

Planning Mental Health Services: Some Strategies

by

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Introduction

- Since I know only a few of the specifics of the situation,
- I will be speaking largely in generalities
- I will outline 5 different ways of looking at planning and
- Give the Pluses (+) and Minuses (-) to each

Planning Mental Health Services: Some Strategies Outline

1. Rules/Constraints
2. Direction planning flows
3. Designers: Who are they
4. Methods used
5. Target services

Planning Mental Health Services: Some Strategies Outline

1. Rules/Constraints

1. Evidence-based (PORT)
2. Laundry list (Oregon Health Plan)
3. Economic (cost/outcome)

Planning Mental Health Services: Some Strategies Outline

1. Rules/Constraints

2. Evidence-based (PORT)

30 recommendations

Rated A. Good

Rated B. Fair

Rated C. Expert opinion

+ very clear guidelines

- doesn't allow experts to exert judgment per region

Planning Mental Health Services: Some Strategies Outline

1. Rules/Constraints

2. Laundry list (Oregon Health Plan)

700 Diagnoses with treatments

Legislature drew line at #587

+ covers everything in principle

- the real coverage is political though

Planning Mental Health Services: Some Strategies Outline

1. Rules/Constraints

3. Economic (cost/outcome)

Cost Effective Treatments ranked

Only Fund those with highest impact on outcome

+ doesn't waste money on useless treatments

- are our data really this good about cost-effectiveness?

Planning Mental Health Services: Some Strategies Outline

1. Rules
- 2. Direction planning flows**
3. Designers
4. Methods
5. Target

Planning Mental Health Services: Some Strategies Outline

2. Direction planning flows

1. Top-Down – CMHC Policy Initiative
2. Bottom-Up – Needs Assessment drives
3. Interactive – Gates Fndn AIDS Initiative

Planning Mental Health Services: Some Strategies Outline

2. Direction planning flows

1. **Top-Down – CMHC Policy Initiative**

Catchment area size defined despite geography
10 Service elements specified

+ comprehensive

- finagle factor (few 24-hr ER per Sharfstein)

Planning Mental Health Services: Some Strategies Outline

2. Direction planning flows

2. Bottom-Up – Needs Assessment drives

Perform epidemiologic needs assessment

Provide services based on needs not models

+ really know what each area needs

- very expensive to do right

Planning Mental Health Services: Some Strategies Outline

2. Direction planning flows

3. Interactive – Gates Fndn AIDS Initiative

Prevention, Transmission, Treatment all tailored to
individual countries in Africa

+ culturally (in all senses) sensitive

- opinion may distort science

Planning Mental Health Services: Some Strategies Outline

1. Rules
2. Direction
- 3. Designers: Who are they**
4. Methods
5. Target

Planning Mental Health Services: Some Strategies Outline

3. Designers: Who are they
 1. Experts – National CMHC
 2. Lay-persons – Bronx CMHC
 3. Blend – Most CMHC's

Planning Mental Health Services: Some Strategies Outline

3. Designers: Who are they

1. Experts – National CMHC

Largely psychiatrists/scientists

+ lots of data

- little saavy

Planning Mental Health Services: Some Strategies Outline

3. Designers: Who are they

2. Lay-persons – Bronx CMHC

1 vote per person regardless

+ “democratic”

- tyranny of the masses

Planning Mental Health Services: Some Strategies Outline

3. Designers: Who are they

3. Blend – Most CMHC's

All have input

But decisions still rest with authority

+ balanced

- time-consuming

Planning Mental Health Services: Some Strategies Outline

1. Rules
2. Direction
3. Designers
- 4. Methods used**
5. Target

Planning Mental Health Services: Some Strategies Outline

4. Methods used

1. Delphi/iterations – New York State
2. Evolutionary – data-formulation-plan
3. Instantaneous - decree

Planning Mental Health Services: Some Strategies Outline

4. Methods used

1. Delphi/iterations – New York State

Continually voting and feeding back

+ drives to consensus

- Time consuming

Planning Mental Health Services: Some Strategies Outline

4. Methods used

2. Evolutionary – data-formulation-plan

Flows from beginning to end

Constant progress

+ logical to all

- can be time consuming

Planning Mental Health Services: Some Strategies Outline

4. Methods used

3. Instantaneous – Chinese 1948 decree on blind

Immediate results

+ no delays

- major errors

Planning Mental Health Services: Some Strategies Outline

1. Rules
2. Direction
3. Designers
4. Methods
5. **Target services**

Planning Mental Health Services: Some Strategies Outline

4. Target services

1. Single target – MD Rehab
2. Fill gaps in services – Comm Support System
3. Comprehensive system - CMHC

Planning Mental Health Services: Some Strategies Outline

4. Target services

1. Single target – MD Rehab

Identified problem

Turned all money towards it

+ builds it fast

- at the expense of everything else

Planning Mental Health Services: Some Strategies Outline

4. Target services

2. Fill gaps in services – Community Support System

Identified a series of needed services

+ fills gaps

- reveals weaknesses elsewhere (inpt)

Planning Mental Health Services: Some Strategies Outline

4. Target services

3. Comprehensive system – CMHC

Identified what an ideal system was

Tried to do it nationally

+ shaped services for decades

- distorted landscape (buildings/programs)

How should one proceed?

Wisely

Quickly

Carefully

Inclusively

Cost-effectively