatrists;
- i) representing European Psychiatry in the framework of the various European Institutions
- j) providing a unified organisation ...

2.2 Means of action:

To that end the Association shall organise scientific meetings and undertake scientific and education activities as well as other **activities promoting the quality of mental health care**.

Version 4.3.2012

Structure

European Psychiatric Association

Board

(19 members)

Executive Committee (EC)

(5 members)

Chair: President of the EPA

Council of National Psychiatric
Associations

(37 Associations from 32 countries)

“Council” of individual members

(2.273 members from 88 countries)

→ Representing over 80.000 psychiatrists

EPA Committees:

- Executive Committee
- Committee on Education
- Early Career Psychiatrists Committee
- Committee on Ethical Issues
- **Guidance Committee**
- Ambassador Committee
- Section Committee

20 Sections

(from “Addictive Behaviors” to “Women, Gender and Mental Health”)

Initiation of EPA Guidance

2nd platform of European Psychiatrists in Nice, 2008

Project on Education:
the EPA – Academia
of Excellence in Psychiatry

Project on Networking for
research and funding
of projects in European Psychiatry

EPA Project “European Guidance in Psychiatry”

Major objective: To improve quality of mental health care in Europe by providing evidence-based information and advice regarding core clinical questions and to identify and minimize health care gaps.

Establishment of Steering Committee

- To obtain clinical core priorities by contacting national psychiatric societies
- To provide examples of good practice based on existing information
- To develop 'guidance' for selected topics

Gaebel W & Möller HJ, Eur Psychiatry 2012;27:65-67.

EPA Guidance Committee

- Wolfgang Gaebel (Chair/President)
- Danuta Wassermann (Past-President/Board)
- Dinesh Bhugra (former Guidance Steering Group)
- Peter Falkai (Council of NPA's)
- Andrea Fiorillo (Early Career Psychiatrists)
- Reinhard Heun (European Psychiatry)
- Hans-Juergen Möller (Co-Chair)
- Michael Musalek (Sections)

→ Responsible for **producing practical guidance papers and position statements** on topics of interest to the mental health community and beyond. The Guidance Committee ensures the **selection of topics, suggests the list of authors, prepares the procedure of review and timeframe.**

Scope of the EPA Guidance Project

Mission:

To **improve quality of mental health care** in Europe by disseminating written information based on best evidence and psychiatric practice, to facilitate countries learning from each other **in areas where guidelines are lacking**.

Objectives:

- To provide **information on good clinical practice** using problem solving examples, guidelines, and quality standards of care to European practitioners, national societies and health authorities and;
- To address **health care gaps** and give advice on developing respective research questions

Guidelines vs. Guidance

Guidelines

- "... **methodologically rigorous**, transparent, evidence-based guidelines (CPGs) ..."
- **Based on eight standards** for development of trustworthy guidelines
- Trustworthy CPGs have the potential to reduce inappropriate practice variation, enhance translation of research into practice, and improve healthcare quality and safety
- **Patient and public involvement**, trust in guideline development and stakeholder engagement in CPG implementation will enhance adoption of guidelines by all stakeholders

Guidance

- "... clinical guidance derived from **widely different development processes and statements** taking various forms, including consensus statements, practice bulletins, expert advice, quality measures, and evidence-based recommendations"
- "... **other forms of clinical guidance may have value**, ... for many clinical domains, there is **little or no high-quality evidence**"

Clinical Practice Guidelines in Mental Health Care: Why develop a European “Guidance”?

- For several clinical topics practical guidance is **not available** due to a **lack of evidence** (or missing attention of guideline makers?)
- Guidelines are being developed mainly on **national and regional levels**
- Guidelines have a highly varying **methodological quality**
- Since **evidence is mostly international** in nature, a joint European perspective on guidance for mental health care can be sought and is favorable against the background of a growing Europe, following a **rigorous, systematic approach towards evidence retrieval and evaluation**

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EPA European Guidance – Topics of First Series



Vol. 27, No. 2, February 2012

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European Guidance on the Quality of Mental Health Services

