

Mental Health as a Public Health Challenge: we need resilient, supportive communities to improve personal mental resilience

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ENMESH October 2017

Groningen, The Netherlands



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SPORTELIER BUREAU
PsyCope



epidemiology of psychiatric mo

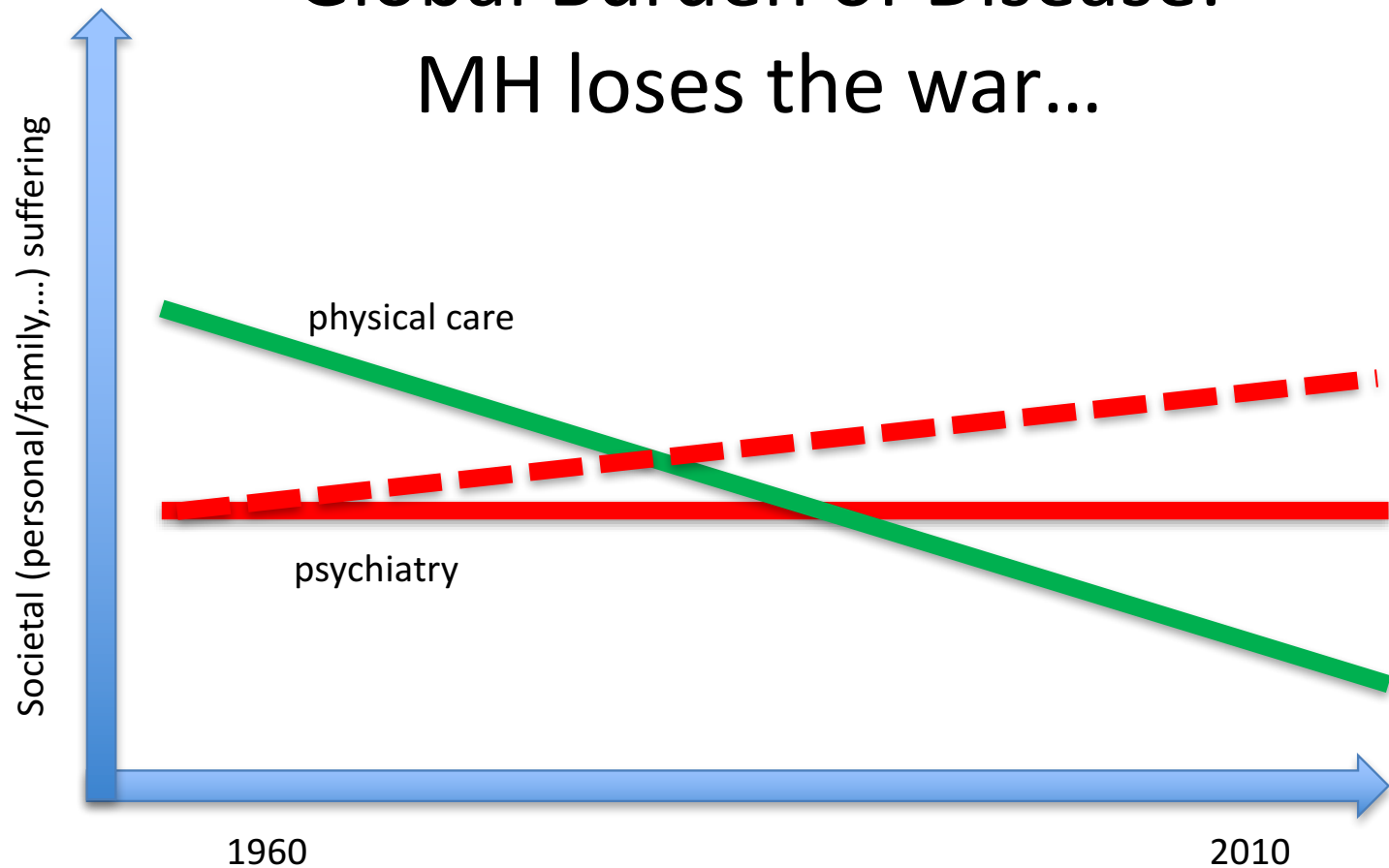
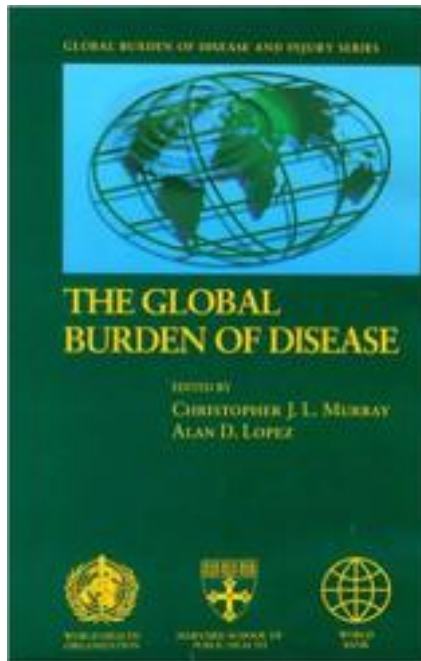
from the total population (NEMESIS-NL):

- 40+% has a life time prevalence of MH problems
- 24% has a year prevalence of MH problems

95% of citizens
are in daily
contact
with persons
with MH
vulnerabilities

MH as a public health challenge

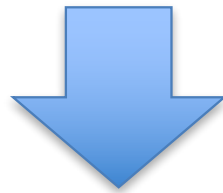
Global Burden of Disease: MH loses the war...



high prevalence
limited resources

(NL: each year 7% get professional MH care)

marginal impact



urgent need to be (more) effective/efficient!

THE ABANDONED ILLNESS

A report by the Schizophrenia Commission

**We revealed a
dysfunctional system
that does not deliver the
quality of treatment
needed for recovery.**

**Is this tolerable in the
21st century?**

towards an (inter)national plan for mental health 2017 - 2027

MH

(health)

making more

impact
citizen
(community)

 Maastricht University

F-ACT
Nederland

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CCAF

Mondriaan
voor geestelijke gezondheid



SUSTAINABLE DEVELOPMENT GOALS

3 GOOD HEALTH AND WELL-BEING



ambition

**1/3 less mental health related burden (prevention)
(over the whole severity spectrum)**

1/3 less suicides

1/3 more social participation (integration)

50% reduction in life expectancy gap for MH patients

...

