

Mental Health System Surveillance: Eindrücke aus Großbritannien

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Versorgung in Deutschland

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Deutscher Bundestag
7. Wahlperiode

Drucksache 7/4200



Unterrichtung
durch die Bundesregierung

Bericht über die Lage der Psychiatrie in der Bundesrepublik Deutschland
– Zur psychiatrischen und psychotherapeutisch/psychosomatischen
Versorgung der Bevölkerung –

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37

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Anhang zum
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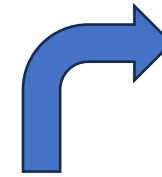
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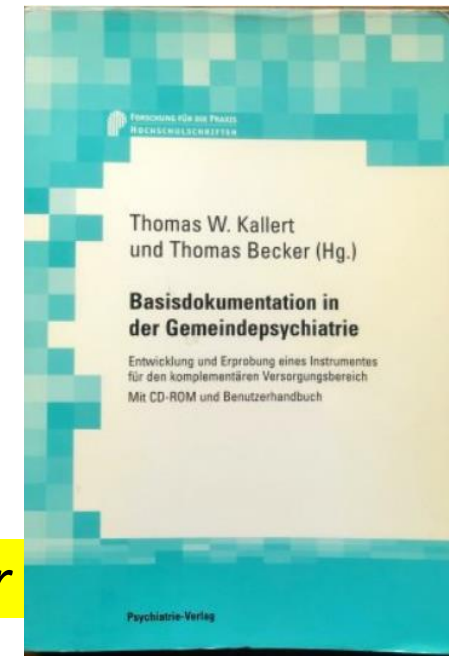
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Enquête
1975

Eindrücke aus der Vergangenheit



- Standardisierte Dokumentation und Psychatrieberichterstattung (Becker T, Kluge H, Kallert TW)
- Zitat am Anfang: „... As a result, the mental healthcare profession has entered an era of scrutiny never before experienced. To the practitioner who states that clinical needs and outcomes are too subjective to measure and quantify, payers are posed to respond in this manner: Then they also may well be too subjective to pay for.“ (Green 1996)
- ‚Die Aufgabe‘/ UK: Glover & Sinclair-Smith (2000): NHS-Trusts im Median 4 Informationssysteme
- Fokus Qualitätssicherung, Behandlungsqualität (Gaebel 1999) und Selbmann (1995)
- Rössler W, Salize HJ (1996) Die psychiatrische Versorgung chronisch psychisch Kranker – Daten, Fakten, Analysen [Schriftenreihe des BMG, Band 77}, Nomos, Baden-Baden → Vorschlag Indikatorensatz



2001

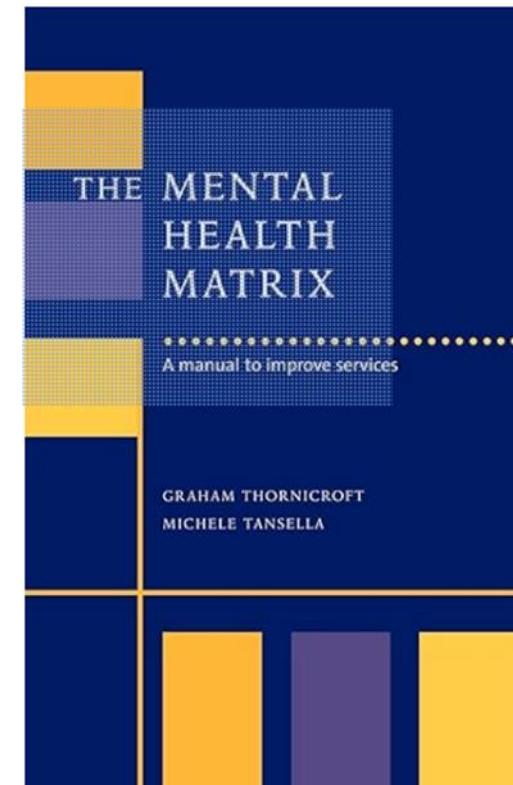


1996

Thornicroft & Tansella 1999: The Mental Health Matrix

Konzeptueller Rahmen

- Die Bedeutung von ‚community‘/ Input-, Process-, Outcome-Betrachtung
- Zitat: *„The only way by which any one divests himself of his natural liberty and puts on the bonds of civil society is by agreeing with other men to join and unite into a community.“* (John Locke 1632-1704) Second Treatise of Civil Government (1690) Chapter 8, Section 95