European Psychiatry 27 (2012) 87–113



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www.em-consulte.com/en



Original article

EPA guidance on the quality of mental health services

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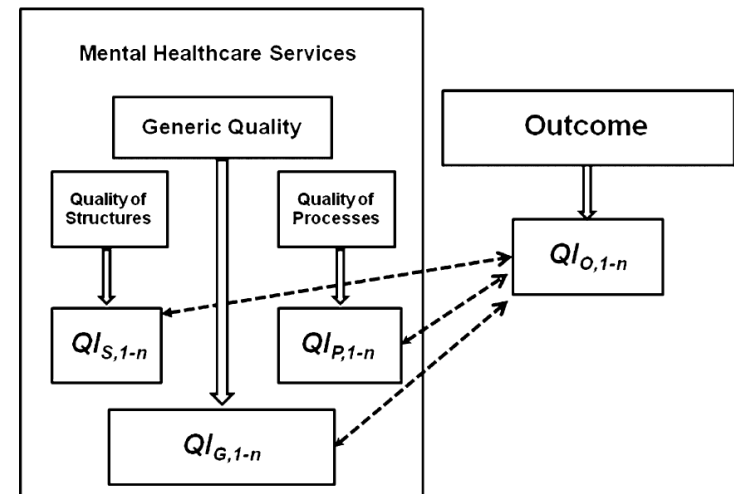


Fig. 1. Complex interrelationship between mental healthcare service structures, processes, outcomes and quality indicators. QI = quality indicator. The suffix “G” denotes a generic indicator, the suffix “S” denotes a structure indicator, the suffix “P” denotes a process indicator, the suffix “O” denotes an outcome indicator. Any number *n* of quality indicators may be defined for a given mental healthcare service.

Mental Health Services

“Specialist provision of mental health and social care provision integrated across organisational boundaries”

(NHS, National Service Frameworks, 1999)

Service types

1. Hospitals/In-patient services
2. Out-patient services
 - a. Home-based Treatment
 - b. Community Mental Health Teams
 - c. Intensive Case Management
 - i. Assertive Community Treatment
 - ii. Case Management
 - d. Day Hospitals
3. Rehabilitation Units
(in- or out-patient)
4. Integrated Care Models



Gaebel et al. European Psychiatry 2012;27: 87-113.

→ The **availability and quality** of mental health services **varies within and between developed and developing countries.**

Structure of EPA Guidance on MHS Quality

Mental health service structures	Mental health service processes
16 RECOMMENDATIONS <ul style="list-style-type: none"> • 10 generic¹ recommendations • 6 specific² recommendations 	14 RECOMMENDATIONS <ul style="list-style-type: none"> • 4 generic¹ recommendations • 10 specific² recommendations
¹ <i>Applicable across service types</i> ² <i>Applicable for specific service types only</i>	

- Evidence and recommendations on the **macro-, meso- and micro-level** of the mental healthcare system
- **Generic** and **specific** recommendations
- Evidence and recommendations are **graded**
- Recommendations supplemented by **quality indicators**

Two Examples of Structure and Process Recommendations

Quality dimension and level	Topic	Recommendation (and grading)	Evidence base (and grading)	Proposed Quality Indicator
Structure, specific, micro-level	Community mental health teams for people with severe mental illness	Develop a system of community mental health teams for people with severe mental illness and disordered personality, ***	Cochrane review based on three randomized controlled studies, +++	Number of community mental health teams for people with severe mental illnesses or personality disorders per 100,000 people with severe mental illness or personality disorders
Process, generic, meso-level	Evidence-based medicine	Follow the rules of evidence-based medicine in diagnostic and therapeutic decisions, **	Systematic reviews and single studies, ++	Number of mental health services (in- and outpatient) with implemented standard operating procedures ascertaining adherence to the rules of evidence-based medicine divided by the total number of mental health services (in- and outpatient)

***/+++ = Systematic review(s) or single RCTs

**/++ = Expert opinion and/or observational studies

Gaebel W et al., *Eur Psychiatry* 2012;27:87-113.

