Integrated Care Matters Webinar

Mental Health and Wellbeing

/Salut

Generalitat de Catalunya
Departament de Salut

INTEGRATED MENTAL HEALTH CARE IN CATALONIA

Pla director de salut mental i addiccions

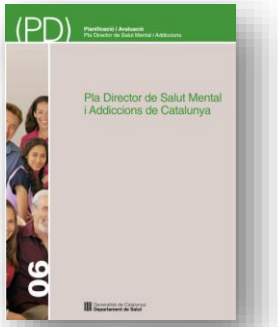
Mental Health and Addictions Director Plan

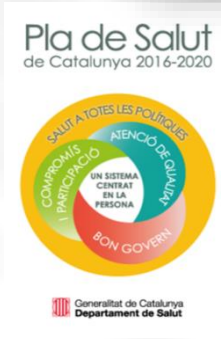
Dr. Joan Vegué

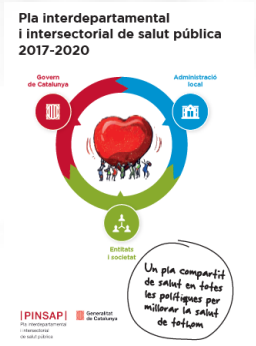
2023, 15th February

Mental Health: Axis of transformation of our system

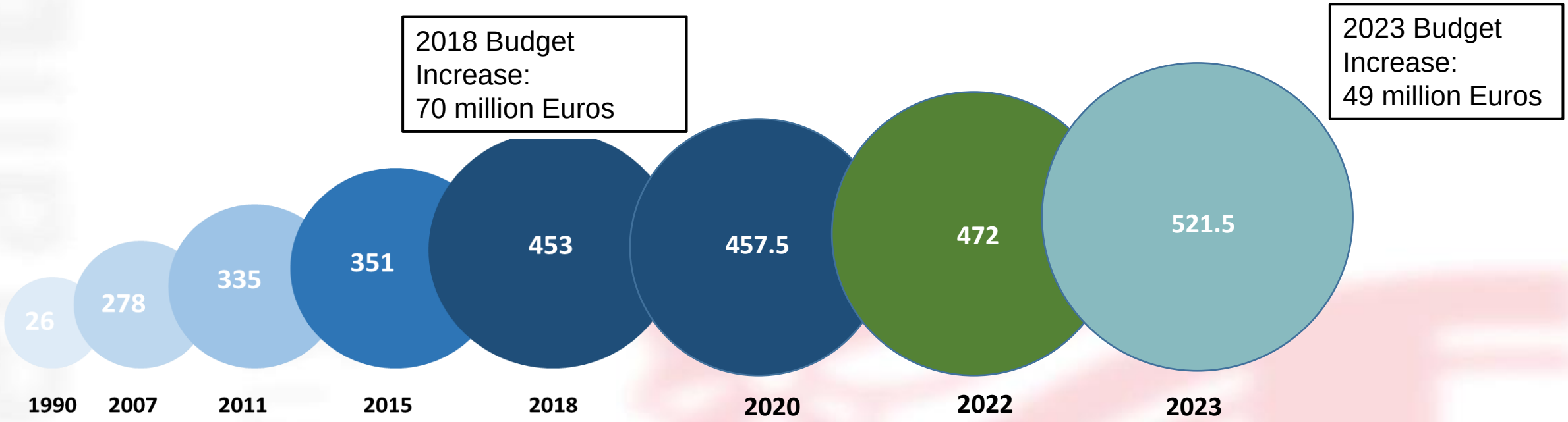
- The **Catalan Government and the Department of Health have prioritized mental health care** with the aim of moving towards a more **inclusive** society, committed to **social justice**, the **rights of people** and the improvement of attention to **vulnerable groups.**
- **The commitment to mental health is clear and unequivocal**: strategies have been promoted from all fields, with a global approach.
- Additional financial injection in the Department of Health's budget. We need **more resources** and also **innovative ways of doing things.**







Mental Health Budget (Health Department)



	2020	2023	Variation 2020/23 (M€)	Variation 2020/23 (%)
Mental Health Care	457.5	521.5	64	14%

Catalan Care Model for Mental Health and Addictions

RIGHTS-BASED CARE
Quality Rights - WHO

COMMUNITY CARE
Prevention – Detection
Early Intervention
Proximity attention
Recovery
Empowerment

ATTENTION FOCUSED ON PROCESSES
Continuity of care
Effective treatments

INTEGRATED CARE

Mental Health and Addictions Director Plan Strategies 2017-2020 and Action Map 2022-2025: Priorities

- ✓ Health in children and adolescents in a situation of vulnerability.
- ✓ Prevention of suicide.
- ✓ Self-responsibility, self-care and promotion of the autonomy of people.
- ✓ Integrated care for the chronic complex patient in mental health.
- ✓ Based on human rights and the prevention of stigma and social exclusion.
- ✓ Involvement of professionals in professional development, ongoing training, research and innovation.
- ✓ Policies based on evidence, good practices and ethics.