Thornicroft & Tansella 1999: The Mental Health Matrix

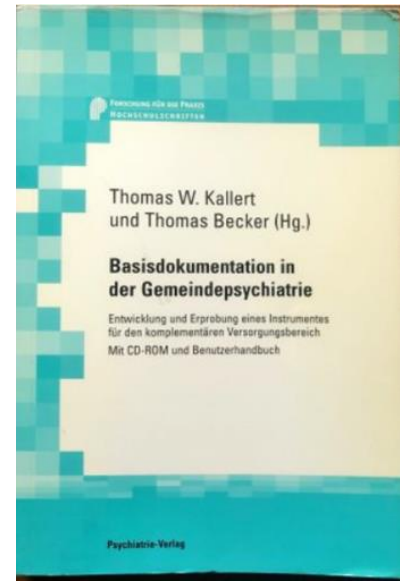
Ethische Basis für psychiatrische Dienste

Leitprinzipien = ‚drei ACEs‘

1. ACE: **A**utonomy; **C**ontinuity, **E**ffectiveness (A patient, C & E patient and local level)
2. ACE: **A**ccessibility; **C**omprehensiveness; **E**quity (ACE local, E country)
3. ACE: **A**ccountability; **C**o-ordination; **E**fficiency (ACE local & country)

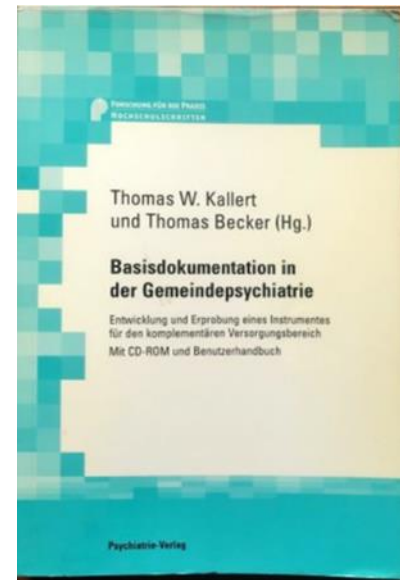
Standardisierte Dokumentation und Psychiatrieberichterstattung (2001)

- Matrix-Modell
- International Classification of Mental Health Care (ICMHC) (De Jong 1996)
- European Service Mapping Schedule (ESMS; service mapping tree) (Johnson et al. 2000)
- Health of the Nation Outcome Scales (HoNOS) (Wing et al. 1996)
- Care Programme Approach (CPA) (Becker 1998)
- Mental Health Minimum Data Set (MHMDS; Grundeinheit = Behandlungsepisode) (Glover 2000)





Beispiel Großbritannien

- Glover & Sinclair-Smith 2000: Daten von 140 von 181 NHS-Trusts
- Glover 2000: Implementierung Mental Health Minimum Data Set, konkrete Berichte über Integration von Inanspruchnahme-Daten in NHS Mental Health Trusts in einem ‚final master index‘ (Glover & Sinclair-Smith 2000)
- London’s Mental Health – Bericht für King’s Fund London Commission (Johnson et al. 1997): Bettenauslastung gestiegen (125%), ‚Gewalt‘ auf Stationen, mehr Unterbringungen (vs. außer London), Fehlen Wohnbetreuungsangebote, ungleiche Behandlungsbedingungen (zwischen Bezirken), Angaben soziale Deprivation und Vergleich mit anderen engl. Städten, exemplarische Analysen für 3 NHS-Trusts
- Vergleich Psychiatriebericht Dortmund (Stadt Dortmund/transfer 2000)
- Kapitel ging abschließend auf Psychiatrieberichterstattung im komplementären Bereich ein, denn BADO-K wurde für komplementäre Dienste entwickelt