(for 1+% GNP)



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 **Maastricht University**

human rights



Article 3 - General principles

The principles of the present Convention shall be:

- (a) **inherent dignity and respect to make own choices** the freedom to make their own choices, and independence of persons;
- (b) Non-discrimination;
- (c) **effective full participation in society**
- (d) **respect for diversity as part of human variation and humanity** the freedom to develop their personalities in full conformity with their own nature and humanity;
- (e) **equality of opportunity**
- (f) Accessibility;
- (g) Equality between men and women;
- (h) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

DIAGNOSIS UITGEVERS

De DSM-5 voorbij!

PERSOONLIJKE
DIAGNOSTIEK
IN EEN NIEUWE GGZ

the concept
of illness or
care needs

dr. Jim van Os



new mental health
movement



how to
organize care

Philippo Dolaspaul

Michael Milo

Frank Schalken

Wilma Boevink

Jim van Os

DIAGNOSIS UITGEVERS

Innovatief leerboek
persoonlijke
PSYCHIATRIE

Terug naar de essentie

the didactics
of care

Maarten Bak

Patrick Domen

Jim van Os

redactie

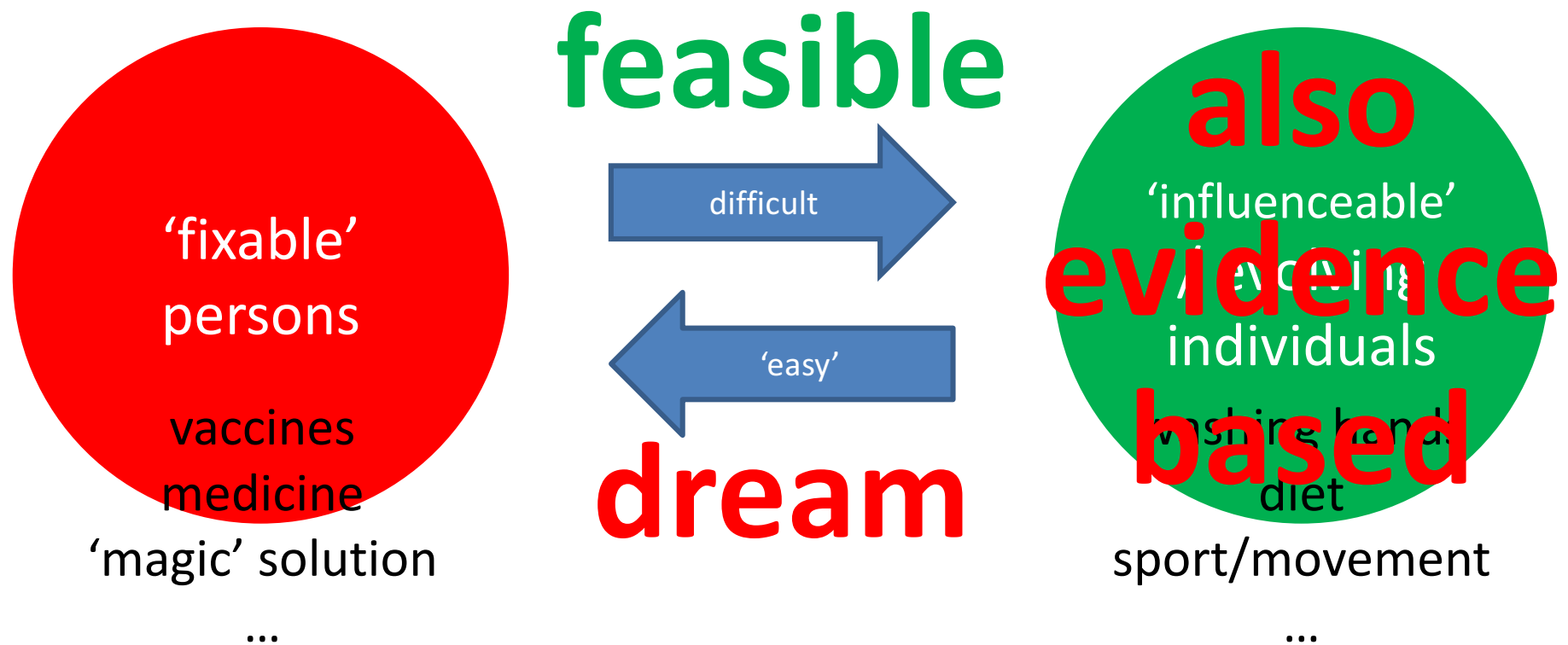
about 'mental illness'

– what do we know (what will we never know) –

- psychopathology is no identity (DSM: I am...) but a **vulnerability** that becomes problematic **periodically** (Now, I am struggling with,...)
- psychopathology is **contextualized** (a result of gen/environment interaction)
- modern mental health care evolves from the concept of '**fixable**' **individuals** to a vision on individuals interacting with meaningful environments to **increase resilience** (decontextualizing psychiatry)
- the 'classic' MH care strategy to reduce vulnerability by protection and avoidance (sometimes a result of the ambition to reduce symptoms) is **iatrogenic**
- a society that organizes its response to MH handicaps (e.g. in the social security system) by assuming a stable or deterministic course, **discriminates**



the dream of psychiatry is not different from
Ebola, diabetes or high blood pressure,...



the dream of psychiatry is not different from
Ebola, diabetes or high blood pressure,...

**3 seconds/
day**



one can forget to be ill

feasible



dream

**7 x 24 hour
attention**



the illness rules your life

towards better care...



