COMMUNITY BASED MENTAL HEALTH

Rationale of and background to the project

For many years, people with mental disorders have been removed from their communities and kept in psychiatric hospitals or institutions.

There is a wealth of evidence from around the world that these admissions to institutes lead to further social exclusion and stigmatization of patients, are often associated with human rights abuses, and can lead to further deterioration in mental health.

In response to pressures to develop new patient oriented models of care, some countries in Europe have begun to develop community based mental health services. There is evidence to show that these services are both more clinically effective and more cost-effective. They provide an ethical basis for care that respects the rights of people with mental disorders. They also allow for the delivery of care near to the places where people live and work and therefore improve the accessibility of services.

Furthermore, people who receive such services indicate their preference for community over hospital-based care¹.

Nowadays, many countries in Europe do not have any or hardly any community based mental health services. There is a wide variability in developing community mental health services, partly connected to the to the economic development. Especially in low-income countries the level of community based mental health is yet underdeveloped.

Community mental health care, although not yet fully implemented in many regions and countries, provides a full range of effective mental health care to a defined population, and is dedicated to treating and helping people with mental disorders, in proportion to their suffering or distress, in collaboration with other local agencies².

In addition to this change towards community based services, the public health approach became important. This approach is primarily concerned with the mental health of populations not individuals. Although populations are clearly made up of individuals, the individual approach and the population approach are quite distinct. Measures of morbidity, explanations of possible causation, e.g. the connection between poverty and (the prevalence of) mental health disorders, and the necessary interventions may be entirely different.

Regardless the level of the services, a shift towards community based mental health is inevitable as a result of the Mental Health Declaration for Europe, ratified by almost all European countries³.

Eventually, this shift has a profound impact on the attitude and role of the various professionals active in mental health care.

The overall aim of the IP is to contribute to better quality of care by empowering students with regard to knowledge, competences and skills in mental health.

Objectives

First of all this IP focuses on raising awareness among participants regarding the level and pro's and con's of contemporary (community based) mental health in their country.

¹ The World Health Report 2001. Mental Health: New Understanding, New Hope. WHO Geneva 2001.

² Thornicroft, G. & G. Szmukler. Textbook of community psychiatry. Oxford 2001.

³ Mental health declaration for Europe and Mental Health Action Plan for Europe. Helsinki 2005.

Secondly, various models of community mental health services are introduced and discussed to enhance their knowledge.

Finally, this will lead to a situation in which participants are prepared to function as a professional in the changing mental health context.

Learning Results

In addition, we would like to emphasize specific objectives in terms of learning experiences by the participants in the IP. With respect to participating students and staff from the several partner institutions, we aim to ...

- actively stimulate the intercultural exchange and learning experiences
- actively stimulate the interdisciplinary exchange and learning experiences
- Confront students with a diversity of teaching methods and didactics, along three
 main dimensions: evidence based, practice and reflection. Students will be
 confronted with issues of mental health in the society. They are expected to actively
 engage in processes of reflection among themselves, within the learning groups and
 together with the practitioners.
- make students aware of the several dimensions of mental health and global diversity of these phenomena
- Provide students with an explanatory framework for the enduring existence of mental health on several levels of analysis: individual (psychological), the level of peer group and the family, the social level (social structure, policy making, processes of stigmatization, legal frameworks). The framework will be both evidence based and based on experience and practice.
- Challenge students to develop actions and strategies for specific target groups based on peer exchange, field work, expert interventions and multi professional dialogue.

The learning outcomes of the program will be most clearly visible at the level of the students. We therefore expect students at the end of the program to be able to:

- present an evidence and practice based view on community based mental health, demonstrating awareness of these issues
- use both this evidence based view, practice experience and elements of reflection to support a personal opinion on these issues
- present a critical reflection on the systems and society of their respective homelands in the questions of mental health

Content

To achieve the above mentioned objectives & learning outcomes the programme will consist of :

Mental Health And Society. Although mental health formally is integrated in the overall health care system, it often functions separately and links with other relevant stakeholders and sectors are not well developed. Given the above described changes (mental) health professionals should redefine mental health position, role and function in society. Rapid societal changes challenges mental health not only to respond to the contemporary needs of society, but in a way these profound shifts also reshape the field of mental health itself. Mental Health and Social Psychiatry. Mental health problems can be seen from different angles. There is no overall accepted definition or method in mental health. There is still much to learn about specific causes of mental health disorders and the complex ways various factors from for instance neuroscience, biology, genetics, psychology and sociology contribute to it. Although it seems that the biological view of mental health disorders is predominant, the last decade of the 20th century was dubbed the Decade of the Brain, growing attention is paid to fields such as anthropology and sociology. A branch of psychiatry

that deals in collaboration with related specialties with the influence of social and cultural factors on the causation, course, and outcome of mental disorders is called social psychiatry. *Mental Health; International Perspectives*. There are huge differences in mental health all over the world, both from the perspective of the users and their relatives and from the service providers. The magnitude and burden of mental health disorders is overwhelming and one of the most important issues today in mental health is the treatment gap. A change in mental health services towards a more community based model can contribute to bridge this gap.

Integration in the curriculum and innovative aspects of the program

The content of the program is innovative in different ways. It is based on evidenced based knowledge in an innovative field. Evidence-based mental health care is a priority in the training of future caregivers.

The course promotes a fundamental shift in the view and attitude towards the concept of mental health: it puts the view on psychiatry into a much broader context, the context of systems like family, environment and society. It is also based on a community based approach and the promotion of outreaching care: to meet the client in its own environment. These aspects are new and important for the evolution within community mental health. The program is competence based and focuses mainly on interdisciplinary and intercultural competences.

All participating institutions show growing interest in interdisciplinary and inter-professional approaches of public mental health.

The participants will work as a team in international and interdisciplinary groups and benefit in this way from a multi professional perspective.

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Participants

Portugal, Oliveira, Portuguese Red Cross Portugal, Instituto Politécnico de Setúbal Finland, Oulu University of Applied Sciences Belgium, University College PHL Belgium, University College Arteveldehogeschool Poland, University of Physical Education, Wroclaw Latvia, Riga Stradina University The Netherlands, HAN University of Applied Sciences