Beispiele UK (aktueller):
Inanspruchnahme

Mental health presentation across health care settings during first 9 months of COVID-19 pandemic in England: retrospective observational study [Inanspruchn./ COVID-19]

- Negative mental health impact of COVID-19 pandemic
- Impact of COVID-19 pandemic and of control measures on mental health conditions presenting to health care services; real-time syndromic surveillance in England
-  • Retrospective descriptive observational study of mental health presentations (helpline, GPs, ambulance services, A&E) 01/2019-09/2020
-  • Mental health **presentations showed marked decrease** during **early** stages of pandemic, **postlockdown attendances reached higher** than prelockdown levels across most systems
- Marked changes in health care attendances and prescribing for CMD

Inequalities in children's mental health care: analysis of routine data on prescribing and referrals to secondary care [Inanspruchnahme/ Prädiktoren/ COVID-19]

- One in eight children in the UK: mental health condition
- Records for **all mental health prescriptions and referrals** to secondary mental health outpatient care (2015-2021) for **children 2-17 years** in a **single NHS Scotland health board region**
- 18,732 children with 178,657 mental health prescriptions and 21,874 referrals to specialist outpatient care, prescriptions (59%) and referrals (9%) increased over time, **age at referral younger in most deprived areas, referral rates for the youngest decreased but increased (by 21%) for the oldest, proportion of rejected referrals increased since 2020**
- **Persistent inequities** in mental health prescribing and in the impact of COVID-19 pandemic

Investigating geographical variation in mental health service use by area of England [Inanspruchn./ geogr. Variation]

- Cross-sectional ecological study
- Regional differences in prevalence & deprivation/ association w. service use
- Using **Public Health England data**, unit: populations served by clinical commissioning groups (CCGs)/ NHS catchment areas; regression modelling
- 194 CCGs included/ **62 NHS Trusts**
- **Unemployment and deprivation associated with more people being in contact with mental health services**, regions with **higher proportion of Black and Minority Ethnic (BAME) population had lower service use**
- **Factors other than prevalence affecting population use of m. h. services**

Beispiele UK: Zugang

Improving access to psychological therapies (IAPT-SMI) [Zugang/ Implementierung]

- Implementation of evidence-based **CBT for psychosis** (CBTp) low in routine services
- UK IAPT-SMI initiative aimed to address the issue, i.e. improve CBTp access
- Explore whether systemic approach to therapy provision and outcome monitoring can help
- **SLAM IAPT-SMI demonstration site for psychosis**
- Additional funding enabled increased therapist capacity
- **Accepted referrals p.a. increased by 89%**, 90% engaged irrespective of ethnicity, age and gender, positive pre-post outcomes, reduced service use
- Authors consider their framework replicable across sites

2018 UK NHS Digital annual report on IAPT programme: a brief commentary [Zugang/ Arbeit]

- Publicly available information on 2017-2018 outcomes in UK government's IAPT programme in England
- ➔ • **1.4 million referrals to IAPT**, >500,000 people completed a course of tx
- IAPT database collects routine session-by-session outcome monitoring data, including outcomes for depression and anxiety, CBT and CfD
- 60% of referrals did **not complete** treatment, **outcomes for CBT and CfD (Counselling for Depression) broadly comparable**
- ➔ • **Little overall change** in employment status including those on benefits
- **Increasing information** on IAPT in the public domain
- Researcher proposal to improve **researcher access** to IAPT dataset

Primary care consultation rates among people with & w/o severe mental illness: UK cohort study using the Clinical Practice Research Datalink [Zugang/ Primary care mental health]