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health is the ability to adapt and
implement one's own control, in light of
the physical, emotional and social
challenges of life

Positive Health: Huber e.a., 2011



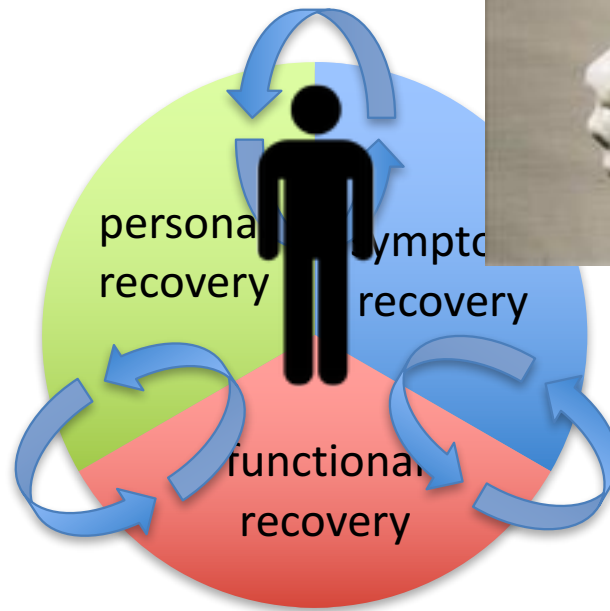
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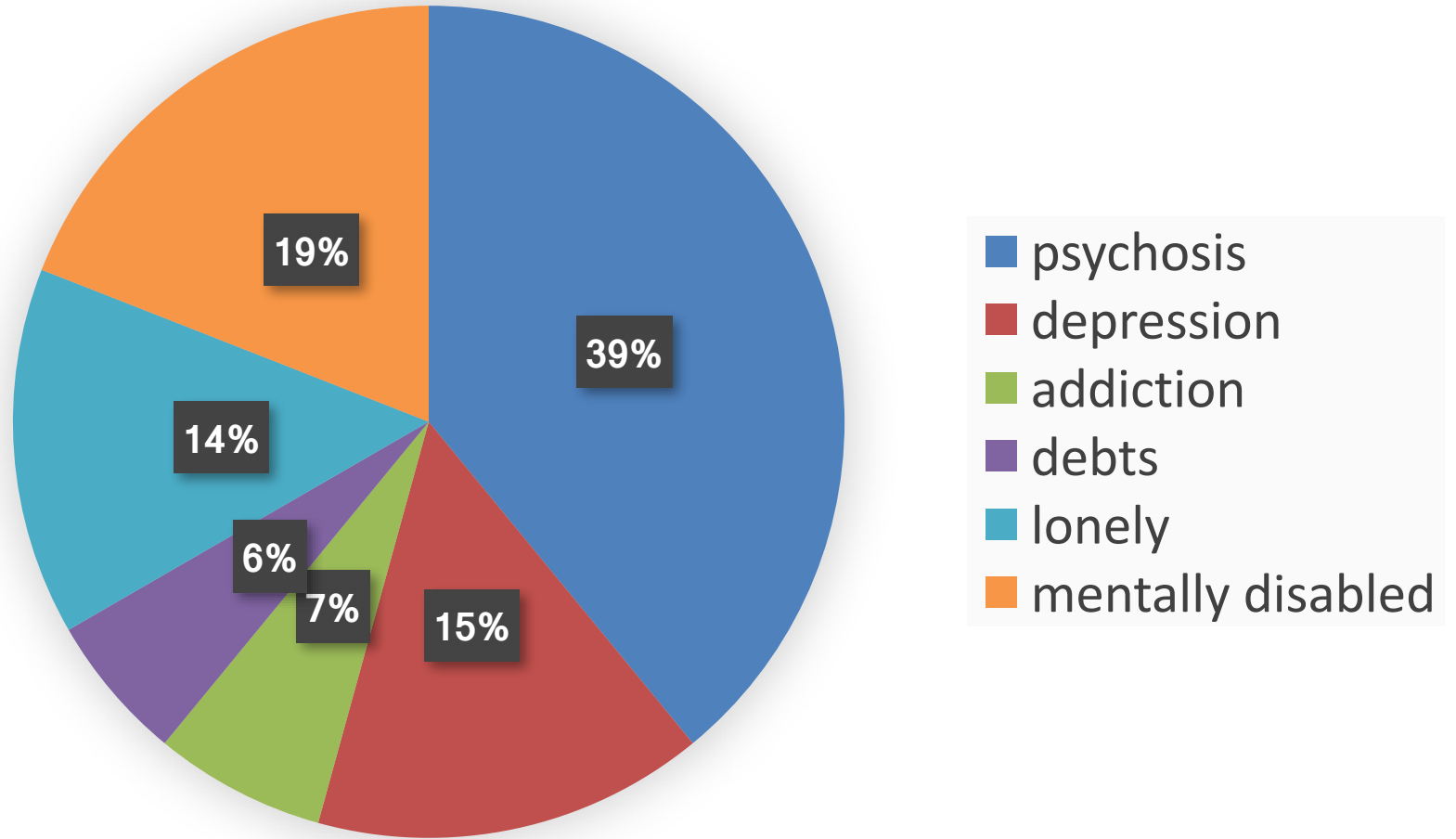
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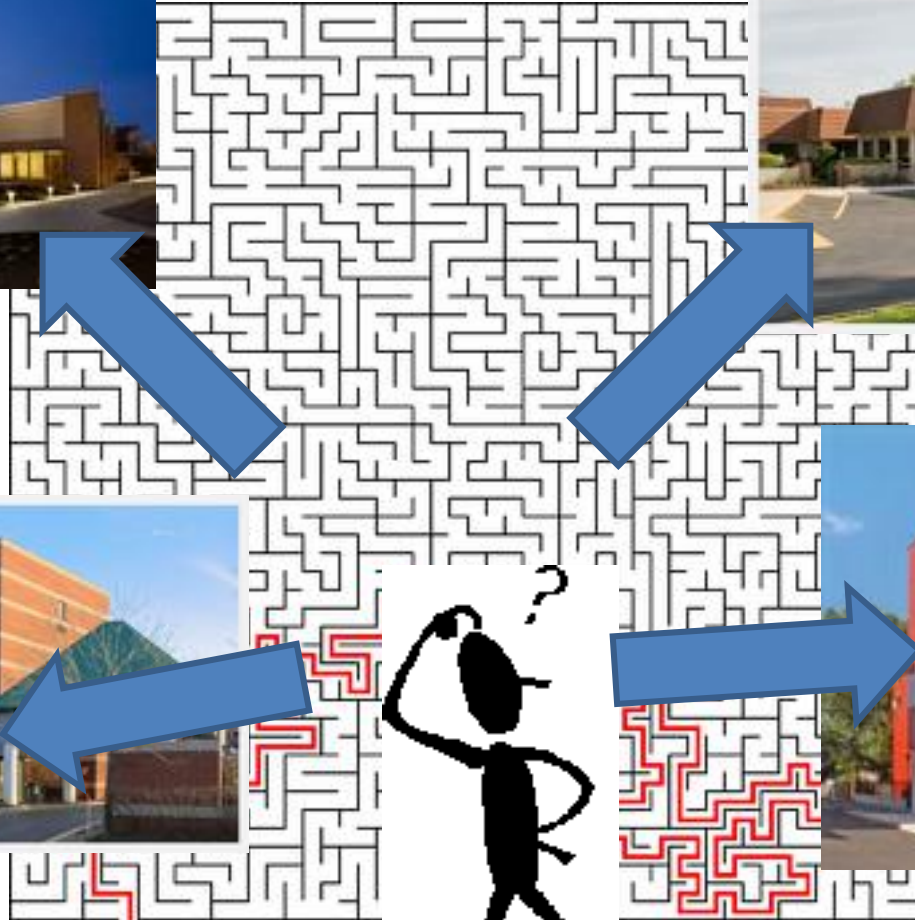
manage vulnerability and resilience across domains