Strategic lines of development

1. Promotion and implementation of **prevention strategies** (emotional well-being program, Health and School Program**, Suicide Prevention Plan**, increased resilience in youth)
2. Reorganization **of mental health care for children and youth** with an emphasis on accessibility, proactivity and early detection
3. Improvement of **accessibility and resolution in Primary Health Care** for people with non-serious mental disorders
4. Strengthen proximity care and **alternatives to hospitalization** (Crisis Intervention, Intensive Home Care, Day Hospitalization, etc.)
5. **Integrated care for complex patient** (improvement of community orientation, based on recovery and social integration)
6. **Reduction long-stay psychiatric hospitalization** and implementation of **community teams** that provide support to the most seriously affected people in their usual living environment
7. **Stepped care**: Adequate stratification of interventions based on specific pathologies and clinical severity (ASD, OCD, BPD, Complex PTSD)
8. Promotion of the **participation and empowerment** of users
9. Emphasis on **evaluation,** research and **innovation**, with the incorporation of ICT and **digitalization**

INTEGRATED CARE: PREMISES IN THE CATALAN CONTEXT

Generalitat de Catalunya
Departament de Salut

Generalitat de Catalunya
Departament de Drets Socials

STRATEGY 3: INTEGRATED CARE

Strategy 3: Integrated Health Care	
Strategic aim	**Integrated Social and Health Care**
Specific aims	Creation of the Integrated Care Agency to promote social and health integration.
	Implementation and regional expansion of integrated social and health care projects

CURRENT PRIORITIES IN CATALONIA

Creation of the **INTEGRATED SOCIAL AND HEALTH CARE AGENCY**

Implementation of **PRIORITY PROJECTS ON INTEGRATED CARE**

Integrated care in RESIDENTIAL HOMES

Integrated Social and Health Home Care

Integrated Social and Health Care in MENTAL HEALTH

Integrated social and health INFORMATION SYSTEMS

Mental Health Resources

CENTERS	2022
Adult mental health centers	74
Child and adolescent mental health centers	52
Acute beds	750
Subacute beds	110
Long-stay beds	2.090
Adult day hospital places	22
Adolescent day hospital places	2.103
Adult day center places	779
Centers for care and follow-up in drug addictions	546
Places of detoxification	1.825
Places of dual pathology	62
Places in units of penitentiary psychiatry	64

Social Resources

CENTERS	2020
Guardianship service	17
Pre-employment services	28
Autonomy Support Service in Home	15
Mental Health Residential Homes	30
Mental Health Home-Support (Therapeutic flats)	75
Social Clubs	38
Centers for child development and early care (CDIAP)	92
Residential center of educational action (CRAE)	36
Child and adolescent care teams (EAIA)	53
Residential center for intensive education (CREI)	4
Therapeutic Communities	16

Integrated social and health care in Mental Health Priorities

PREVENTION
DETECTION
EARLY INTERVENTION

DEINSTITUTIONALIZATION

Prevention, detection and Early Intervention

- ✓ Improve joint work between Child development and early care centers (CDIAP) and the Child and adolescent mental health centers (CSMIJ).
- ✓ Systematic coordination protocol for continuity of care.
- ✓ Early intervention and joint work about Neurodevelopmental disorder .