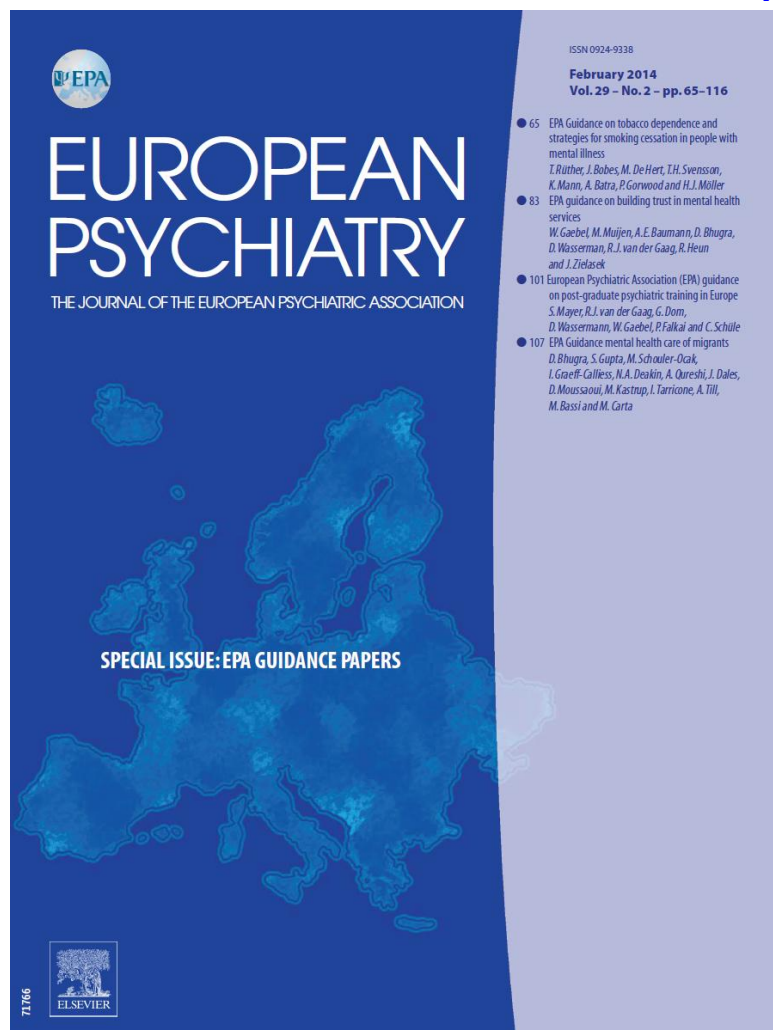
Experiences and Resulting Challenges

- **Discrepancy** between lack of available **research** on mental health services and the large **diversity of existing mental health services in Europe**
- **Diversity** of existing mental health structures and processes **impedes comparisons among countries**
- **Immediate transfer** of alternative mental health services to countries in which such services have not been evaluated **may not be feasible or warranted due to diverging healthcare systems, resources, traditions, and lacking societal consensus**
- **Different trends** in the development of mental health services in different countries, e.g. emphasis on community-based treatment in the UK and Italy

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Second Series (European Psychiatry, 2014)



- **EPA Guidance on tobacco dependence and strategies for smoking cessation in people with mental illness**
T. Rüther, J. Bobes, M. De Hert, T.H. Svensson, K. Mann, A. Batra, P. Gorwood, H.J. Möller
- **EPA guidance on building trust in mental health services**
W. Gaebel, M. Muijen, A.E. Baumann, D. Bhugra, D. Wasserman, R.J. van der Gaag, R. Heun, J. Zielasek
- **European Psychiatric Association (EPA) guidance on post-graduate psychiatric training in Europe**
S. Mayer, R.J. van der Gaag, G. Dom, D. Wassermann, W. Gaebel, P. Falkai, C. Schüle
- **EPA Guidance on mental health care of migrants**
D. Bhugra, S. Gupta, M. Schouler-Ocak, I. Graeff-Calliess, N.A. Deakin, A. Qureshi, J. Dales, D. Moussaoui, M. Kastrup, I. Tarricone, A. Till, M. Bassi, M. Carta

