Developing mental health care in Europe -

what can Germany learn from Member States and how can Member States profit from German experience?

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De-medicalising primary mental health care
Limerick May 31st, 2013

De-medicalising primary mental health care

Medicalization

"The term medicalization is defined as the process by which psychiatry, and mental health in general, abandoned the concept that emotional and mental conditions are the result of developmental and other untoward experiences for which psychotherapy is the appropriate treatment. Instead, these conditions are attributed to changes in brain chemistry for which psychotropic medications for depression and anxiety (antidepressants and anxiolytic drugs) are the appropriate treatment"

(Cummings & O'Donohue, 2012, p. 44)

De-Medicalization of Primary Mental Health Care

- Re-defining mental illness as result of dysfunctional emotional and/or developmental experiences (instead of biochemical changes in the brain) ?
- Only non-pharmacological interventions?
- Psychological care delivered only by psychological professionals?
- …

Medicalization

- is the description, etiology and treatment of mental and/or social problems, abnormalities and disorders within the framework of a medical-scientific paradigm

Medical-Scientific Paradigm

(after v. Kardorff, 1978)

- Mental illness differs qualitatively from mental good health, a discontinuity exists between normality and abnormality
- Abnormal emotional and behavioural reactions can be classified within disease units with typical symptoms that are clearly distinguishable from each other, and posess a course that is objectifiable and predictable and can be explained
- Mental illness ‚happens to' an individual, without that person being able of their own volition to defend themselves against it or be expected to take responsibility for his/her behaviour.
- Mental illness can only be diagnosed by medically trained personnel with the aid of psychological methods and according to the rules of medical practice.
- The outcome of a treatment has to be proven objectively as being a specific effect of the intervention

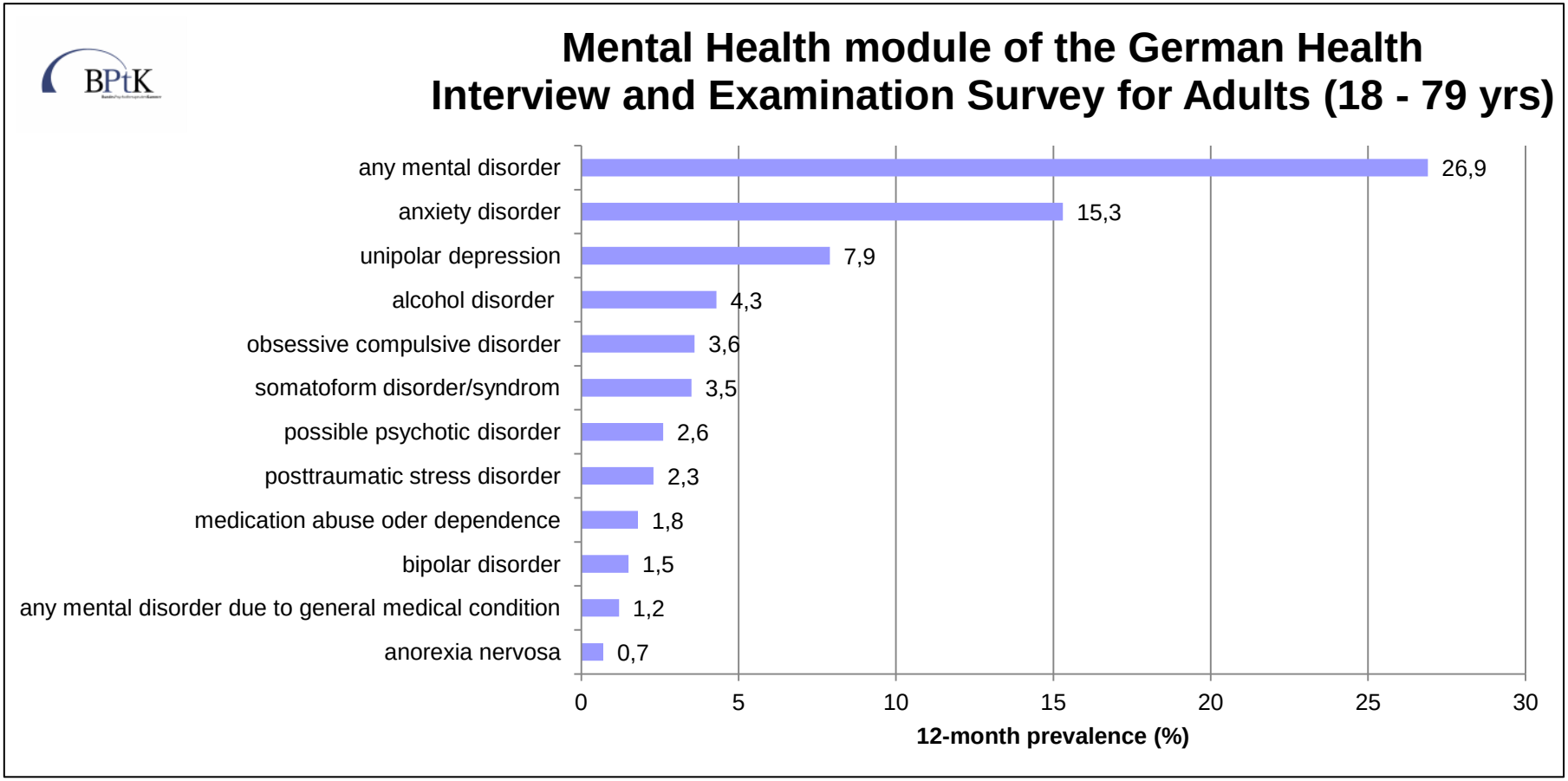
Practical Consequences
of the medical paradigm on

