Perspective on a mentally healthier 2035

de Nederlandse ggz

NEDERLANDSE VERENIGING VOOR PSYCHIATRIE

MIND

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Support and care are under intolerable pressure

People's mental health is close to our hearts. Support and care for people with psychological symptoms or mental health problems are under intolerable pressure. Action is needed now for a mentally healthier 2035.

Demographic changes such as population growth and ageing and increasing social uncertainties have led to an increase in mental health problems. As a result, more care and support are needed, while resources and manpower are under pressure. Reforms are needed by 2035 to ensure that people with mental health problems receive appropriate help and the mental health of the population improves.

MIND, the Dutch Association of Mental Health and Addiction Care (deNLggz), the Netherlands Institute of Psychologists (NIP), the Netherlands Psychiatric Association (NVvP) and Dutch Nurses Association (V&VN) have joined forces to work together on a perspective for a mentally healthier 2035. They are not the only five organisations that influence the demand, supply and organisation of mental healthcare. However, the five parties accept their responsibility to work towards a mentally healthier Netherlands in the coming period from a common, unified, coherent and consistent perspective. From this perspective, these five parties will draw up a working agenda in the coming period, develop practical themes, and seek and strengthen cooperation with other parties involved in supporting mental health.

Substantiation and key themes

To elaborate the content of this perspective, the five parties are building on the considerable contributions and scientific and other insights of recent years. For example, the report 'Ggz uit de knel' (Unblocking Mental Healthcare, Trimbos), the Netherlands Mental Health Survey and Incidence Study (NEMESIS): Monitoring mental health – Trimbos Institute (2022), various reports by the NZa, RIVM, RVS and the fundamental movement towards Positive Health and a holistic view of care and support for the care recipient.

These insights lead to issues that can be encapsulated in a few key themes. A number of topics emerged under each core theme in meetings we held on that perspective. These are issues that our organisations have to tackle both together and individually and also with other stakeholders to get the promising perspective within reach in the coming years. Actions are needed on all key themes to turn the tide. There are too many to initiate at once. The actions within the key themes also form a dynamic list. This means topics and prioritisation may change. In the working agenda, we decide together which topics we will work on and in which order. We realise that difficult choices may have to be made between affordability of care on the one hand and accessibility of care on the other, and that it will also take a long time. We therefore call for space to work together on this common perspective in the coming period.

Our perspective for 2035

1. Everyone struggling with mental health issues has the right care and/or support at the right time and in the right place. There are **no unacceptable waiting times** in mental healthcare, and care is accessible to all.

2. Wherever possible, anyone struggling with mental health issues has **the space and opportunity to choose for themselves the care and/or support they need**. There is a wide range of options available, such as peer contact, self-directed care and recovery centres, mental health services and sufficient opportunities (including in the social domain) to participate in society in the form of meaning, work, social contacts, meaningful daytime activities, etc. Care and support revolve around the people requiring them, match their needs and scale up and down easily. The person's surroundings are given an important role in this (**network care**).

3. Healthcare professionals have the space to deliver **customised care**. They are supported in this by the healthcare system. The care is of good quality and is provided by **well-trained and motivated professionals (including experts by experience)**.

4. Mental health is given the attention it deserves in **all facets of life**, such as livelihood, a home, work, education, meaning, both at the individual level and in society as a whole. **Health in all policies** is the starting point.

5. The **prevention of mental health issues is prioritised** through early detection, preventive measures, (self-)help (including digital options) and low-threshold support. The person's own network - in the community, at work and at school - should serve as the foundation as much as possible.