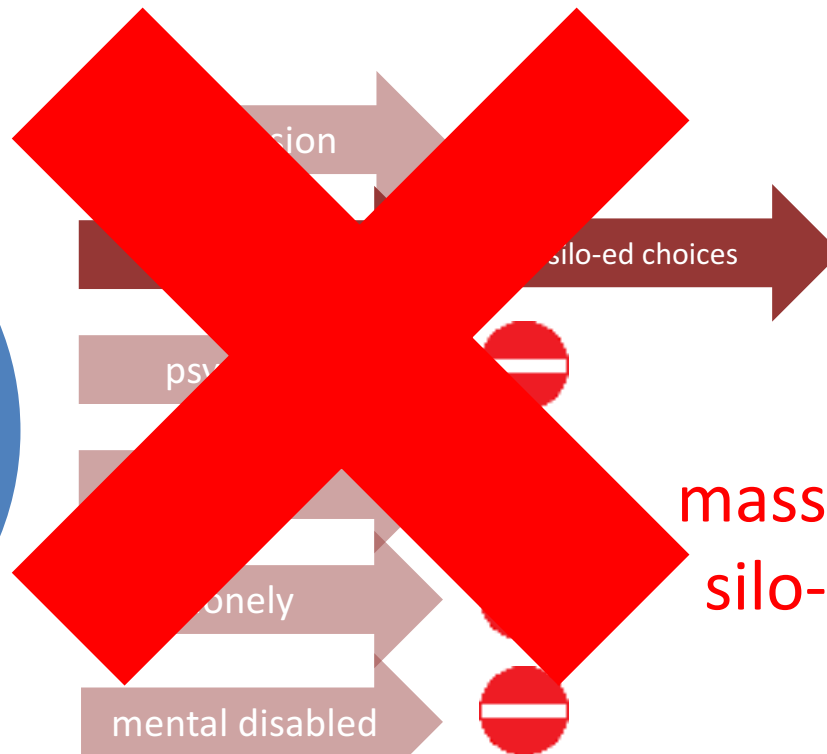
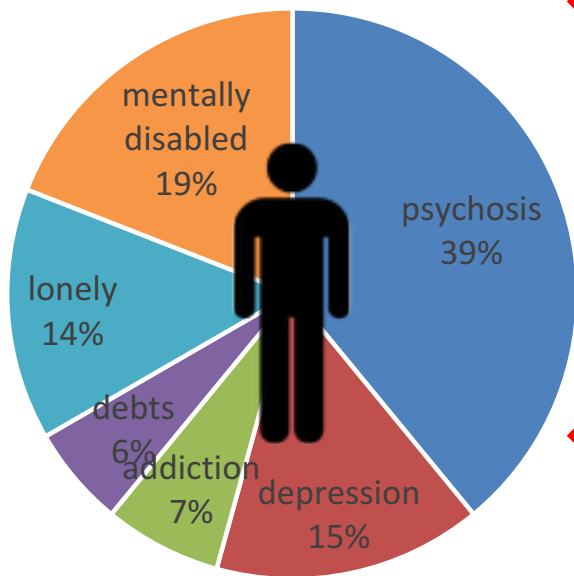
a typical (FACT/SMI) case



triage



choice: 'specialist' care



evidence:

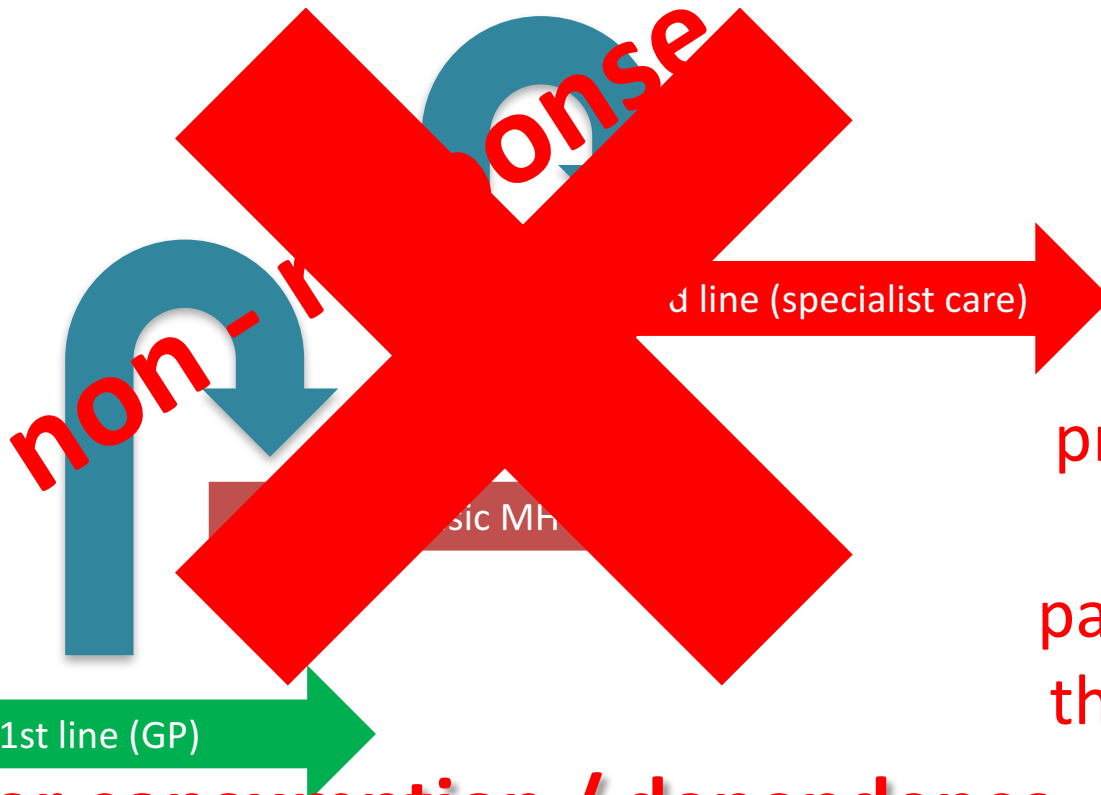
massive comorbidity (90+%)
silo-ed care is not efficient
(‘misplaced’ concreteness)

