

**CONSEJERÍA DE SALUD**

**Andalusian Public Health System**

**COMPREHENSIVE  
MENTAL HEALTH PLAN  
FOR ANDALUSIA  
2003-2007**



**JUNTA DE ANDALUCIA**





# **COMPREHENSIVE MENTAL HEALTH PLAN FOR ANDALUSIA 2003-2007**

**Andalusian Public Health System**



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## **Comprehensive Mental Health Plan of Andalusia 2003-2007**

Sistema sanitario público de Andalucía

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# **COMPREHENSIVE MENTAL HEALTH PLAN OF ANDALUSIA 2003-2007**

## **I. INTRODUCTION**

Mental illness is a problem of the highest order in our society, not only in terms of the number of people it affects (an estimated 25% of the population), but also in terms of the impact of the suffering and upset it causes on patients, their families and those around them.

The term “mental illness” includes a wide range of mental disorders, which are very often chronic conditions that put an enormously heavy burden on the family, the health care system and society in general.

Mental health care involves “complex” treatment and rehabilitation processes, requiring close monitoring and a high level of contact between patients and health professionals and therefore consuming a great deal of resources. In fact, it is estimated that such processes account for 20% of health expenditure in the European Union and that by the year 2020 neurological and psychiatric disorders will be the leading cause of disability.

The purpose of the Comprehensive Mental Health Plan established by the Sistema Sanitario Público de Andalucía (SSPA), Andalusia’s regional public health system, is to meet the mental health needs of people living in the region by reorientating existing mental health care services, improving coordination and complementarity with social health care and increasing the commitment of health professionals and the general public to mental health and the mentally ill.

The plan was formulated taking into account the expectations and demands of patients, family carers, the general public and health professionals, based on the findings of thirteen group meetings (focus groups, discussion groups, triangle groups) organised by the Escuela Andaluza de Salud Pública (Andalusian Public Health School) and attended by eighty participants, including patients and/or the family carers of the more seriously ill and health professionals.

## **II. PREVALENCE OF MENTAL ILLNESS IN ANDALUSIA**

The weighted lifetime prevalence of mental illness is 42.08%, which means that 4.2 out of every 10 people have suffered from at least one diagnosable mental disorder at some time in their lives.

One-year prevalence figures for mental illness reveal that in this period 2.9 out of every 10 people suffered from a mental disorder, showing clinical symptoms sufficient for diagnosis.

**Table 1. Prevalence and comorbidity of mental disorders in Andalusia, 1997**

|                     | LIFETIME PREVALENCE | ONE-YEAR PREVALENCE |
|---------------------|---------------------|---------------------|
| NO DIAGNOSIS        | 57.92               | 71.24               |
| DISORDER DIAGNOSED  | 42.08               | 28.76               |
| 1 diagnosis         | 26.24               | 18.1                |
| 2 diagnoses         | 5.99                | 6.71                |
| 3 or more diagnoses | 9.85                | 3.96                |
| TOTAL               | 100.00              | 100.00              |

Source: Gornemam Schafer I. Prevalencia del trastorno mental en la población de Andalucía (Doctoral Thesis). Granada, University of Granada, 2002.

Depression is the most common mental illness, with a lifetime prevalence of 26.23% and a one-year prevalence of 12.98%, followed by anxiety disorders, with a lifetime prevalence of 17.48% and a one-year prevalence of 12.91%. Both lifetime and one-year prevalence of schizophrenia is 1.02%.

### III. PHYSICIAN-EVALUATED MORBIDITY

#### DISTRICT MENTAL HEALTH TEAMS

A breakdown by gender reveals that 60.80% of mentally ill patients were women and 39.2% men.

**Table 2. Patients seen by district mental health teams by gender. Andalusia 2002**

|                |       | Number of patients | %      |
|----------------|-------|--------------------|--------|
| Valid records  | Men   | 63,715             | 39.20  |
|                | Women | 98,825             | 60.80  |
| Total Patients |       | 162,540            | 100.00 |

Source: Andalusian Mental Health Information System (SISMA), 2002.