- Little known about **primary care (GP) utilisation** by patients with SMI
- Examined consultation rate patterns, and whether impacted by **Quality and Outcomes Framework (QOF)** in 2004
- Retrospective cohort study using individual patient data (2000-2012)
- • **627 general practices** contributing to Clinical Practice Research Datalink (UK primary care database)
- 346,551 SMI cases matched to individuals without SMI (1,732,755) on age, gender and general practice
- Poisson regression analyses, interrupted time-series analysis
- Over study period **face-to-face consultations** stable in control group (4.5-4.9 p.a.) but **increased for people with SMI** (8.8-10.9 p.a.)
- • **Following QOF: increase in annual trend of face-to-face consultation** in SMI group which was not observed for the control group

Beispiele UK: System/ Steuerung/
Qualitätsmanagement

Inpatient mental healthcare in England and Wales: patterns in NHS and independent healthcare providers [Mixed economy of care/ Privatisierung]

- Profiles of mental health inpatients in NHS and independent providers in England and Wales, assessment of information systems
- Data from national censuses of inpatients in mental health services in England and Wales (2006 and 2007), examine differences in demographic and other characteristics, compare inpatients in NHS and other providers
- • Patients in **independent provider provision = younger, 60% on low/medium secure wards (16% in NHS)**, they were 40% more likely to be detained, and referrals were predominantly from NHS inpatient services, ratios of detention on admission higher in independent provider provision
- **Differences** between inpatients in NHS and other provider provision
- More information required for monitoring

Extending liaison psychiatry service in a large UK hospital: pre-post evaluation of economic impact & patient care following ED self-harm attendances [Qualitätsmanagement]

- Impact of **expansion of liaison** psychiatry services on patient management, outcomes and costs for **Emergency Department (ED) attendances for self-harm**
- **Retrospective before-and-after cohort study** using routine Self-Harm Surveillance Register data; **large hospital in SW England**
- Patients attending Emergency Department (ED) for self-harm
- **Intervention** = extension of liaison service's working hours, outcome measures = N and characteristics of ED self-harm attendances
- **298** patients attended ED for self-harm on **373** occasions Jan-Mar 2014, and **318** patients attended on **381** occasions Jan-Mar 2015
- **Higher proportion of psychosocial assessments, median waiting times decreased, proportion of episodes with self-discharge decreased**
- Favourable effect of extended liaison psychiatry service on management and outcome of patients with self-harm

Beispiele UK: Suizidalität/ Prävention

Police-led real-time surveillance system for suspected suicides in Great Britain [Suizid/ Surveillance]

- Apparent that rapid information about occurrence of suicides is needed to support suicide prevention efforts
- Concerns about COVID-19 pandemic impact on suicide risk
- • Report on nature, current status and content of **real-time suicide monitoring system** in Great Britain (England, Scotland and Wales)
- • Exploring its **potential to contribute to timely and targeted suicide prevention** initiatives
- Discussing challenges for implementation

Suicide & mental illness: review of 15 years findings from UK National Confidential Inquiry into Suicide [Suizidalität/ Prävention]

- Suicide risk most commonly associated with mental illness, distinct patterns of risk and opportunities for prevention among people in specialist care
- ➔ • **National Confidential Inquiry into Suicide and Homicide by People with Mental Illness:** UK-wide national database of all suicide cases in contact with mental health services in the 12 months preceding suicide, review presents Inquiry findings from beginning of the Inquiry in 1996 to 2011 (15 years); issue of risk assessment
- ➔ • **Inquiry work has positively influenced mental health practice and policy in the UK;** these changes include: falling suicide rates in mental health patients, informing suicide prevention strategies and developing safety checklists for mental health services

Homicide as the first conviction: A retrospective cohort study

Lana Bojanić¹, Alison Baird¹, Kosturika Ash², Jenny Shaw¹

Affiliations + expand

PMID: 37390388 DOI: [10.1002/ab.22097](#)

