Self Management Worldwide and Innovative Service Design

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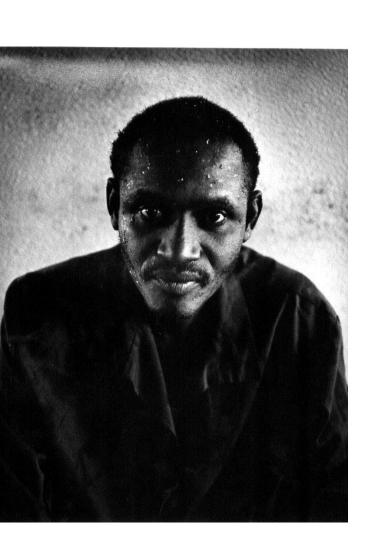
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MENTAL HEALTH & SERVICES





We have visited mental health services and hospitals all over the world

- Netherlands, France, UK, USA, Japan, China, Mexico, Nepal, Cuba, Argentina, Brazil, Russia, Mozambique, Albania, Macedonia, Baltic Countries, Nordic Countries....
- and the picture is the same....



THERE IS NO HEALTH WITHOUT MENTAL HEALTH

Mental health is an intrinsic part of health, a potential or resource.



The prevailing position of mental health is secondary to physical health

- there is a tendency

 to dichotomize health into physical and mental health

 to neglect the contribution made by mental health to general health





Mental health has not yet been given top priority in the health policy of any country. Yet the major impact of mental health disturbances on the national economy and public health is readily admitted.





- Major diseases caused by infection have been wiped out.
- Vast steps forward have been taken in the prevention and treatment of cardiovascular diseases.
- The situation as regards mental health and mental sickness has steadily deteriorated.

(Source: Desjarlais et al. 1997)





"The history of treatment of mental illness is characterised by blatant societal prejudices, fear and antipathy, and the methods of treatment clearly derived from those negative feelings".



Source: Shorter 1997



The Debate on Mental Health Policies





International debate on mental health policy has its origins in two arenas: in human rights issues and in service reform issues.





The Human Rights Discourse

- The Convention for the Human Rights
- Principles for the Protection of Persons with Mental Illness and the Principles for Improvement of Mental Health Care, United Nations 1991.
- The Convention for the Rights of a Child
 & Persons with Disabilities
- The Geneva Initiative





The Human Rights Conventions of the Council of Europe:

 The 'White Paper' of the Council of Europe on the protection of the human rights and dignity of people suffering from mental disorder.



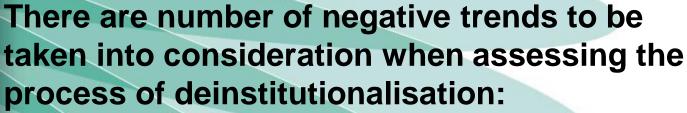


The Service Reform Process:

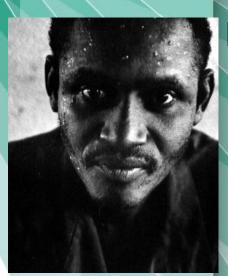
Large mental hospitals have been closed over the last 30 years and a number of community care programmes have emerged in many countries.

In the 2000s the universal focus has been on the financing of the health care; no adequate priority has been given to the quality of mental health care.





- The proportion of mentally sick persons among the poor, the marginalised and the homeless is growing at an alarming rate.
- The responsibility for the care and living conditions of patients has been shifted outside of health care, e.g. police, law courts and prisons.







The state of mental health services and psychiatry will not improve without strong involvement of USERS and CONSUMERS THEMSELVES and self-help methods



The (future) information society ...