Deinstitutionalization

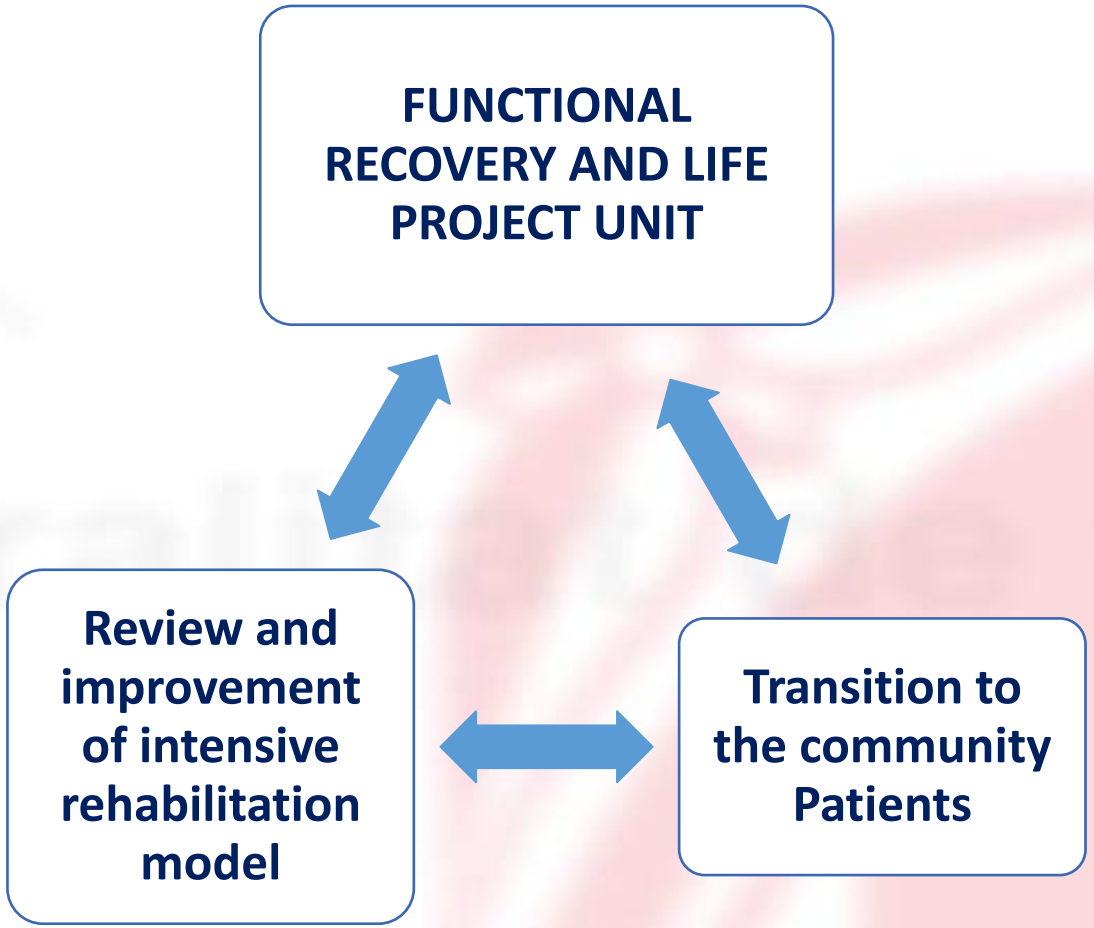
- ✓ Reconversion long-stay psychiatric beds.
- ✓ Open space.
- ✓ Transitional home to the Community.

INTEGRATED CARE: Mental Health Priorities

Mental Health Integrated Care	
Aims	**Priority actions**
1. Integration of early childhood care (0-6 years) with child & youth care Mental Health care network, to ensure continuity of care	A. To establish systematic coordination procedures between CDIAP (0-6 y) and CSMIJ (6-18 y) to improve continuity of care
	B. To share intervention, diagnosis and training protocols (CDIAP – CSMIJ)
	C. To establish shared procedures with clinical expertise specific units (e.g. Fetal Alcohol Syndrome Disorder Units)
2. Improvement of the transition between care settings to ensure continuity of care and to facilitate a comprehensive rehabilitation project	A. To redefine the Mental Health housing model (distinct from the dependency and disability model) focusing on the transition between care settings
	B. To review and adapt current regulations to improve and facilitate the transition between care settings
	C. To redefine long-stay psychiatric hospitalizations, with a progressive reduction of beds and its substitution for community housing resources with the necessary supports

