



Our care system really works!

In the context of the new coalition agreement, to be drawn up after the recent general election, it seems vital to underline the significance of mental health care. First of all by clarifying its social revenues, including contributions to labour productivity in the Netherlands and to safety and quality of the urban environment. Challenged by financial-economic developments and the expected critical shortage of health workers, the sector has already addressed the question of how to streamline mental health services.

I. Effectiveness

- Mental capital

Mental health care is a strong pillar of the mental capital of the Netherlands. The mental health of its citizens represents a considerable economic factor. Other social domains will directly profit from improvements in mental health care. For example, in the course of the treatment of the two major mental health disorders, anxiety and depression, we may expect a 50% reduction in general practitioners' and physiotherapists' fees and costs involved in sick leave. Furthermore, full recovery from alcohol addiction, after anxiety and depression the most frequent mental health disorders and an important (hidden) cause of health care consumption and sick leave, is achieved in 30% of patients. 45% of the patients who are treated will consume less alcohol, leading to greatly improved social functioning, including participation in the labour process.

Investing in the mental health of young people pays, too. It may prevent unnecessary premature school leaving, criminal behaviour, long-term dependency on social benefits, or a high consumption of health care at adult age. Canadian research shows impressive results from the early identification and treatment of personality traits that otherwise may lead to mental health disorders and/or alcohol and substance abuse. Such screening will ultimately create enormous savings in the areas of health care consumption, productivity loss and social benefits.



- Safety and quality of the urban environment

Almost every type of drug rehabilitation and forensic care for socially dysfunctional addicts is very profitable. Many of them are homeless, in debt, in trouble with the police and the law, evade health care or do not know how to access it. The underlying cause is usually a serious condition, such as schizophrenia, bipolar disorder, or chronic depression. Mental health care services provide them with sheltered housing, medication, and intensive support and counselling. Every care-euro spent on this group of people is calculated to save € 2.13 on costs for society, for example on police and court cases as well as on insurance settlements. Introduced in 2006, this policy to offer neglected people and addicts a new perspective has proved successful in bringing down the amount of nuisance, notably in the four largest cities.

In the years to come, priority should be given to strengthening this approach; rolling it out to all other cities in the Netherlands. Forensic mental health care is quite effective in preventing patients from falling back into criminal behaviour. So-called TBS-treatment in a custodial institution reduces the risk of repeat offending from 70% after imprisonment to 20% after TBS-treatment.

- Somatic disease and the psyche

Mental health care services also target many somatic diseases in which psychic complaints play an important role, such as cancer, HIV and AIDS, chronic pain, asthma and COPD, diabetes, and MS. They therefore help to reduce somatic care consumption involved in these diseases, such as (days of) hospitalisation .

II. Efficiency

In the Netherlands, the mental health care services contribute indispensably to a healthy, resilient and safe society. High quality, substantial and diverse services are essential to recognise, diagnose, treat and/or stabilise individuals with mental health disorders. Measures must be taken to ensure adequate response to the increasing demand for mental health care.

Moreover, measures should be aimed at cost control, ensuring continued affordability of services, and retaining solidarity and accessibility. In essence, this means that the required care should be provided in the right place, by the right person, in an efficient manner, and well integrated with other services. Importantly, it should be clear what care is offered and how it is organised. It would seem essential to organise the care around the patient, rather than the patient around the care. It should be as close to home as possible, with an adequate triage function and a strong general practitioner function. Additionally good basic and specialist programs should be offered by the mental health care services. Reinforcing the patient's self-direction and self-management skills should deserve the greatest attention.

- Administrative costs and accountability

Not only the present-day financial situation but also the ageing of the population is forcing the mental health care sector to keep updating procedures to become more efficient. Much can be gained from relieving the administrative burden. The past few years have seen an on-going increase in administrative costs related to the mental health care services. The sometimes impenetrable walls between the four different costing systems lead, for instance, to more administrative procedures and less efficient care. Simplification of the system is expected to considerably reduce the administrative costs. Savings can be made both by harmonising and drastically simplifying the accounting requirements.

- E-mental health

The Netherlands is internationally a forerunner in the field of e-mental health and the integration of online- and offline treatment- and support programs. Research has shown that an increasing proportion of patients prefer this type of treatment to more traditional treatment methods. In five years, most of the programs will consist of a combination of online and face-to-face contacts. E-mental health can be up to 20 per cent cheaper as it reduces the time spent by therapists.