- will require mental capacities: flexibility, innovativeness, creativity, connectivity, social skills, learning...
- as such it will be a mental construction
- and the biggest threats will be exclusion, poverty, mental disorders and addiction & substance problems



Internet use in households and by individuals in 2011

An EU27 study

- Two thirds of Europeans used the internet on average at least once a week
- one quarter have never used it
- A gallup in Finland, population aged 65 89
- A quarter of people over 75 used internet
- People over 85: 6% owned a computer, 1% used it for banking

kids online, EU 2010



Kids Online

- ☐ A random stratified sample of 25,142 children aged 9-16 who use the internet, plus one of their parents, was interviewed during Spring/Summer 2010 in 25 European countries.
- □ The survey investigated key online risks: pornography, bullying, receiving sexual messages, contact with people not known face to-face, offline meetings with online contacts, potentially harmful user-generated content and personal data misuse.

Kids online ctd

Use is now thoroughly embedded in children's daily lives: 93% of 9-16 year old users go online at least weekly (60% go online everyday or almost every day).

☐ Children are going online at ever younger ages - the average age of first internet use is seven in Denmark and Sweden and eight in several Northern European countries.





- Self management is and has been the most common method of taking care and treating mental problems
- Only recently it has been "accepted" as a focus of study and research





has developed rapidly but not so rapidly in mental health care.

Rich variation of self management

- Behavior control groups
- Stress coping groups
- Talking groups
- Professionally led group psychotherapy
- NGO's: Schizophrenics Anonymous, Emotions Anonymous, Hearing Voices Movement, Depression and Bipolar Support Aliance etc.....

Some studies

Results of a Randomized Controlled Trial of mental Illness Self-management 2012:

- 518 adults, 8 week intervention.
- Peer- delivered mental illness self management training reduces symptoms, enhances participant's hopefullness and improves Quality of Life



Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions

Eysenbach 2004, BMJ

- Objective: To compile and evaluate the evidence on the effects of computer based peer to peer communities and electronic self support groups.
- Conclusions: No robust evidence exists of consumer led peer to peer communities, partly because most peer to peer communities have been evaluated only in conjunction with more complex interventions or involvement with health professionals.
- Research is required to evaluate under which conditions and for whom electronic support groups are effective and how this effectiveness in delivering social support electronically can be maximised.

Evidence of Benefits from Telemental Health: A Systematic Review

(Finohta, Institute of Health Economics, Canada 2007)

- TMH was successful in clinical use in 55% of the studies and it was potentially successful, with follow-up experience required, in 25%. In 14% of the studies, it was unclear from the study findings whether TMH was successful, and in 6%, TMH was unsuccessful.
- In 65% of the studies, further work was needed to provide reliable evidence of benefit. Further follow-up work seemed desirable for 20% of the studies
- Conclusions:
- Evidence of benefit from TMH applications is still limited. There is a need for more detailed and better quality economic studies and for studies on the use of TMH in routine care.
- The emerging use of Internet-based applications is an important development.



- The world has not yet been ready to study the impact of peer groups
- What we really know comes e.g.from the care of the aged
- Simple social groups meeting once in week increase the quality of life of depressed lonely older people and diminish their mortality (Pitkälä 2011)

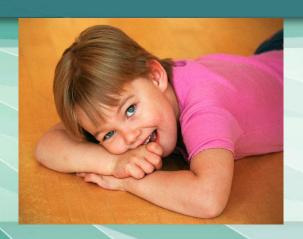


What about service design?

Service design is a new concept emerging in this decade It means more individualisation, more tailored services, more innovation

Everything has not yet been invented! Consumers are needed to innovate the service design





The quality of care issues will penetrate the health systems and also mental health care.

The human rights aspect in the mental health care is growing in importance and will influence more the decision makers.



A well- informed citizen?

- If the world sees a positive development, we will be faced with an operating model based on which a well-informed citizen, the consumer of services, becomes a driver of development
- There are interesting opportunities for everyday life, self care, and proactive prevention, as well as to create better living environments in social, financial and human terms

A move by the consumers themselves to get organised is most important.







New Service Design?

- Mental health promotion in all policies
- Health from/with culture
- Service Campus concept
- Neighbourhood services
- Telehealth for all, with easy and cheap devices
- Volunteering, paid volunteering, home care allowances
- etc