Patients seen by district mental health teams (ESMD) suffer increasingly from anxiety and depressive disorders (38.24% of all patients), major affective disorders (18.89%), psychotic disorders (14.64%) and adjustment disorders (14.32%), together accounting for 86.09% of all ESMD patients. A much smaller proportion of ESMD patients are treated for child and adolescent disorders (3.85%).

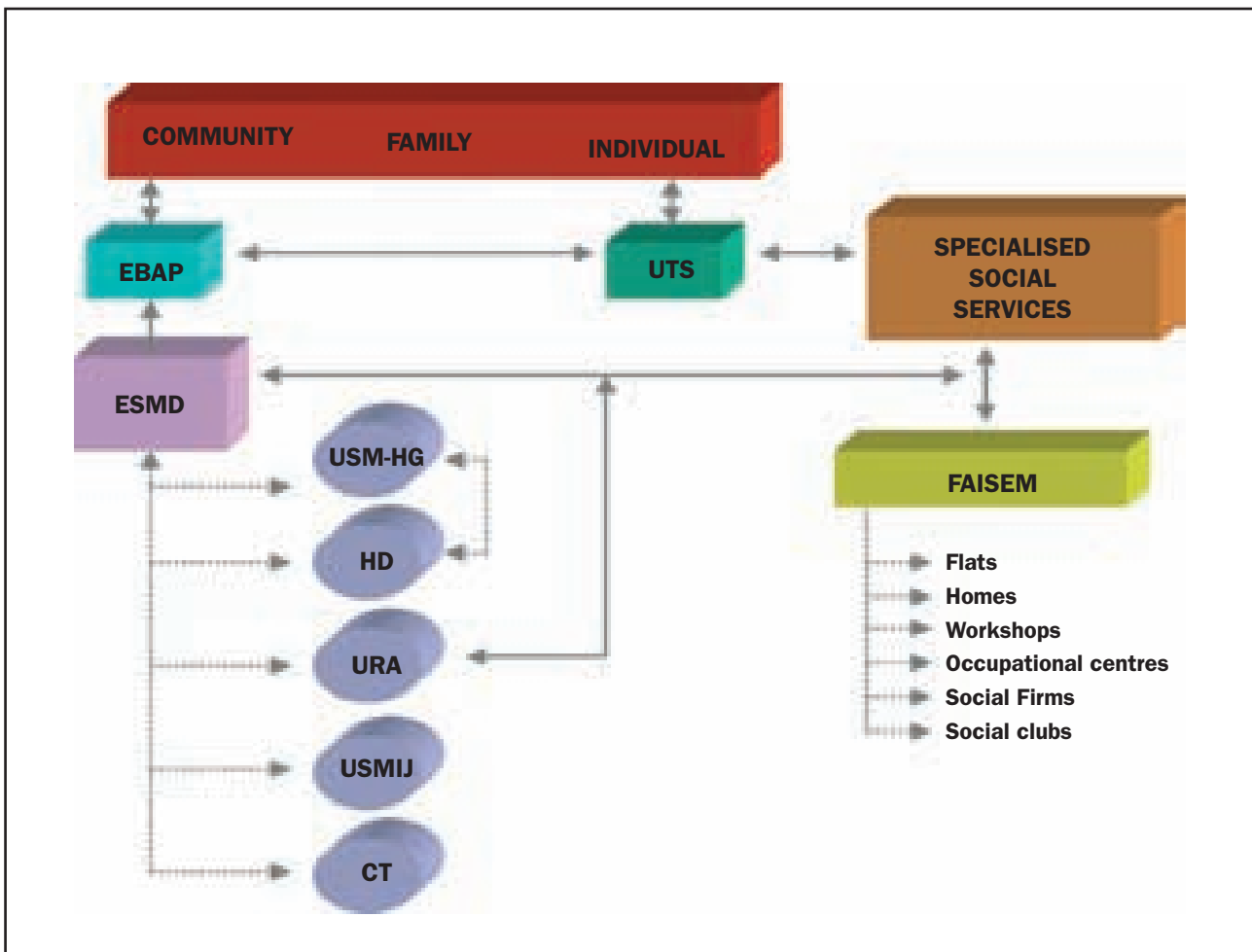
A total of 162,540 patients were seen by the ESMDs in 2002, with over 650,000 interventions.