E-mental health is currently mainly used for frequent disorders such as depression, anxiety and addiction. A growing number of disorders can be treated via e-mental health.

Moreover, e-mental health can help reduce 'no show' rates; i.e. numbers of patients failing to show up for appointments. No show may be related to the disorder. In addition, E-mental health offers great opportunities for innovation in health care. For example, a webcam enables daily contact with chronically ill patients, saving nurses' or therapists' travel time. In the treatment of anxiety symptoms, exposure to anxiety-provoking stimuli can be easily stimulated with virtual reality eyewear. Investing in e-mental health is essential to maintain the pioneering role of the Netherlands and to further improve efficiency of the services.

- Shift to out-patient care

In 2009, the in-patient care capacity in the Netherlands amounted to 29,900 places. This number must and can be reduced. In many cases, out-patient mental health care is more cost-effective than in-patient care because fewer clinical services are needed. Out-patient mental health care is not exclusively aimed at individuals requiring short-term care, but also at patients with chronic mental disorders. Increasing the volume of out-patient care to prevent hospitalisation is a permanent concern with regard to this group; long-term hospitalisation is medically necessary for only a limited group. The majority of those who are reliant on long-term hospitalisation are able to and prefer to live independently. This movement is setting in, and provided it is further stimulated it will bring down the number of places to an estimated 20,000 in 2020.

The major benefit of out-patient care lies in the savings in residential and day-care services. It goes without saying that this type of care must meet high quality standards, for which specialist programmes are indispensable. Lack of out-patient care would – in combination with a reduction of the number of beds– lead to more neighbourhood deprivation or a greater number of people watching from the sidelines; or alternatively a larger inflow into forensic care.

To get a clear insight into the proceeds of out-patient care we must place it within the framework of the General Act on Special Medical Expenses (AWBZ), Health Insurance Act, and Social Support Act (WMO), and consider it in relation to the separate provision of housing and healthcare. Issues such as good housing, proper work, a social network, debt rescheduling, et cetera, are being discussed with the municipalities. The use of innovative care models such as social inclusion, Assertive Community Treatment (ACT) and Function Assertive Community Treatment (FACT) will enable 10% more patients to be treated with the same amount of money in 2020.

- Care within the community

Patients should have a prominent position; they should know where to go in case of mental problems and be certain of tailor-made care in an integrated care pathway. To ensure we can deliver that mental health care close by, we must invest in the quality and accessibility of primary care. General practitioners should be able to recognise patients with both mental and somatic diseases and, where necessary and possible, treat and support them. If a general practitioner cannot treat a patient, he will refer the patient to a basic or specialist program offered by mental health care services; or to other care providers if the patient has no psychic complaints. This 'channeling' is intended to guarantee appropriate, efficient care – and promotes ambulatory care. The patient will always flow smoothly through the channel and should reach the proper care provider as soon as possible based on this principle: only treat if necessary, stimulate the patient's self-direction and self-management as much as possible, and refer back if possible. With good support from the general practitioner and well organised and accessible basic programmes, 30% of the patients who are now channelled into a specialist program can be treated adequately in their own community. It is thought that this will achieve that care providers take a well-considered stand on their positioning and profiling, concentration and/or specialisation.

- Labour market

Although currently the mental health care labour market (68,100 full-time employees equivalents in 2010; 11% of the entire health care sector) is reasonably relaxed, ageing of the population is expected to decrease the workforce and to create a great shortage of health care workers. Today there is a shortage of mainly psychiatrists, (clinical) psychologists and psychotherapists. In the longer term we may expect shortages in almost all professions. In 2012, at least 5,000 employees were laid off under the pressure of cutbacks. They are badly needed in the future to guarantee good delivery of care.

The sector actively creates good preconditions for the training of new professionals, in spite of the strained budgets for training activities. In addition, efforts are made to efficiently deploy the available human resources and to increase their job satisfaction. One way to achieve this is by streamlining the administrative procedures.

The mental health care services in the Netherlands are dedicated to introducing, in the next few years, labour conditions that are in line with conditions in the overall labour market. For the sake of competitiveness, mental health care workers cannot be allowed to be positioned at greater distance from the market sector.

- Prevention

Apart from the above, it may be clear that a proper public health policy, focussed on the prevention of health complaints, will also benefit mental health care. Large cutbacks in the health care industry can only be achieved by stimulating the Dutch population to switch to a healthier life style – with an emphasis on sufficient exercise, much lower alcohol and substance use, and addressing 'meaning-of-life' issues.