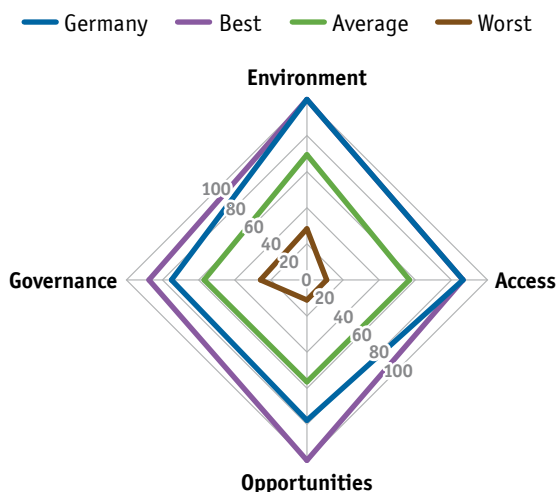


# Germany Country Report

## Excellent provision in need of co-ordination

### Mental Health Integration Index: Results for Germany



### Mental Health Integration Index Results

Overall:	85.6/100 (1st of 30 countries)
Environment :	100/100 (1st)
Opportunities:	77.8/100 (5th)
Access:	86.5/100 (1st)
Governance:	75.0/100 (4th)

### Other Key Data

- Spending: Mental health budget as proportion of government health budget (2011): 11%.
- Burden: Disability-adjusted life years (DALYs) resulting from mental and behavioural disorders as a proportion of all DALYs (World Health Organisation estimate for 2012): 11.7%.
- Stigma: Proportion of people who would find it difficult to talk to somebody with a serious mental health problem (Eurobarometer 2010): 17%.

### Highlights

Germany has the highest ranking in The Economist Intelligence Unit's Mental Health Integration Index, scoring strongly in all categories and in most indicators.

National experts, however, point out that integration between different services is an important weakness.

A large treatment gap and an increasing economic burden of mental illness point to the need for further improvement.

Current innovations in the city of Hamburg may point the way towards a more integrated future.

SPONSORED BY



## Very strong individual services

Germany has the highest overall ranking in The Economist Intelligence Unit's Mental Health Integration Index. Rather than showing a particular strength, the country does well across the board. In particular, Germany has the best results in two categories: "Access", which focuses on medical care, and "Environment", a measure of the ability to have a family life, in which Germany achieves a perfect score. Similarly, among the Index's 18 indicators, Germany finishes in, or ties for, the top spot 12 times, and never ranks lower than 12th.

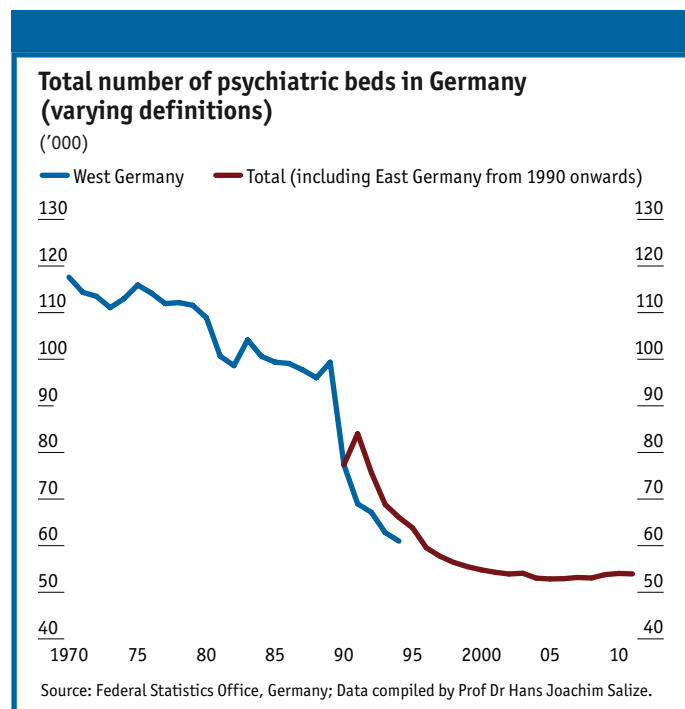
Such consistent strength comes from the "high level of political consensus on prioritising mental health, or at least giving it a reasonable level of priority" over several decades, explains

Thomas Becker, head of the department of psychiatry II, University of Ulm and BKH Günzburg. As with other European countries, Germany needed to reform hospital-focused provision in order to create a community-based mental health system.