EPA Guidance on Building Trust in Mental Health Services

European Psychiatry 29 (2014) 83–100



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Original article

EPA guidance on building trust in mental health services

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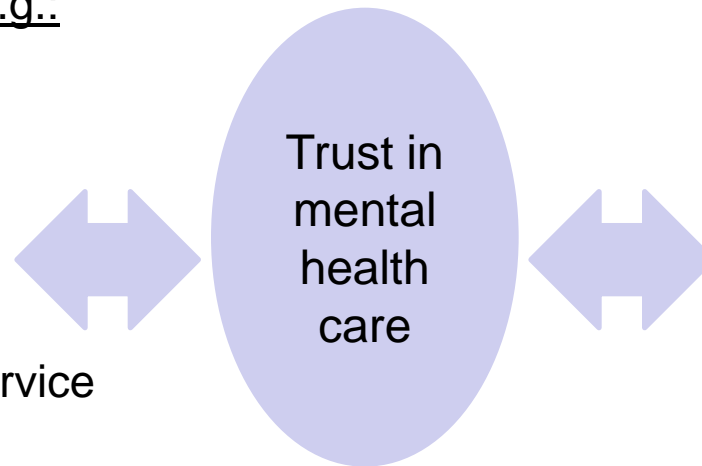
^f Derbyshire Mental Health Services, Derby, United Kingdom



Influencing Factors on Trust in Mental Healthcare

Non-modifiable factors, e.g.:

- Age
- Place of residence
- Culture
- Ethnicity
- Past experiences as service user
- Type of disorder



Modifiable factors, e.g.:

- Public and patient knowledge
- Efficacy and safety of services provided
- Professional training and experience of psychiatrists
- Symptomatology
- Continuity of treatment
- Attention to patient dignity and retention or reduction of stigma
- Discrimination
- Coerciveness

→ Complex, multidimensional and dynamic relationship of a multitude of factors

Recommendations on Building Trust in Mental Healthcare: Summary

Recommendation 1 (GoR*: C)

- Increasing trust should be a priority in order to facilitate the rate of mental health care **utilization** and **user satisfaction**

Recommendation 2 (GoR*: B)

- Trust can be increased through the following measures: **achieve clinical remission, long duration and continuity of contact, reduction of self-stigma, stigmatization, violence, staff ignorance and coercion, increase user satisfaction with services**

Recommendation 3 (GoR*: B)

- Trust can be increased through **specialty training** and **continuing medical education** of psychiatrists

Recommendation 4 (GoR*: B)

- Trust can be increased through **informing the public** about the settings and diagnostic and therapeutic procedures of mental health care

Recommendation 5 (GoR*: B)

- Trust can be increased through **improving quality** of mental healthcare systems with a view to increase trust, foster safety and assure patient dignity

*GoR = Grade of recommendation : A (high) – D (low)

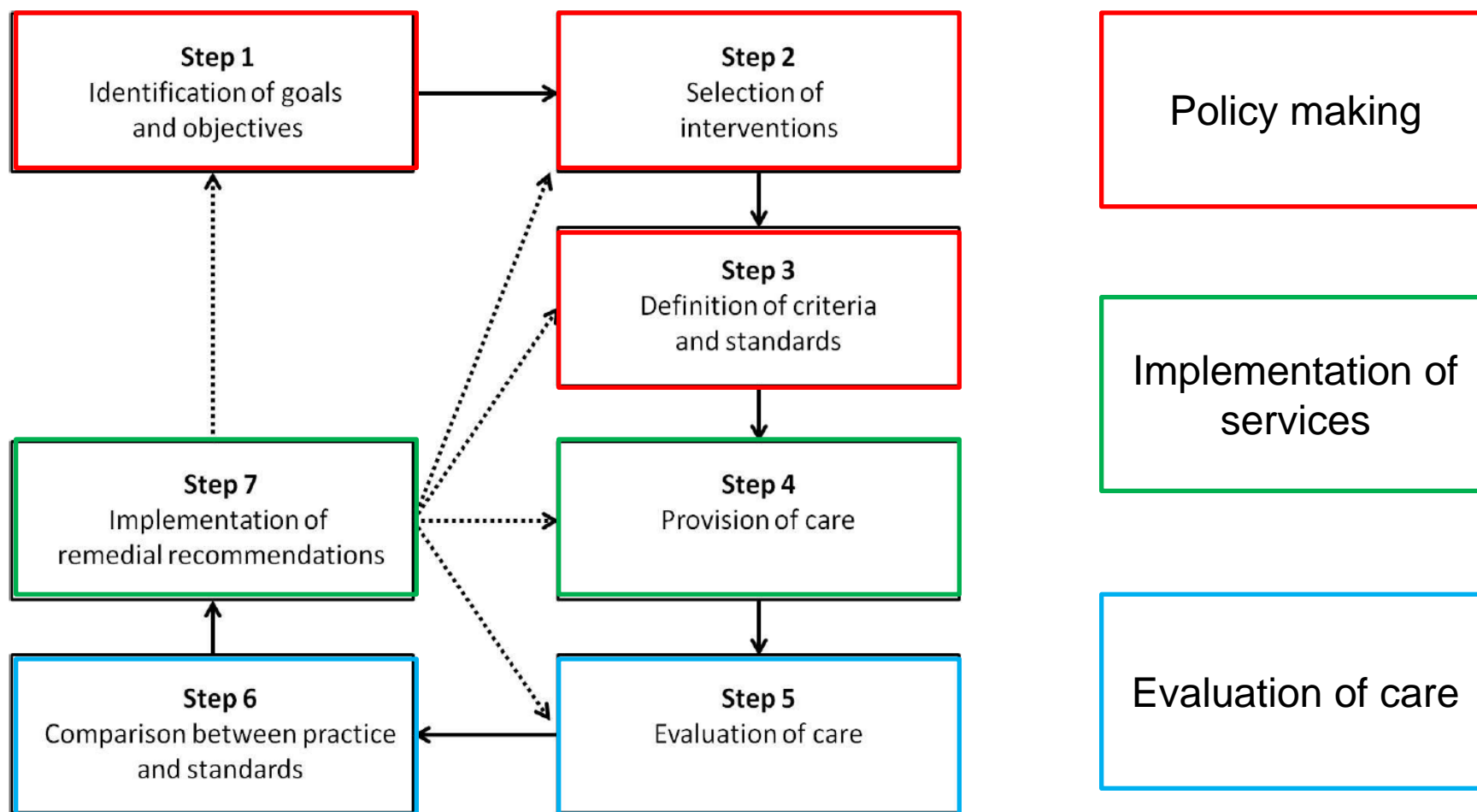
Gaebel W et al., *Eur Psychiatry* 2014;29:83-100.