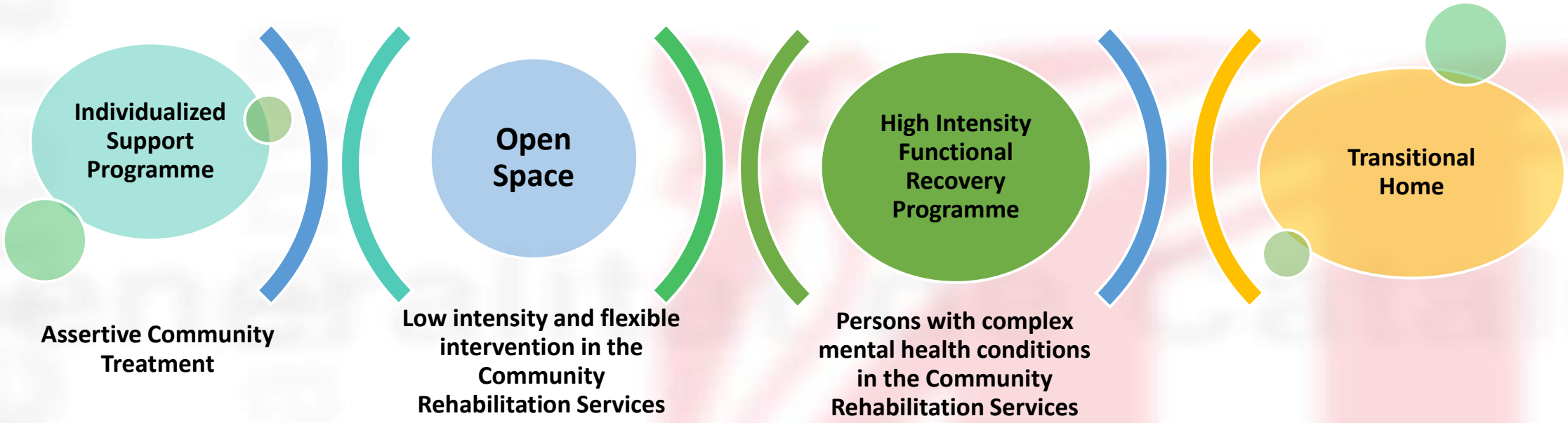
PSYCHIATRIC DEINSTITUTIONALIZATION

Deinstitutionalization is based on the transformation of the current mental health care model, to provide community care for people with complex mental health conditions, with the aim of promoting their recovery process and their life project.



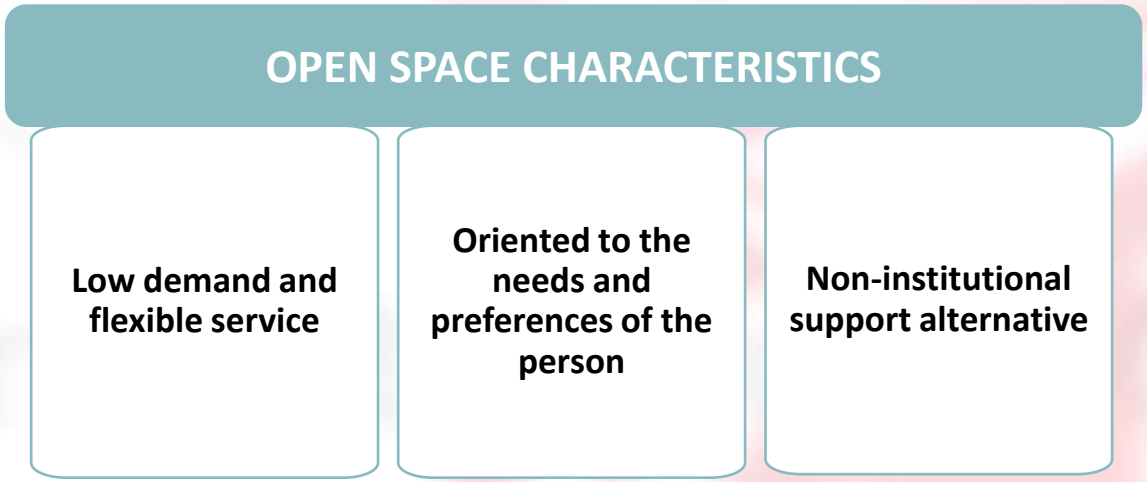
FUNCTIONAL RECOVERY AND LIFE PROJECT UNIT

Implementation of Functional Recovery and Life Project Units to live in the community with the necessary supports.



Open Space

The **Open Space** is a community-based service that provides **integrated health and social care** to people with mental disorders, with the aim of promoting their **autonomy and social inclusion**, within the framework of the psychiatric deinstitutionalization process.



Open Space: OBJECTIVES

General objective of the service:

To provide a support space to cover basic needs of persons with mental disorders, who are not linked or use other public care services, due to the barriers and rules they find to access other care resources.