death lock: restrictive

specialist needs
around the patient



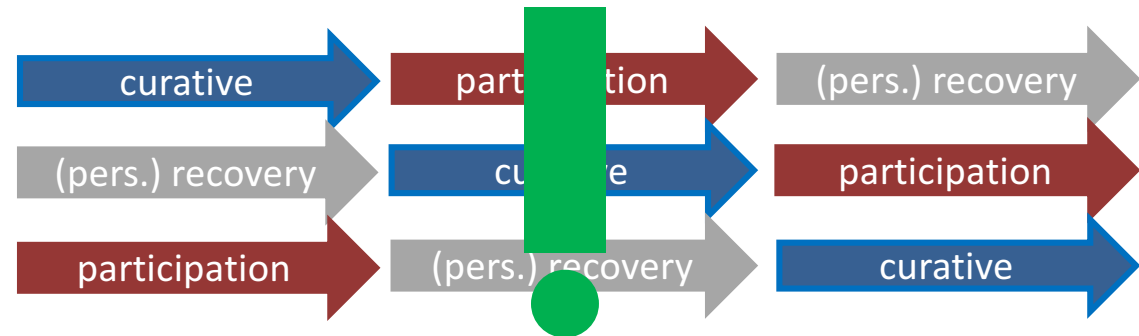
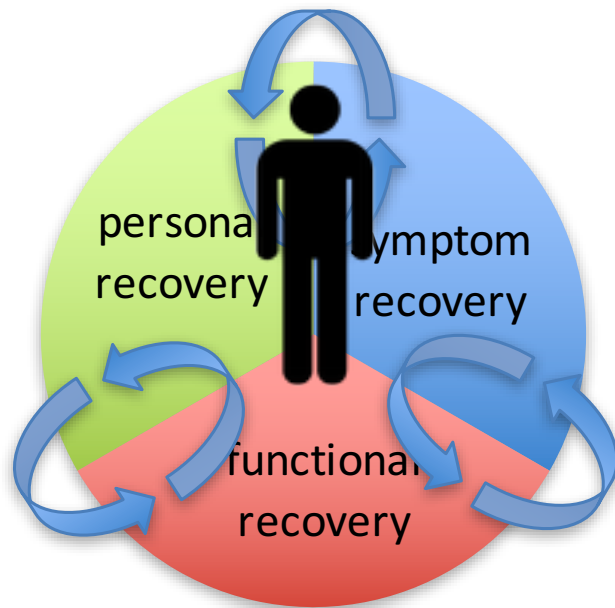
choice: 'stepped' (filtered) care



evidence:

'vulnerabilities' require
process based care to build
resilience
pacing can be more relevant
than escalating to specialist
care (e.g. ECT, ...)

choice: 'parallel' (integrated) care



the aim of (Dutch) FACT teams....

jump to communities...



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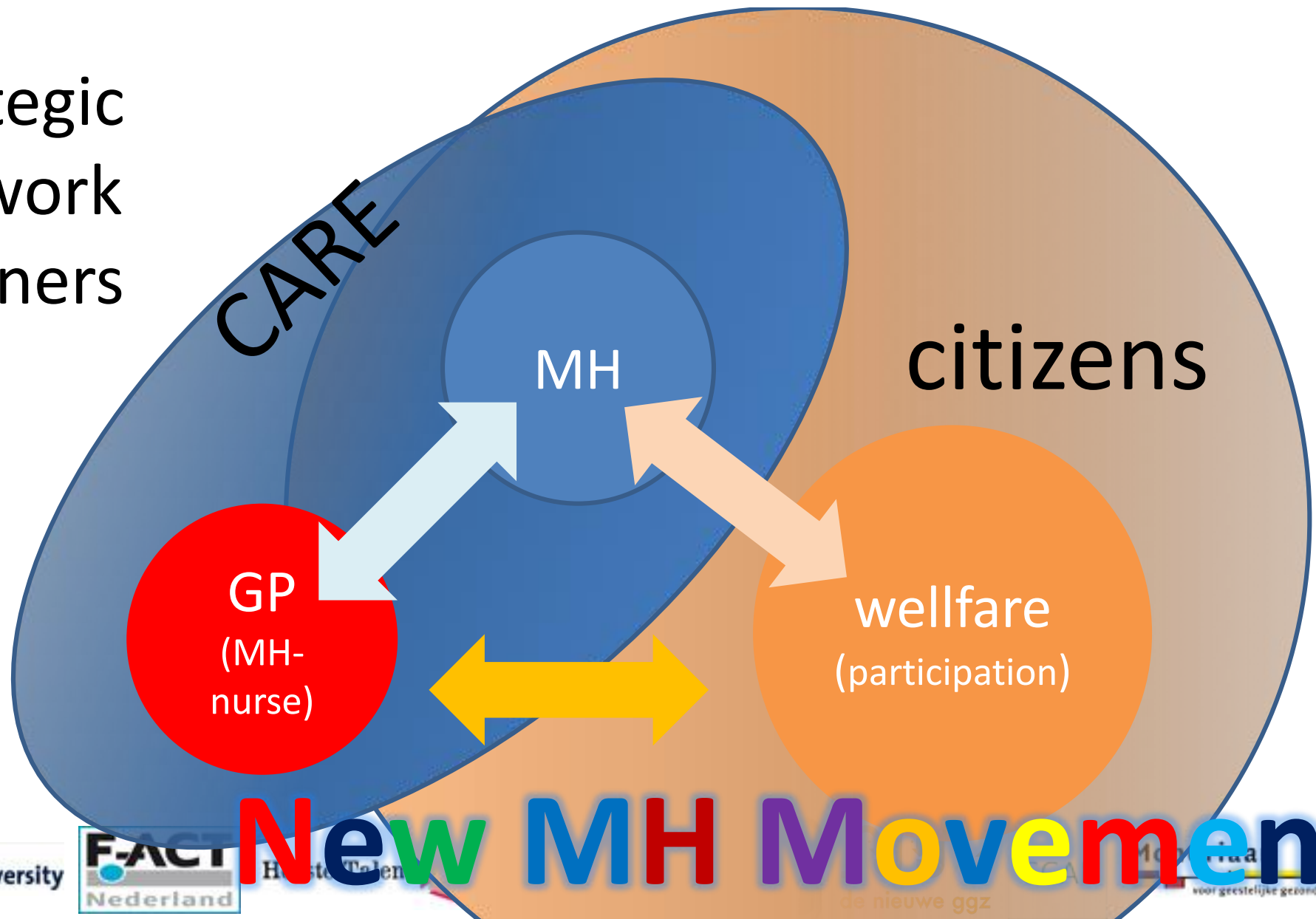
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= mental health care
cannot be outsourced