This process began in the 1970s, after a government commission in the then Federal Republic—the "*Psychiatry Enquête*"—advocated a shift to outpatient services. Change has been, in Dr Becker's words "slow and moderate", especially compared with more radical developments elsewhere in Europe. The *Enquête*, for example, said little about patient empowerment. It was steady, and picked up steam in the 1990s as staffing improved and psychiatric bed numbers fell more rapidly.

Following German reunification, the new eastern *Länder* (federal states) posed an infrastructure problem: officially, the former East Germany had advocated community-based care since the early 1960s, but had done little in practice to change its largely asylum-based system. Still, the momentum of psychiatric reform was such by this period that, as the figures for numbers of psychiatric hospital beds illustrate [see chart], change continued across the country.

The range of mental health services currently available is impressive, including: a wide number of school and workplace schemes, family and carer support, home care, day care, outpatient psychiatry and psychotherapy, vocational rehabilitation, and inpatient care in both reformed psychiatric facilities and general hospitals. Typically these services are provided at little or no cost to the service user. This provision, though, is not cheap. "There is a lot of money in those systems", notes Nicolas Rüsçh, professor of public mental health in the department of psychiatry II, University of Ulm and



BKH Günzburg. However, explains Dr Becker, “the strength of the social welfare state may sometimes be a weakness”. This money funds “a multitude of powerful stakeholders”, whose existence perpetuates the biggest ongoing failing of mental health services in Germany: a lack of integration.

### A system run by providers can lose the patient

Mental healthcare provision in Germany is a system almost designed for fragmentation. The federal government sets general regulatory frameworks and overarching policy, but the 16 *Länder* are responsible for planning and implementation. This leads to substantial variation of provision across the country, says Dr Becker. Adding a level of complexity to this can be the significant role that other bodies play in setting the rules. Federal legislation, for example, gave the task of revising the payment system for inpatient psychiatric care to the Institute for the Hospital Remuneration System (InEK), which is jointly governed by hospital and insurer professional organisations.

Financing, meanwhile, is highly complex. For those in employment, health insurers cover the costs of acute medical treatment; for the unemployed, the social welfare system does; pension funds pay for the retired. Disability funds or the national government usually cover the costs of rehabilitation, but so, in some cases, do pension funds, to stave off early retirement. Social welfare systems pay for sheltered accommodation and many other costs of reintegration into society. The *Länder*, meanwhile, pay for building infrastructure such as hospitals. As with the majority of healthcare provision in Germany, the system lacks any overall control. It has a range of self-governing organisations of providers and payers, as well as quality control agencies, each exercising substantial

influence alongside state bodies. However, notes Dr Rüsich, service-user influence, while increasing, is low compared with that in many other countries.

With little coherence, as Dr Rüsich puts it, “resources are significant, but there is no strong drive towards care programmes that integrate social and medical approaches. The system is driven by stakeholder interest. There is no sufficient financial incentive for social care providers and healthcare providers to get together and agree on collaborative care models in their catchment areas.”

This can lead to substantial problems in providing even continuity of medical care, let alone more widely co-ordinated provision of services. Within medicine, because inpatient and outpatient services are funded and staffed separately, “if you have an inpatient [treated for a mental illness] who you discharge and who needs specialised outpatient psychotherapy, you will not find anybody [to treat him or her]”, says Dr Rüsich. “There is an eight-month-long waiting list.” The reason is that outpatient psychotherapy is one of the few areas with relatively little funding. With mental illness being treated by every element of the healthcare spectrum, however, such integration is essential for holistic care.<sup>1</sup> As for medical and social care, administrative bodies do exist to try to bridge the gap, such as *Gemeindepsychiatrische Verbände*, says Dr Becker, and informal co-operation helps as well. Even with some progress having taken place here, however, he expects that “there will continue to be some healthcare-social services divide”.

The level of provider power also hampers innovation. Dr Becker explains, “People from outside Germany will find it hard to understand to what degree the [mental health] system is resistant to change.” Probably the most striking example is

---

<sup>1</sup> For the types of professionals—both psychiatric and psychosomatic—involved, by severity of condition, see Wolfgang Gaebel et al, “The DGPPN research project on mental healthcare utilization in Germany: inpatient and outpatient treatment of persons with depression by different disciplines”, *European Archives of Psychiatry and Clinical Neuroscience*, 2012.

that, even after four decades of a policy to shift away from psychiatric hospitals, almost all of these institutions remain open, albeit with reformed services and fewer beds.