Specific objectives of the service:

To become a safe and regular space to find support on:		
BASIC NEEDS: • Personal hygiene • Clothing • Cooking • Cleaning • Personal budget • Medication management • Daytime confort space • Etc.	**PERSONAL AND SOCIAL SKILLS:** • Social activities • Leisure activities • Community activities (cooking for users, gardening the space...)	**CONNECTION WITH OTHER CARE SERVICES:** • Primary Mental Health Services • Social services • Employment services • Housing resources • Etc.

Open Space: Girona Experience

Main results of the Open Space in Girona city:

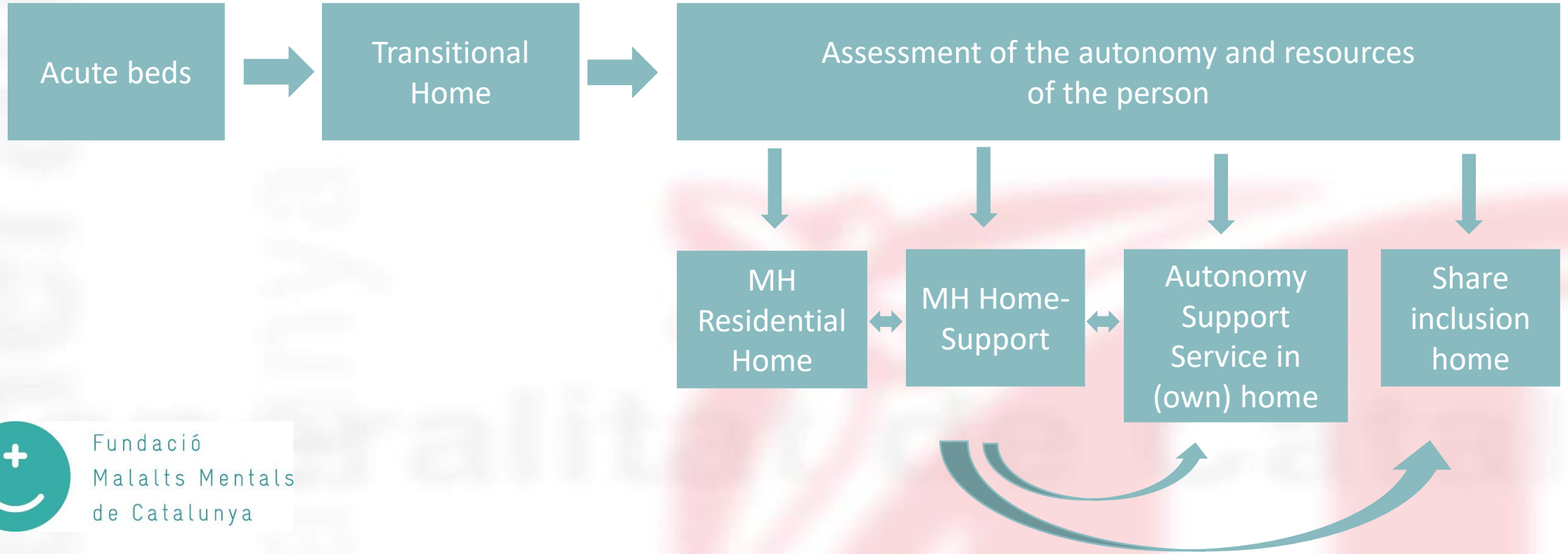
- Improved **personal hygiene**
- Improved **health** (less hospitalizations, stabilization, regular medication intake, Mental Health services use, etc.)
- **Autonomy**
- **Socialization**

Transitional Home to the Community

FUNCTIONS OF THE SERVICE AND TIMING

- Previous training for the person who has been hospitalized for some time, which allows them to go to a standard flat or room, to a MH Home-Support or to a residential home.
- Complementary assistance resource to the Rehabilitation Hospital Units in order to work on functional recovery and allow the progressive transition from the hospital to the community.
- Work intensively on aspects of personal autonomy necessary to live independently after having been trained in the Transitional Home service. The user of the service must be able to choose to return to their own home or to the Home-Support or to a residential home.
- Temporary stay of about **12 months**.

From long-stay psychiatric hospitalization to life in the Community



Fundació Malalts Mentals de Catalunya

To avoid becoming a finalist resource, it's necessary: More agile circuits and mobility between resources

/Salut

Generalitat de Catalunya
Departament de Salut

THANK YOU VERY MUCH FOR YOUR ATTENTION

Pla director de salut mental i addiccions

Mental Health and Addictions Director Plan