strategic
network
partners

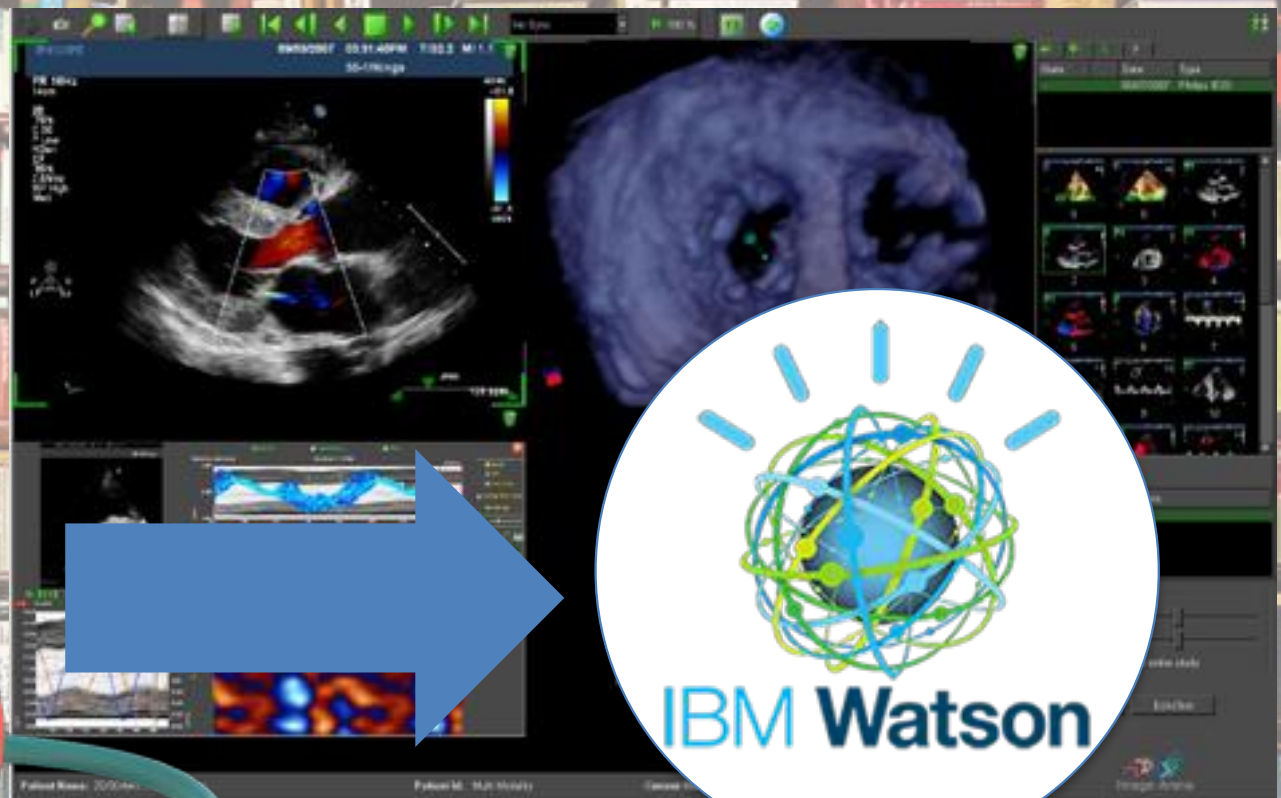


New MH Movement

**in the neighbourhood (<15.000 citizens)
where all citizens (also persons with SMI needs)
want to succeed and natural resources
(e.g. for loneliness) are available
& (MH) professionals
find colleagues (e.g. GP, ...)
(with a low level of organization – naturally – F2F)**