[Risiken/ Prävention]

Abstract

The association between previous convictions and perpetrating homicide has been previously described but little is known about the characteristics of homicide offenders without previous convictions. By utilizing the unique database on homicide offenders held by the National Confidential Inquiry into Suicide and Safety in Mental Health, this study aimed to describe the sample of homicide perpetrators in England and Wales who have committed homicide as their first offense based on their sociodemographic and clinical characteristics. Compared with those with previous convictions, homicide offenders without previous convictions were more likely to be female and a member of an ethnic minority group. More of those without previous convictions belonged to the youngest (<25) and oldest (>55) age groups and were more likely to kill somebody family member or a spouse.

Schizophrenia and other delusional disorders as well as affective disorders were more prevalent in those without previous convictions as were mental illness/insanity as a circumstance in homicide, but those without previous convictions were less likely to have been in previous contact with mental health services. There are clear sociodemographic and clinical differences between homicide

Beispiele UK: Outcome

Transparency about the outcomes of mental health services (IAPT approach): public data analysis [Outcome]

- Improving Access to Psychological Therapies (IAPT) service delivering psychological therapies recommended by NICE for depression and anxiety disorders to >537,000 patients in the UK
- Session-by-session outcome monitoring system (98% of patients, service outcomes, contextual information)
- Predictors of variability in clinical performance, β regression models, 2014-2015 financial year, model of reliable improvement and reliable recovery, changes in service outcome between 2014-15 and 2015-16
- **%of cases with problem descriptor, N tx sessions, %of referrals treated were positively, time waited to start tx and %of appointments missed were negatively associated with outcome**; improving on organisational factors could improve service outcomes by 11-42% (dependent on the factor); organisational factors predicted between-year changes in outcome
- The **way psychological therapy services are implemented** could be very important

Beispiele UK: Information

Accessibility and efficiency of mental health services, GB & Northern Ireland [Zugang, Outcome-Verbesserung]

- Mental ill health = major driver of labour market exclusion through sickness absence, reduced productivity and job loss
- • **IAPT** programme to improve access to psychological therapies (PTs) launched in 2008, expanding across England in 2010; aim to provide evidence-based treatments for people with CMDs through routine session-by-session outcome monitoring, integration with wider care system, and delivery of PTs as part of stepped-care approach
- • **Accessibility to quality mental health services has increased**, as has system efficiency: N people entering treatment has increased from 0.43 million in 2012-13 to 1.09 million in 2018-19, **recovery rates** of patients in treatment increased from 43% to 52% (2012-2018)
- • Clinical guideline on psychological therapies = **prerequisite** for increasing accessibility and efficiency of mental health services

Health Systems and Policy Monitor (HSPM)

An innovative platform that provides a detailed description of health systems and provides up-to-date information on reforms and changes that are particularly policy relevant.

For detailed information on country policy responses to the COVID-19 pandemic during 2020-2021, see our separate COVID-19 Health Systems Response Monitor (HSRM).

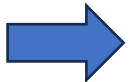


Compare

Select different countries to compare their health systems. The system will automatically extract and collate the content from the published Health system review for the selected countries and the selected Health system review chapters.

Health information systems – UK of GB and NI

- **Providers of health care in all UK constituent countries are required to collect data** on activity, workforce and performance indicators to feedback to their respective health care information organizations
- **Many data flows are used for financial planning purposes**, such as for Payment by Results (PbR) in England and for Quality and Outcomes Framework programmes across the UK; many data sets developed to understand broader set of issues, e.g. inequalities in health outcomes and access to care, unwarranted clinical variation and patient safety
- There is also data collection on the social care workforce on an annual basis, plus development of a **national data resource for social care**
- Despite significant health care data assets available, the UK has struggled to maximize the use of health care data to improve policy and planning
- The LSE Lancet Commission on the future of the NHS highlighted **barriers to routinely using data** for quality improvement; significant efforts to streamline processes to improve access to data; COVID-19 pandemic has accelerated progress in this area
- NHS Digital Academy, introduction of new roles such as Chief Clinical Information Officers
- **Many successful examples of using routinely collected data for quality improvement purposes** in the UK such as National Clinical Audits ... NHS Evidence-Based Interventions Programme (see accessibility)