- Research and Training
- Therapy
- Public health care provision

Some consequences of the medical-scientific model for psychotherapeutic treatment

- Relationship to the patient: adoption of the role of the sick person (i.e. obligation to accept that one is ill, to be compliant, to agree into a paternalistic relationship)
- Evaluation of subjective experience and behaviour: socially undesirable behaviour is redefined and evaluated as a state of disease.
- The „object“ of the treatment is no longer the individual modes of behaviour that constituted the original cause, but rather a disposition of the patient (depressive, anxious etc). The ‚deviant behaviour‘ has now become part of the nature of the patient, the treatment becomes de-individualized
- Institutionalized treatment strategies are oriented towards the ‚case‘ and towards normative classifications and the exclusion of situative and real life references

12-month prevalence of mental disorders in the general population (DEGS1-MH; 2009-2011; N=5318)



Jacobi, F., Höfler, M., Siegert, J., Gerschler, A., Mack, S., Scholl, L., Wittchen, H.-U. (in press). 12-month prevalence, comorbidity and correlates of mental disorders in the community: core results from the mental health module of the German Health Interview and Examination Survey for Adults´ first wave (DEGS1-MH). International Journal of Methods in Psychiatric Research.

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How does the German system work?

- In Germany, psychotherapists are approved by a legal act (Approbation; like physicians, pharmacists and dentist) and are thus licensed to practice.
- Psychological psychotherapists have completed a 3-5 years state-regulated postgraduated training after gaining a masters degree in Psychology, child and adolescent psychotherapists after a masters degree in Social-Education, and medical psychotherapists after their studies in medicine.
- Psychotherapists are compulsory members of professional chambers

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How does the German system work?

- The statutory health insurance system carries the costs of analytic psychotherapy (max. 300 sessions), psychodynamic psychotherapy (max. 100 sessions) and behaviour therapy (max. 80 sessions).
- Patients can turn to a psychotherapist directly, they do not need a referral from a general practitioner or a specialist.

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CONCLUSION: Working conditions for psychotherapists in Germany are well developed: they are highly qualified and are recognised as an academic health profession.

BUT: Not enough use is made of psychotherapy's potential. The structures of the healthcare system lack coordination and cooperation in the care of mentally ill people. Financial resources are not allocated efficiently.

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Many mentally ill people receive psychotherapeutic treatment either too late or not at all

Only 37.5 percent of people between 18 and 79 years of age receive (any kind of) treatment in the case of mental illness.

Only 10 percent will receive treatment that is in accordance with scientific standards.

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There are long waiting lists:

According to a nationwide survey by the BPtK, mentally ill people in Germany wait for an average of 12.5 weeks for an initial diagnostic interview with a practicing psychotherapist (and twice as long again for the first appointment for treatment).

Waiting times in rural areas are on average 14.5 weeks, they are shorter in conurbations and in some regions patients have to wait 17 weeks for an initial appointment.

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Ways to improve care in Germany

- Increased **cooperation** between the different care sectors and between general practitioners and psychotherapists.

- Setting up of **extensive quality-assured outpatient care** for mentally ill people with complex treatment needs

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Ways to improve care in Germany

- Quick and readily accessible help, for instance by providing acute consultation hours. This would be a new direction for Germany in the sense of stepped care, watchful waiting and guided self-care - approaches that we should adopt from the English-speaking realm.
- Establishment of evidence-based guidelines not only on a national level but also in close cooperation on a European level.

Health policy action

This means: **Horizontal Integration**

- Many more patients could be treated in an outpatient context than is currently the case, including those with more severe illnesses, if cooperation between between the various professions involved in outpatient care could be ensured. This would necessitate agreements regarding treatment processes and quality management that included all professional groups involved.

This means: **Vertical Integration**

- The treatment provided by the outpatient and inpatient sectors must be interwoven in order to ensure continuity of treatment.

The Structural Dilemma

- Even though – in Germany as well – the majority of psychotherapists reject the medical-scientific model of illness, they must continue to act within the framework of this model in order to secure the provision of care for the mentally ill in the future and if possible improve it.

Thank you for your interest and your attention!