## IV. MENTAL HEALTH CARE NETWORK IN ANDALUSIA

The need to organise mental health care at different levels, moving away from the single institution model to diversify the options available to users, has resulted in the development of the model shown in figure 1, which combines mental health care with specific social support resources.

Mental health care is provided by a network of specialised centres located throughout Andalusia and comprehensive in the Andalusian public health system (SSPA). This network is divided into Mental Health Areas (MHA), each of which has sufficient specific health care resources to meet the mental health needs of the people living in it. The MHA is the “management and organisational unit” charged with coordinating all the mental health resources in its area.

**Figure 1. Mental health care network in Andalusia**



EBAP: Basic Primary Health Care Team; ESMD: District Mental Health Team; USM-HG: Mental Health Unit, General Hospital; USMIJ: Child and Adolescent Mental Health Unit; URA: Area Rehabilitation Unit; HD: Day Hospital; CT: Therapeutic Community; UTS: Social Work Unit.

Mental health care resources available in Andalusia in 2002 were as follows:

- ◆ District Mental Health Teams (ESMD) 71
- ◆ Child and Adolescent Mental Health Units (USMIJ) 13
- ◆ Area Rehabilitation Units (URA) 9
- ◆ Day Hospitals (HD) 6
- ◆ Mental Health Units, General Hospitals (USM-HG) 21 (535 beds)
- ◆ Therapeutic Communities (CT) 13 (195 beds)

These are supplemented by the social health care resources of the Fundación Andaluza para la Integración Social del Enfermo Mental (FAISEM - Andalusian Foundation for the Social Integration of the Mentally Ill). 21 homes with a capacity for 321 users, 88 flats with a capacity for 320 users, independent living support programs for 137 user, 96 workshops, 8 social firms and 26 social clubs.

## HUMAN RESOURCES

Changes introduced in mental health care in the region are reflected in the personnel structure. The number of health professionals has increased significantly in all categories except nursing assistants and other personnel (maintenance). The number of such workers has been almost halved, because these two categories now belong to the Andalusian Regional Ministry for Social Affairs, following the closure of psychiatric hospitals. There has therefore been no real reduction in personnel.

In recent years, there has been a considerable increase in health personnel in almost all the professional categories, mainly as a result of the opening of new facilities, such as therapeutic communities, general hospital mental health units, day hospitals and child and adolescent mental health units, and a 20% increase in ESMD personnel.

**Table 8. Mental health care personnel Andalusia 1984-2002**

| PERSONNEL               | 1984         |                              | 2000         |                              | 2001         |                              | 2002         |                              |
|-------------------------|--------------|------------------------------|--------------|------------------------------|--------------|------------------------------|--------------|------------------------------|
|                         | NUMBER       | RATIO x<br>100,000<br>inhab. | NUMBER       | RATIO x<br>100,000<br>inhab. | NUMBER       | RATIO x<br>100,000<br>inhab. | NUMBER       | RATIO x<br>100,000<br>inhab. |
| Physicians              | 264          | 3.96                         | 473          | 6.52                         | 529          | 7.14                         | 570          | 7.77                         |
| Social workers          | 41           | 0.61                         | 101          | 1.39                         | 105          | 1.42                         | 109          | 1.49                         |
| Nurses                  | 110          | 1.65                         | 345          | 4.75                         | 423          | 5.71                         | 463          | 6.31                         |
| Nursing assistants      | 1,218        | 18.27                        | 652          | 8.98                         | 672          | 9.08                         | 683          | 9.32                         |
| Occupational therapists | -            | 0.00                         | 14           | 0.19                         | 20           | 0.27                         | 31           | 0.42                         |
| Other                   | 601          | 9.01                         | 162          | 2.23                         | 280          | 3.78                         | 297          | 4.05                         |
| <b>TOTAL</b>            | <b>2,234</b> | <b>33.50</b>                 | <b>1,747</b> | <b>24.07</b>                 | <b>2,029</b> | <b>27.40</b>                 | <b>2,153</b> | <b>29.36</b>                 |

Source: Own compilation.