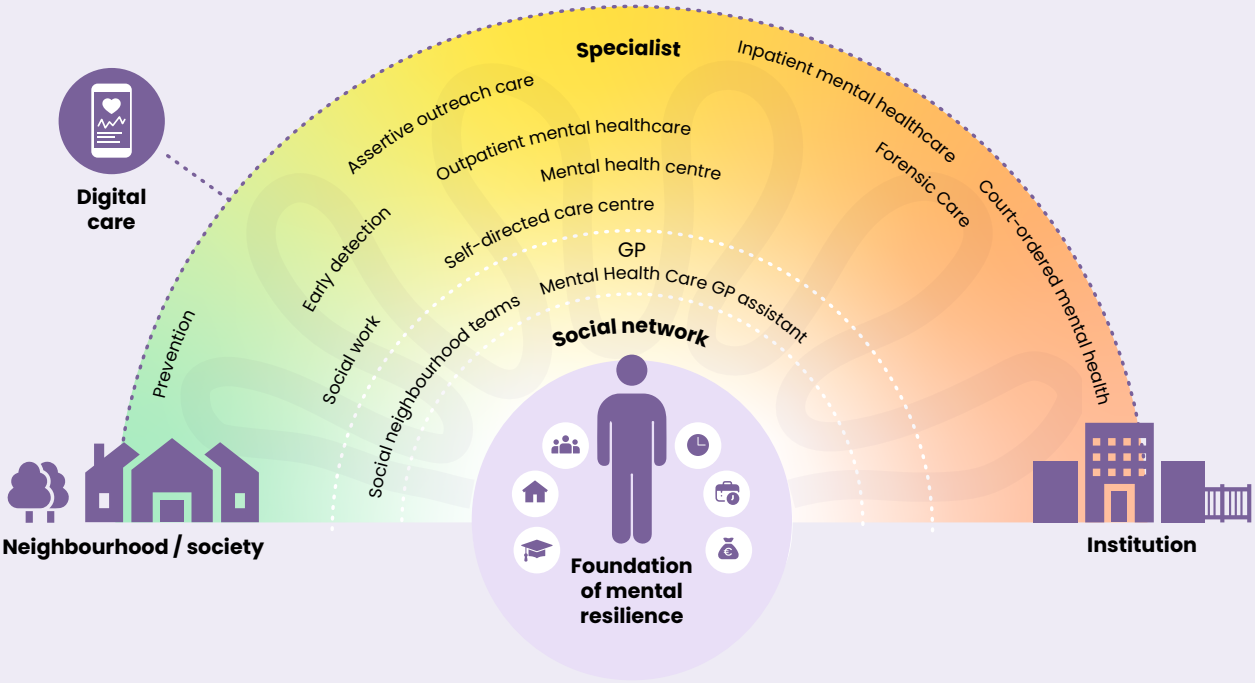
6. The client who experiences **chronic or long-term mental ill-health** has the **appropriate care or support**. If necessary, in an institution, where possible in the neighbourhood. Even when care has been imposed by a court, attention is paid to working towards some form of meaningful participation in society. There is enough suitable housing available for these people

We live in a society where everyone cares for each other!

In order to realise the above perspective, different parties are required to act: society, the political system, the organisations providing support, and both formal and informal care. Choices must be made on who takes up what responsibilities to achieve the joint promising perspective.

Together for a mentally healthier Netherlands in 2035

Care and support that shift with people's needs



There is a wide range of options available, such as peer contact, self-directed care and recovery centres and mental healthcare services. There are also plenty of opportunities to participate in society in the form of meaning, work, social contacts and meaningful daytime activities. Care and support revolve around the people requiring them, match their needs and scale up and down easily. The person's surroundings are given an important role in this (network care).

The four key themes

These are issues that our organisations have to tackle in the coming years, both together and individually and with other stakeholders, to get the promising perspective within reach. Actions are needed on all key themes to turn the tide.

- **Key theme 1 -** Ensuring support and care that changes with the needs of the client
- **Key theme 2 -** Ensuring flexibly adaptable organisation and funding
- **Key theme 3 -** Ensuring that enough human resources are available
- **Key theme 4 -** Ensuring good quality, knowledge and data in the mental health sector

KEY THEME I

Ensuring support and care that changes with the needs of the client

People who need mental health support and care should be able to count on this care and support being quickly accessible, appropriate and effective. Care and support should change with the needs of people requiring it and should be able to scale up and down flexibly. Self-direction and the network play an important role here. Some of the points we want to address together are:

→ We **operationalise together a continuum of the care and support in adaptive/flexible/fluid mental healthcare**; the care and support, and therefore the professionals, shift flexibly in response to the client;

→ We ensure **the availability of complex mental healthcare (high degree of organisation and coordination)**;

→ We are committed to the implementation of a good comprehensive intake that examines, together with the citizen, what help and/or support is most appropriate at that moment. The intention is to improve access to care and reduce waiting times through timely, appropriate care and/or support. In doing so, we distinguish between real care requests and **social support/triage/consultation** and have a clear perspective on **flexible up- and downscaling** according to the client's needs;

→ We promote **regional cooperation** between mental healthcare institutions, general practitioners and other formal and informal care providers (such as self-directed care and recovery centres) to improve access to care and reduce waiting times. It is the informal structures (such as relatives, experts by experience and peers) surrounding a client that are essential if you want to scale up and down more easily and allow the client to access care and support more smoothly;

→ We deploy our **knowledge and expertise by experience) in the front line, as early as possible in life and in all areas of life**, i.e. investing in early signalling and preventive programmes such as Mental Health First Aid and early detection in schools to identify and address problems early;

→ We ensure the availability of digital treatment options that improve the quality of care, are labour-saving and/or add value alongside other treatments, based on the client's needs. We develop the digital treatment options together with experts by experience.

KEY THEME II
Ensuring flexibly adaptable organisation and funding

If the system of care and support is to shift with the needs of the person requiring it, the funding and design must enable this. Adaptive, flexible organisation and funding are important prerequisites for this. Sufficient opportunities and financial resources should be available for one's own network, peers, experts by experience in informal and formal care, the mental healthcare system and other organisations to do so.