professional identity: 'knowledge' expert





Maastricht University



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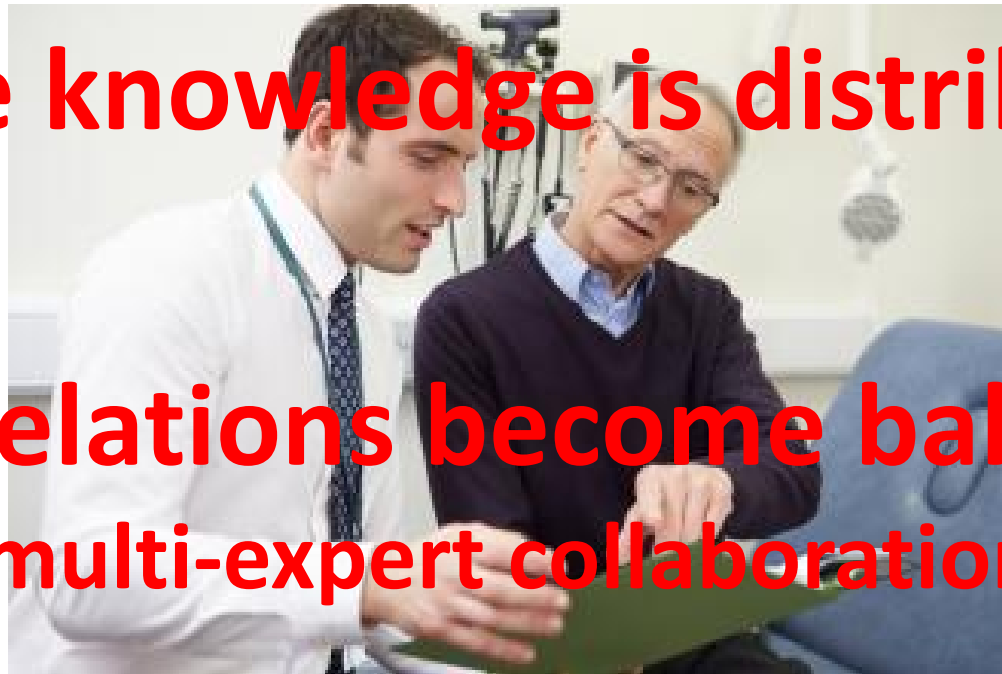
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shared decision making
(patient empowerment)

future knowledge is distributed

care relations become balanced
(multi-expert collaboration)



network empowerment: inclusive resources

resources
recovery domains

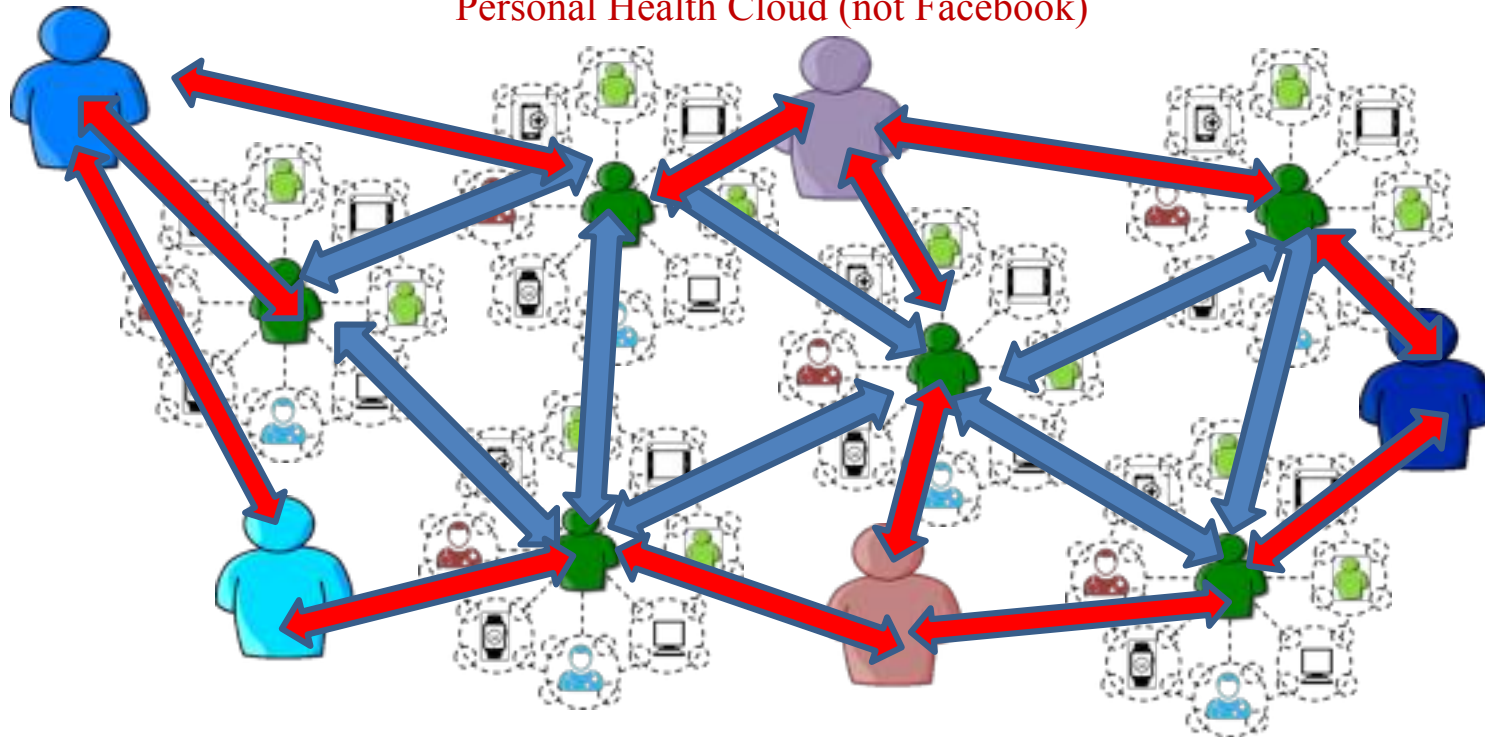


warning...

**families & neighborhoods
are powerful resources
but also sources of stress**

facilitate communities in the open (non-MH) society (f2f + virtual)

Personal Health Cloud (not Facebook)



jump to daily life...



