The Guidance Project of the European Psychiatric Association

Wolfgang Gaebel

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The Guidance Project of the European Psychiatric Association

- Introduction to EPA and EPA Guidance
- EPA Guidance on the quality of mental health service structures and processes
- EPA Guidance on building trust in mental healthcare
- EPA Guidance on quality assurance in mental healthcare
- EPA Guidance in the context of European Psychiatry
- Summary and conclusion
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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

<table>
<thead>
<tr>
<th>Board</th>
<th>Executive Committee (EC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(19 members)</td>
<td>(5 members)</td>
</tr>
</tbody>
</table>

Chair: President of the EPA

<table>
<thead>
<tr>
<th>Council of National Psychiatric Associations</th>
<th>“Council” of individual members</th>
</tr>
</thead>
<tbody>
<tr>
<td>(37 Associations from 32 countries)</td>
<td>(2,273 members from 88 countries)</td>
</tr>
</tbody>
</table>

→ 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

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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European guidance—a project of the European Psychiatric Association

W. Gaebel and H.-J. Möller

European Psychiatric Association (EPA) guidance on prevention of mental disorders

J. Campion, K. Bhui and D. Bhugra

Mental health promotion: Guidance and strategies

G. Kalra, G. Christodoulou, R. Jenkins, V. Tsipas, N. Christodoulou, D. Lecic-Tosevski, J. Mezzich and D. Bhugra

EPA guidance on the quality of mental health services


Position statement of the European Psychiatric Association (EPA) on the value of antidepressants in the treatment of unipolar depression

H.-J. Möller, I. Bitter, J. Bobes, K. Fountoulakis, C. Höschl and S. Kasper

The European Psychiatric Association (EPA) guidance on suicide treatment and prevention


European Psychiatric Association guidance on the conflicts of interest

C. Höschl and L. Fialová
European Guidance on the Quality of Mental Health Services

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Original article

EPA guidance on the quality of mental health services

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

→ The availability and quality of mental health services varies within and between developed and developing countries.
### Structure of EPA Guidance on MHS Quality

<table>
<thead>
<tr>
<th>Mental health service structures</th>
<th>Mental health service processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 RECOMMENDATIONS</td>
<td>14 RECOMMENDATIONS</td>
</tr>
<tr>
<td>• 10 generic&lt;sup&gt;1&lt;/sup&gt; recommendations</td>
<td>• 4 generic&lt;sup&gt;1&lt;/sup&gt; recommendations</td>
</tr>
<tr>
<td>• 6 specific&lt;sup&gt;2&lt;/sup&gt; recommendations</td>
<td>• 10 specific&lt;sup&gt;2&lt;/sup&gt; recommendations</td>
</tr>
</tbody>
</table>

<sup>1</sup>Applicable across service types  
<sup>2</sup>Applicable for specific service types only

- 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**

*Gaebel W et al., Eur Psychiatry 2012;27: 87-113.*
### Two Examples of Structure and Process Recommendations

<table>
<thead>
<tr>
<th>Quality dimension and level</th>
<th>Topic</th>
<th>Recommendation (and grading)</th>
<th>Evidence base (and grading)</th>
<th>Proposed Quality Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Structure, specific, micro-level</strong></td>
<td>Community mental health teams for people with severe mental illness</td>
<td>Develop a system of community mental health teams for people with severe mental illness and disordered personality, ***</td>
<td>Cochrane review based on three randomized controlled studies, +++</td>
<td>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</td>
</tr>
<tr>
<td><strong>Process, generic, meso-level</strong></td>
<td>Evidence-based medicine</td>
<td>Follow the rules of evidence-based medicine in diagnostic and therapeutic decisions, **</td>
<td>Systematic reviews and single studies, ++</td>
<td>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)</td>
</tr>
</tbody>
</table>

***/+++ = 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

*Gaebel W et al., Eur Psychiatry 2012;27:87-113.*
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Second Series (European Psychiatry, 2014)

- EPA Guidance on tobacco dependence and strategies for smoking cessation in people with mental illness

- 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
EPA Guidance on Building Trust in Mental Health Services

European Psychiatry 29 (2014) 83–100

Original article

EPA guidance on building trust in mental health services

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d NASP, National Centre for Suicide Research and Prevention of Mental Ill-Health, Karolinska Institute, Stockholm, Sweden
e UMCN Nijmegen, Utrecht, The Netherlands
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)

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EPA Guidance on Quality Assurance in Mental Healthcare

Steps in quality assurance in mental healthcare

Step 1
Identification of goals and objectives

Step 2
Selection of interventions

Step 3
Definition of criteria and standards

Step 4
Provision of care

Step 5
Evaluation of care

Step 6
Comparison between practice and standards

Step 7
Implementation of remedial recommendations

Policy making

Implementation of services

Evaluation of care

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

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.

http://www.euro.who.int/__data/assets/pdf_file/0004/194107/63wd11e_MentalHealth-3.pdf
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

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

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!