Health information systems - Italy

- **Management of data in the Servizio Sanitario Nazionale (SSN)** and data on citizens' health status falls under the competence of the Ministry of Health's General Directorate of Health Care Statistics
- **New Health Information System** (Nuovo sistema informativo sanitario, NSIS) introduced in 2003, primary tool for measuring quality, efficiency and appropriateness of care; NSIS is managed by an intergovernmental body (under the State-Regions Conferences)
- NSIS has introduced compatibility and coordination among the SSN's IT systems and records process
- **NSIS information base covers 85% of the services included in the national benefits package; e-prescriptions established nationally**
- For the past decade, Italy has been working on the implementation of electronic medical records (Cartella Clinica Elettronica), implementation remains fragmented
- The information system receives data from various sources; e.g. local health authorities collect some data from GPs and their various departments and send them to regions which forward them to the Statistics Office; similar for hospitals, plus Infectious Diseases Information System; annual Epidemiological Bulletin, similar data flow for occupational hazards and work-related accidents
- In 2012, the Ministry of Health developed the **National Outcomes Programme** (effectiveness, equity, safety and appropriateness of hospital care) of over 1300 hospitals through 177 metrics

Health information systems - Germany

- Health service data are collected at various points in the German health care system and mirror the **fragmentation** between SHI and PHI, other social insurance schemes and sectors of care
- The collected data are **comprehensive** (providers are required to collect data in order to request payment at the point of usage) and generally of high quality, but there is an **array of databases at the federal and corporatist levels with limited linkages** between them
- Federal Health Reporting (**GBE des Bundes**): data on contextual factors (e.g. unemployment), population health status, determinants of health, etc.; database jointly operated by Federal Statistical Office and RKI, partly originates from health system stakeholders and international surveys (EU-SILC, ECHI, OECD, WHO); online database (www.gbe-bund.de) & publications (e.g. Federal Health Reports 1998, 2006, 2015)
- Fed. Statistical Office: aggregated statistics on population health status and mortality, health professionals and health expenditure, inpatient care statistics, nationwide surveys on socioeconomic status, perceived health status, insurance status, etc.; annual Microcensus, household budget surveys (every 5 years)
- **Robert Koch-Institute**: population-based cancer registries from each state, epidemiological data on communicable diseases, online data on incidence and prevalence for these diseases, other morbidity data from RKI's health monitoring surveys (representative for German population, e.g. KiGGS, DEGS, GEDA)
- **Fragmentation of databases makes a comprehensive assessment of health system performance difficult**; lack of systematic evaluation, comprehensive sector involvement, or the overall formulation of goals for monitoring the performance of the health system (notably, inpatient care statistics = the only statistics available across SHI and PHI)

Diskussion

- John Locke dürfte wichtig sein (warum delegieren wir was an eine ‚Gemeinschaft‘, einen ‚Staat‘?), ‚Habeas corpus‘ (Habeas Corpus Act 1679) dürfte wichtig sein
- Pragmatismus und Utilitarismus sind präsent
- Großbritannien schaut und hat (und publiziert) die Daten
- Das erscheint sehr wertvoll
- Kulturelle Faktoren dürften wichtig sein
- Nachhaltige Modernisierung der Gesundheitsplanung in Deutschland wichtig
- Kulturelle/ wissenschaftliche/ Public Health-Wurzeln: in positiver Bewegung
- Wird es ohne Konflikt in den Strukturen gehen? (Daten sind stark an ‚Besitz‘, ‚Hoheit‘, ‚Kontrolle‘ gebunden)

Vielen Dank für Ihre Aufmerksamkeit!

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