## **MENTAL HEALTH CARE ACTIVITY**

A general upward trend has been observed in the activity of ESMD, USMIJ and USM-HG services in recent years, as a result of the opening of new facilities and reinforcement of the services provided by existing facilities, coupled with an increase in demand.

**Table 9. Activity of mental health care facilities. Andalusia 1992 and 2002**

| YEAR | ESMD<br>CONSULTATIONS | USMIJ<br>CONSULTATIONS | USM-HG<br>ADMISSIONS |
|------|-----------------------|------------------------|----------------------|
| 1992 | 457,946               | 22,545                 | 7,226                |
| 2002 | 653,862               | 43,045                 | 10,976               |

ESMD: District Mental Health Team; USMIJ: Child and Adolescent Mental Health Unit; USM-HG: Mental Health Unit, General Hospital.

Sources:

Andalusian Health Service Report 2001, Andalusian Health Service (SAS), Regional Health Ministry, Junta de Andalucía, Seville, 2002.

Andalusian Mental Health Programme, Andalusian Mental Health Information System, 2002 (electronic document), Regional Health Ministry, Junta de Andalucía, Seville, 2003.

## **V. OPPORTUNITIES FOR IMPROVEMENT**

1. Growing demand by the population for mental health care as a result of social changes in recent decades that have led to a drastic transformation of social support and containment structures (family, social networks, school, etc.), coupled with greater social awareness about certain mental conditions, particularly disorders that develop in childhood and adolescence (dual disorder, eating disorders, etc.).
2. Improved services are required for certain sectors of the population with specific needs, such as immigrants, the families of mental patients, patients deprived of their freedom, homeless patients and other socially excluded groups.
3. The improvement in resources in quantitative terms must be accompanied by substantial changes in management culture to ensure that mental health care is fully comprehensive in Andalusia's regional public health system.
4. The community approach requires the patient's home and environment to be considered as a therapeutic space, with increased home care and follow-up, particularly for patients with severe mental disorders, and incorporating nursing case management as a key element in mental health care.

5. New approaches and interventions must be devised and certain services reorientated to deal with emerging disorders, mainly affecting adolescents and young people.
6. Organisational problems persist. The fact that mental health care services come under both primary health care and specialist health care leads to resource mismanagement.
7. There is a shortage of certain health care services, particularly day hospitals and therapeutic communities, and residential social health care facilities.

The SSPA must give priority to replacing the traditional care model, based on treating episodes of mental illness when they occur, with a process-based model centred on mental health care process management, which should focus on the following four basic lines of action in coming years:

- Anxiety and depressive disorders.
- Severe mental disorders.
- Child and adolescent disorders.
- Emerging disorders.

## VI. OBJECTIVES

- Objective 1.** Provide information about mental health to increase the knowledge and understanding of people with mental disorders, those around them and Andalusian society in general.
- Objective 2.** Improve the quality of life of people with mental disorders and their carers.
- Objective 3.** Ensure that the services provided meet the needs of people with mental disorders effectively and efficiently.
- Objective 4.** Ensure that people with mental disorders receive community-based health care providing a patient care process structured to guarantee the continuity of care as a means of achieving total quality.
- Objective 5.** Undertake training and research efforts to increase the knowledge and understanding of health professionals with regard to risk factors and intervention strategies for improved evidence-based clinical decision-making.

## VII. LINES OF ACTION

The following nine strategic lines of action, to be implemented by the SSPA, have been established to meet the objectives listed above:

- ◆ Mental health information and communication efforts aimed at the general public, the focal point of Andalusia's regional public health system.
- ◆ Promotion of community health care and mental health care aimed at reducing the risk of mental illness.
- ◆ Process-based mental health care management.
- ◆ Social health care for people with mental disorders.
- ◆ Organisational structure: promotion of a mental health care network.
- ◆ Role of associations of patients, family carers and support groups.
- ◆ Information systems.
- ◆ Mental health research.
- ◆ Training and development of health professionals.