→ We advocate for **adequate funding appropriate to the continuum of care and support**: this will eventually require an adjustment of the current healthcare system. But even within the current system, this change should already be initiated. Consider the freeing of resources through cross-domain funding, consultation funding, population funding or availability funding without perverse financial incentives;

→ We want to **strengthen regional cooperation and network care** and promote and support the integrality of work by sharing knowledge, expertise and data. Laws, regulations and funding should support this;

→ We propose **implementing an administrative reform programme** to reduce administrative burdens so that healthcare professionals can spend more time on direct care delivery;

→ We stress the importance of a good **consultation function through better assurance and funding**;

→ We promote **adequate working conditions of professionals (primary, secondary and tertiary)**, especially in the most difficult segments of the mental health sector.

KEY THEME III

Ensuring that enough human resources are available

People with mental health issues are entitled to proper care and support. This requires matching human resources: both informal and formal. The mental healthcare labour market in the Netherlands is under great pressure, and the employment of experts by experience, informal care and the availability of peer contact is not yet up to standard. A growing demand for appropriate care and support combined with an increasing shortage of healthcare professionals and manpower poses a serious threat to the continuity, sustainability and quality of the mental healthcare system. It is therefore necessary to support healthcare professionals in various ways so that they experience more job satisfaction.

→ We actively pursue **improving primary and secondary employment conditions** to increase the attractiveness of the healthcare sector and retain staff. Close the gap between incomes in healthcare and other sectors;

→ We want to retain the available human resources by promoting **good employment practices**, such as strengthening trust, professional autonomy and authority, good working conditions, space for coping and support with emotionally demanding work, good private life/work balance, better education and development opportunities and appreciation (including non-material), and servant leadership;

→ We make a plan to achieve a **more appropriate division of labour** within the mental healthcare system between professionals (including experts by experience) and informal care. For example, by increasing the use of experts by experience, support staff and digital capabilities (such as AI) to reduce the workload for healthcare professionals and make care more efficient;

→ We believe that **sufficient manpower and resources** should be available for the most **complex target group**;

→ We consider it necessary to ensure that the **number of training places for mental healthcare professionals matches the requirement in the field** (according to the outcomes of independent surveys of the Advisory Committee on Medical Manpower Planning (Capaciteitsorgaan) estimate) and invest in high-quality training programmes to meet future demand;

→ We encourage **and promote the use of technology** to reduce the workload for healthcare professionals. For example, automatic logging and drastically simplifying administrative operations. Qualitative digital options are also or soon will be available for supporting healthcare professionals with triage or even treatment.

KEY THEME IV

Ensuring good quality, knowledge and data in the mental health sector

A mentally healthier 2035 requires knowledge, skills, data and quality of care and support. Mental health care is often seen as a 'black box' in which the processes and outcomes of care are difficult to fathom. This picture stems from the complexity of mental health symptoms combined with the variability of treatments and outcomes in practice. Crucial to this is a common perspective on appropriate care, knowledge sharing and the cycle of learning and improvement.

→ We are becoming **more learning organisations**, where we ensure an improvement cycle, good atmosphere and joint decision-making with clients, and we put clients' voices at the centre of policy-making. We ensure openness and security. Together, **we share good practices**;

→ We actively pursue **scientific research and effective treatments for mental healthcare in practice** together with universities and research institutes. Investing in scientific research and encouraging publications can help improve the knowledge base and the development of effective treatments. Promoting the integration of scientific knowledge into daily practice can increase the quality of care and improve the effectiveness of treatments. In doing so, we use scientific knowledge, professional knowledge and experiential knowledge.

→ We **encourage knowledge sharing within and between organisations, care providers and experts by experience**. We want to bring knowledge and scientific insights closer to the practice, e.g. education, work, social domain, GP (including Mental Health Care GP assistants). Promoting knowledge sharing between healthcare professionals, researchers and other societal actors can stimulate scientific progress and innovation in the mental healthcare sector and improve the quality of care and support. Specialised mental healthcare and the consultation function play an important role here;

→ We are making our **quality more transparent** and are identifying what data are needed and available to do so; by implementing standardised outcome measures and systematically sharing treatment results, we can gain more insight;

→ We are **letting go of unnecessary registration obligations** and are fostering a radical **shift from distrust to trust**. That also means: only measure what really matters (for the client and for better treatments);

→ We will **train in a more future-proof manner**: more in the field of digitalisation, room for further training and more room for client context, less working solely from the clinical perspective.

Colophon

This is a publication of MIND, the Netherlands Psychiatric Association (NVvP), the Netherlands Institute of Psychologists (NIP), the Dutch Association of Mental Health and Addiction Care (deNLggz) and the Dutch Nurses Association (V&VN).

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Together, we are taking steps towards a mentally healthier 2035 for all.

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