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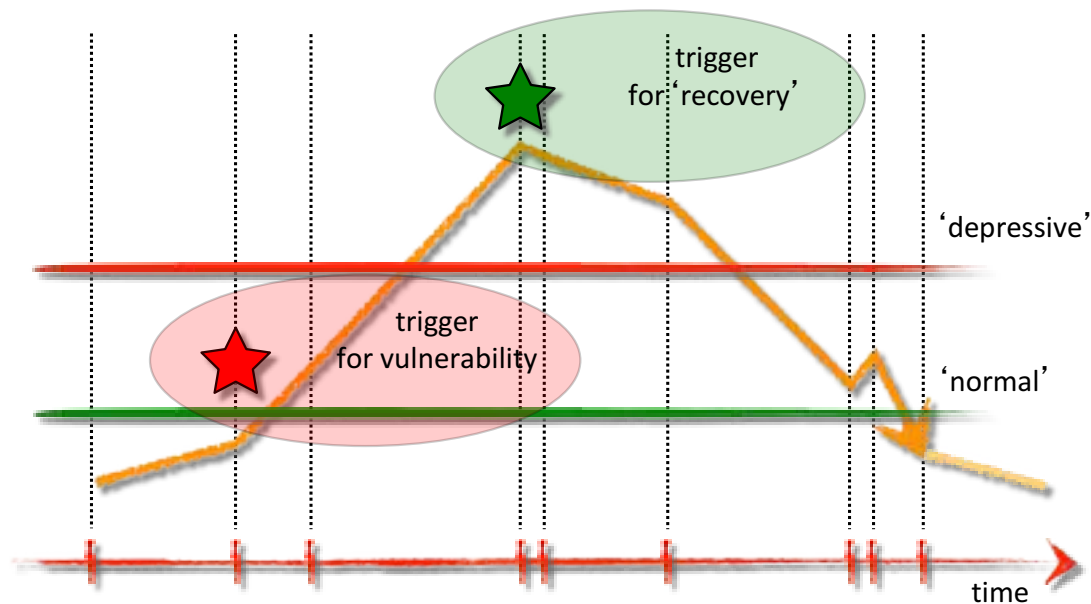
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better -- resilience relevant -- assessment



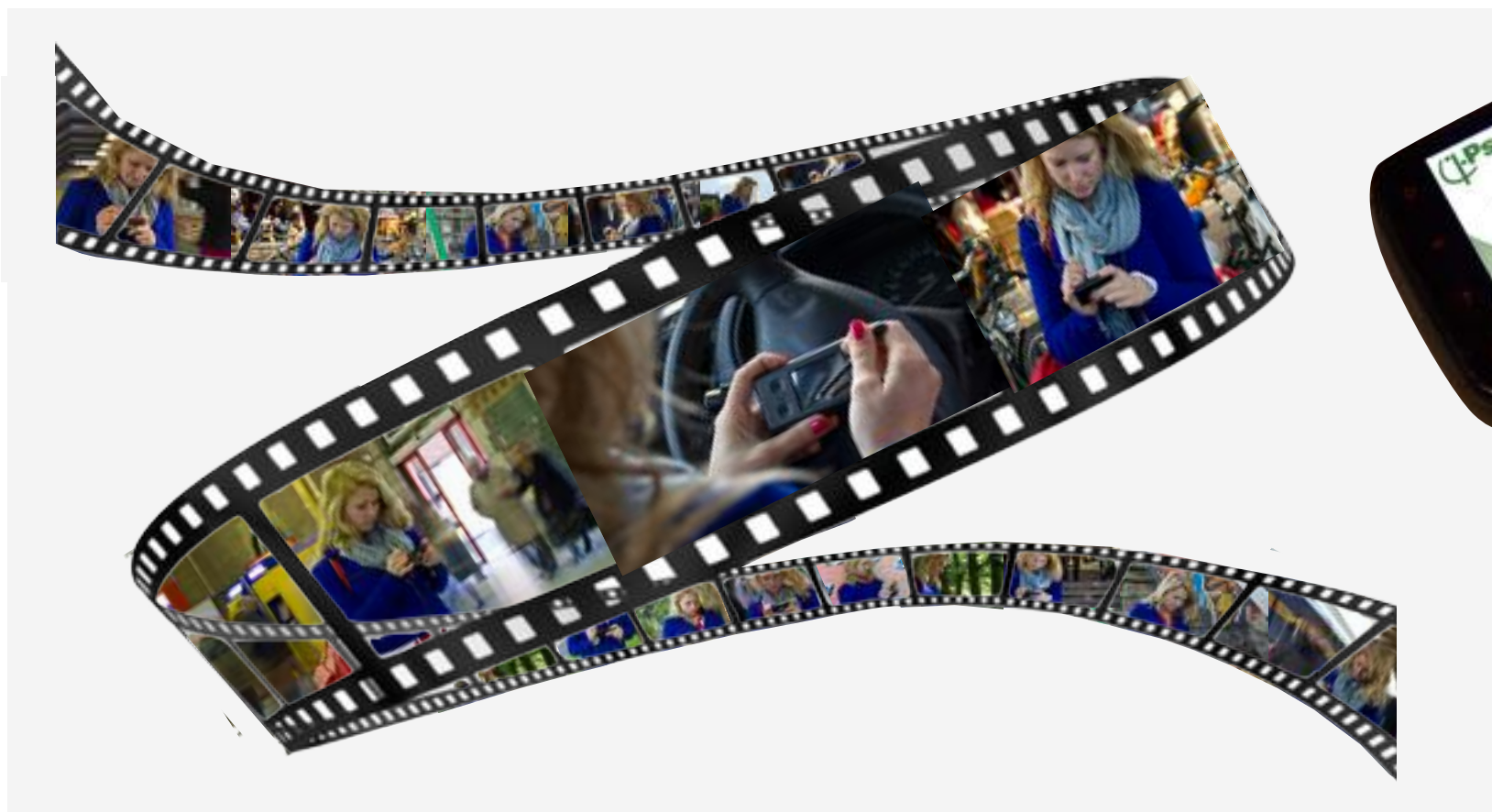
focus on change over time
harvest the subject's own strength





sampling the other 23(/24) hours





PsyMate™

take away messages

- mental health has to be ambitious (yes we can!)
- not a responsibility of professionals and patients but of the public
- mental health vulnerabilities are periodically problematic, not easily fixable
- mental health should scale down to the level of small communities
- this is normalizing and makes resources naturally accessible
- professional resources should be supportive for patients and families
= facilitate resilience
- for this, the adaptation niche is daily life functioning
- in the variations of daily life we explore vulnerabilities and strengths
- these are the building blocks of patient and community resilience



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