These nine lines of action, which are described in detail in the Comprehensive Mental Health Plan, establish the measures required to improve health care for people in the region and transform mental health care services.

**1.** Communication and information campaigns will be carried out to combat stigmatisation and marginalisation and bring about a change in the attitude of fear and blame that people in general have towards mental illness and the mentally ill. Successful implementation will require the cooperation of institutions, health professionals, associations of families and users and the media.

This undertaking will have a two-fold focus:

- ◆ Information aimed at the general public on risk factors and lifestyle options that reduce the incidence of mental illness (primary prevention) and on available therapeutic alternatives that help those suffering from mental disorders to become comprehensive in society.
- ◆ Information directed at people affected by mental illness and their carers aimed at increasing knowledge and understanding of their problems and involvement in treatment and follow-up (secondary and tertiary prevention). Communication plan for the mentally ill and their families (psychoeducation).

**2.** The prevention of mental illness involves primary health care services, with which mental health services must work closely to develop community-based health care and promote mental health. This should be extended to the family, school and work environment and include analysing risk factors and proposing and implementing measures to improve people's health and wellbeing.

### **Family environment**

Efforts in this area must be focused on ensuring the wellbeing of the children of the mentally ill, preventing neglect and violence and caring for the carers.

## School environment

It is necessary to implement prevention strategies, providing information, health education and training for students, parents and teachers.

School guidance teams, parents and teachers must work together to provide health education and information on the risks of alcohol and drug abuse and to promote values.

## Work environment

In cooperation with employers and employees, strategies for the prevention of mental illness and the promotion of an emotionally healthy work environment will be incorporated in the Healthy Enterprise Programme run by Andalusia's Regional Health Ministry.

**3.** The implementation of process-based mental health care will bring about a substantial qualitative change, which will have a very positive effect on service quality and the continuity of care. The Regional Health Ministry is implementing the following comprehensive care processes: Anxiety, Depression and Somatisation, Eating Disorders and Severe Mental Disorders.

The patient care process is carried out in three different "spaces": primary health care, mental health care and the interface between the two, which includes cooperation and communication.

- ◆ Primary health care: efforts will be made to improve the skill of health professionals in identifying and evaluating cases of mental illness, focusing on referral to specialist services and communication procedures and appointment systems (access to mental health agenda by primary health care services).
- ◆ Mental health: a health professional will be assigned to each case and a complete treatment plan drawn up. The primary health care services will be involved in the process through case evaluation reports.
- ◆ Interface: formal systems will be implemented for the transfer of patient information required for cross-level cooperation. It is within this interface that procedures for working with patients will be implemented: supervision, cotherapy and cross-consultation.

The plan also emphasises the need to address emerging disorders, such as complicated grief, dual disorder and personality disorders, by implementing specific programmes and actions and improving cooperation among the different institutions and professionals involved, with a view to identifying risk groups and ensuring the early detection of these disorders.

**4.** Social support is a key factor in mitigating the effects of mental illness on vulnerable people (averting descompensation) and has a positive influence on mental health and the quality of life of patients and their families.

In the region of Andalusia social support is largely provided by the Andalusian Foundation for the Social Integration of the Mentally Ill (FAISEM), the families of people affected by mental illness and associations of users and their families. With a view protecting the mental health of the families and carers of the mentally ill, there are plans to make 100 respite care places available, providing temporary accommodation for patients outside the family home.

A further 300 residential places are planned in FAISEM sheltered housing to decongest hospital units and therapeutic communities, which have to admit patients who should not be there because of the lack of residential places. The increase in residential places will be accompanied by an increase in places in other residential, occupational and social relations programmes run by FAISEM.

**5.** Organisational structure: it is necessary to implement a new mental health service planning standard to incorporate mental health services in the area of specialist care, establish a community-based approach for all care services and assign each mental health service to the corresponding hospital, harmonise mental health areas with other specialist service areas and reinforce therapeutic communities and day hospitals as specific services.