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EPA Guidance on Quality Assurance in Mental Healthcare

Steps in quality assurance in mental healthcare



→ = Sequence of steps → = Feedback

Gaebel et al. EPA Guidance on quality assurance in mental health care (submitted)

Recommendations for Quality Assurance (QA): Three examples

Structure recommendation 2 (GoR* B):

Benchmarking between mental healthcare services of structures, processes and outcomes is useful to foster quality assurance.

Process recommendation 12 (GoR A):

QA of psycho-pharmacotherapy should include an assessment of the option to reduce polypharmacy by carefully switching to monotherapy.

Outcome recommendation 16 (GoR A):

QA should include outcome assessments, which may include mortality rates, utilization rates, symptom severity, social functioning and patient or caregiver satisfaction, using scales and questionnaires validated in each country.

*GoR=Grade of recommendation A (high) - D (low)

Gaebel et al. EPA Guidance on quality assurance in mental health care (submitted)

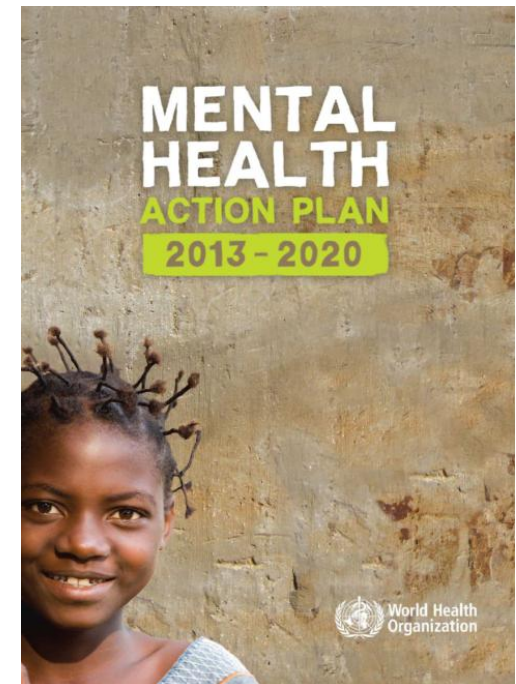
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WHO Mental Health Action Plan 2013-2020 (Global)

The Action Plan has the following **objectives**:

1. To strengthen effective **leadership** and **governance** for mental health
2. To provide comprehensive, integrated and responsive mental health and social care services in **community-based settings**
3. To implement strategies for **promotion** and **prevention** in mental health
4. To strengthen **information systems**, **evidence** and **research** for mental health



World Health Organization (2013) Mental Health Action Plan 2013-2020, Geneva: WHO

WHO Mental Health Action Plan (Europe)



The four core objectives are:

- (a) everyone has an equal opportunity to realize mental well-being throughout their lifespan, particularly those who are most vulnerable or at risk;
- (b) people with mental health problems are citizens whose human rights are fully valued, protected and promoted;
- (c) mental health services are accessible and affordable, available in the community according to need; and
- (d) people are entitled to respectful, safe and effective treatment.