In order to meet growing demand and deal with emerging disorders, it is necessary to resize the district mental health teams, so that there are six physicians and two nurses per 100,000 inhabitants, with a view to improving mental health nursing care.

It is also necessary to increase the number of some types of service:

- ◆ Two inpatient hospital units each in the provinces of Cordoba and Malaga.
- ◆ Five day hospitals providing rehabilitation services in rural areas.
- ◆ Sixty more beds in therapeutic communities.

**6.** Associations of mental health service users and their families are in the best position to understand the needs of the mentally ill. They will therefore be called on to participate in working groups to improve care processes for people suffering from mental disorders and to draw up a communication and awareness plan aimed at the general public. Efforts will also be made to promote independent associations of patients and community volunteers.

**7.** Information systems are an essential instrument in health service planning and organisation and research. For mental health care services to be fully comprehensive in Andalusia's regional public health system, its information system (SISMA) must be incorporated in the DIRAYA project for electronic patient records. Mental health facilities must therefore be provided with updated computer equipment with networking capabilities.

**8.** Scientific research is key to achieving health policy targets. The priority fields of research into mental health are:

- ◆ Main causes of morbidity, focusing on the most prevalent disorders and high-risk groups.
- ◆ Public health and health promotion.
- ◆ Health care services.
- ◆ Health and social, physical and work environments.
- ◆ Ageing and disability.
- ◆ Neuroscience.
- ◆ Evaluation of health technologies and the rational use of drugs.
- ◆ Mental health care processes.

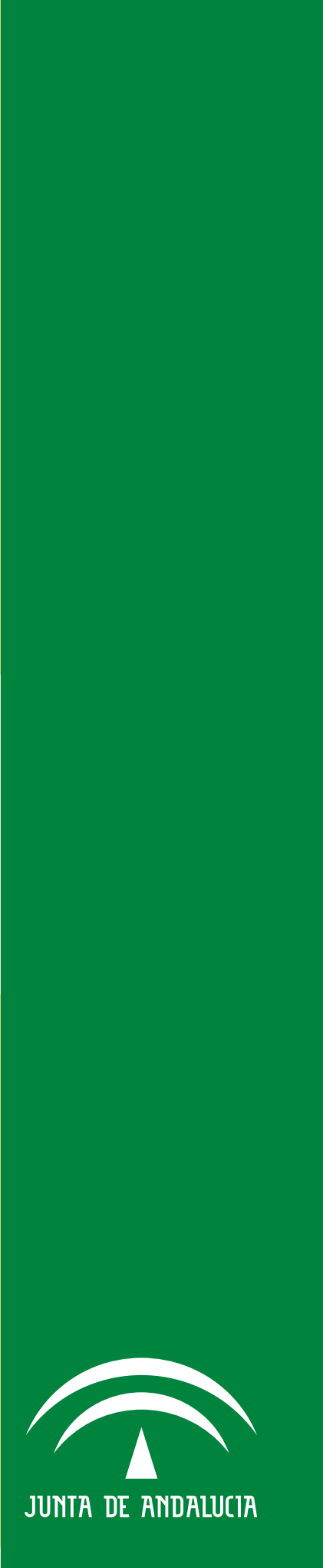
**9.** Training must be provided to ensure that health professionals gain new expertise and keep abreast of new developments. Such training should be focused on strategic SSPA targets. The Comprehensive Mental Health Plan provides for training in three main areas for all categories of professionals working in mental health care services:

- ◆ Pregraduate training: encouraging the relevant schools and faculties to increase course content pertaining to mental health.
- ◆ Postgraduate training: medical interns, psychology interns, nurse interns.
- ◆ Continuous training: as an active, ongoing learning process, a motivating factor for health professionals and an element of cohesion in the public health sector.

In addition to the three areas listed above, the following three basic lines of training will be implemented in accordance with the plan, in collaboration with the Andalusian Public Health School:

- ◆ Clinical management and development of health care processes.
- ◆ Methodology for research into mental health.
- ◆ Methodology for team work, leadership and communication strategies.





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