The three cross-cutting objectives are:

- (e) health systems provide good physical and mental health care for all;
- (f) mental health systems work in well-coordinated partnerships with other sectors; and
- (g) mental health governance and delivery are driven by good information and knowledge.

WHO EMHAP and EPA – Common Mental Health Goals (I)

EPA Statutes/RoPs and WHO European Mental Health Action Plan are concordant in MH goals relevant for EPA European Guidance:

Accessibility and affordability of services, e.g.:

- Capacity in primary care delivery and access to specialized psychiatric services
- Establishment of catchment areas

Availability of integrated and community mental health services, e.g.:

- Community mental health teams, Integrated Care, home-based treatment
- De-institutionalization, integration of in- and outpatient services

Safety and effectiveness of treatment, e.g.:

- Availability of technological equipment
- Safety of interventions and ability of interventions to show benefits to the service users

Gaebel et al. European Psychiatry 2012; 27:87-113.

WHO Regional Office for Europe, The European Mental Health Action Plan, 2013.

WHO EMHAP and EPA – Common Mental Health Goals (II)

High-quality, individualized mental healthcare provision, e.g.:

- Adequate mental healthcare for risk groups such as linguistic, ethnic and religious minority groups, children and the elderly, etc.

Cooperation within and among healthcare sectors, e.g.:

- Multidisciplinary workforce
- Cooperation between mental health- and physical healthcare sectors
- Monitoring of physical health and co-morbidities

Respect for rights of people and their dignity, e.g.:

- Transparent knowledge and information on the planning, delivery and management of mental health services
- Informed consent

Evidence- and information-based governance and delivery of mental health services, e.g.:

- Mental health reporting and monitoring
- Evidence-based medicine and use of quality indicators

Gaebel et al. European Psychiatry 2012; 27:87-113.

WHO Regional Office for Europe, The European Mental Health Action Plan, 2013.

Guideline/Guidance Development in the European Community

- In different countries, guidelines are developed in variable ways in a complex environment of health care systems and of ethical, economic, social, legal and other factors
- The methodology for the development and implementation of guidelines crosses national boundaries and the evaluative interpretation of evidence requires substantial resources and expertise and should be shared
- Guidelines are one of the tools to improve the quality and appropriateness of health services
 - Promote international networking between organisations, research institutions, clearing houses and other agencies that are producing evidence-based medical information;
 - Support an active, targeted dissemination of these recommendations
 - Ensure that national methods for the production and appraisal of guidelines on best medical practices comply with internationally accepted, current state of the art practices

Developing a methodology for drawing up guidelines on best medical practices; Recommendation Rec(2001)13 by the Committee of Ministers of the Council of Europe

Future Challenges for European Psychiatry

- Optimization of mental health care in all European countries
- Establish and implement specialty training standards to ascertain high quality of specialist care
- Support for young psychiatrists to ensure a European psychiatric workforce
- Development of integrated, multidisciplinary care models
- Advancement of the implementation of EPA Guidance recommendations, e.g. through Horizon 2020
- Information of patients and the general public regarding mental disorders, symptoms and treatment opportunities with a view to increase trust in services

→ Create a **modern, open, innovative, multifaceted, caring and scientifically based** European psychiatry

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Summary and conclusion

- The EPA **Guidance** develops **evidence-based information** on a supranational level.
- EPA Guidance covers the whole field of mental healthcare with a focus on **optimization and harmonization of mental healthcare service structures and processes** across Europe.
- EPA Guidance recommendations need to be **implemented and evaluated** in individual countries, after adaptation to national and/or regional contexts.
- EPA Guidance topics are in line with and supporting the **WHO (European) Mental Health Action Plan** and the **European Third Health Programme 2014-2020**.

Thank you for your attention!