Such resistance is relevant in the category that the Index indicates is Germany's weakest. In "Opportunities", which covers workplace conditions and support in returning to employment, Germany ranks fifth. This is consistent with Dr Rüsich's view that improved reintegration into the labour market, as opposed to sheltered employment, is one of the most pressing areas requiring improvement. In particular, he and Dr Becker say that using the relatively new strategy of supported employment, or so-called Individual Placement and Support (IPS), would represent an improvement on current practice. He explains, however, that there is "a lot of lobbying in the area of work rehabilitation from a range of different types of services that compete, to some extent, for funding by the unemployment agency, health insurers and old age/disability insurers. Organisational interests may take precedence over the public health interest." Although Dr Becker expects that, eventually, IPS will prove to be the better option in a mixed economy of care, and other employment service providers will need to change, funding in the system allows "too much focus on costly, inpatient services that prevent innovative models. We need to be more flexible and swifter."

### An under-treated disease burden with a growing economic impact

Unless addressed, these weaknesses are likely to become increasingly apparent as the burden of mental illness on the German social welfare system increases. The Mental Health Module of the 2013 German Health Interview and Examination Survey—a national survey of disease prevalence and healthcare use—indicated that in the preceding 12 months,

27.7% of the adult population met the criteria for at least one mental disorder; 12% had more than one condition. Fewer than 20% of those who had at least one disorder (23.5% of women and 11.6% of men) reported any service use in the preceding year. Although this figure is for those with mental illness as a whole, the figure for the most frequent users of services, those with psychotic disorders, rose to just 40.5%. In other words, the large majority are not seeking regular help.<sup>2</sup> These statistics are broadly in line with a similar survey conducted in 1998.

If prevalence and mental health service usage are not changing, though, disability claims are. On average for German health insurers, between 2005 and 2012 the number of sick days claimed by employees for mental health reasons rose by 97.1%, part of a five-fold increase since 1976. Mental illnesses are now the second most common reason for time away from work.<sup>3</sup> Gregor Breucker, division manager of the department of health promotion at the BKK Federal Association, believes that an important part of this change "is that it is becoming easier for ordinary people to classify themselves as having a mental health problem".

This might suggest that stigma in Germany against those living with mental illness is declining, yet the increased use of services seems to be occurring despite continuing bias. Dr Rüsich reports that the best available data suggest that stigma levels have remained roughly constant since the 1990s and have even worsened for those with schizophrenia. This is almost certainly holding some people back from getting the care that they need.

Such data as are available indicate that these trends and figures do not put Germany under a bad light when compared

<sup>2</sup> Frank Jacobi et al, "Twelve-month prevalence, comorbidity and correlates of mental disorders in Germany: the Mental Health Module of the German Health Interview and Examination Survey for Adults (DEGS1-MH)", *International Journal of Methods in Psychiatric Research*, 2014; Simon Mack et al, "Self-reported utilization of mental health services in the adult German population—evidence for unmet needs? Results of the DEGS1-Mental Health Module (DEGS1-MH)", *International Journal of Methods in Psychiatric Research*, 2014.

<sup>3</sup> BKK Dachverband, *BKK Gesundheitsreport 2013*, 2013.

with other European countries. Nevertheless, they reveal that the health system is not providing the level of mental healthcare, or integration for those living with mental illness, that the country needs. Moreover, as Germans continue to become more willing to admit to being temporarily or permanently incapacitated by mental illness, economic considerations alone will force improvements in the identification, treatment, and provision of services for those affected. For this to take place, even a well-funded system will not have the luxury of operational silos, however strong they are in their own isolated fields.

### System improvements

Poor integration and a lack of even basic information exchange between primary, specialist, inpatient, and outpatient care of all kinds is a longstanding, major problem, not just for German mental health services but for the German health system as a whole. General practitioners do not perform a gateway function. This allows direct access to specialists, but also leaves patients with complex conditions to negotiate their way around the different clinicians that they need, while the latter frequently duplicate tests and examinations already performed by colleagues. When it comes to mental health, the importance of social, employment, and housing services only adds to the complexity for individuals affected and their families.

One German approach to squaring this circle has been the development of integrated care networks, in which different health providers co-ordinate their offerings in a way that is centred on the individual patient. Some 6,000 integrated care contracts, or programmes, exist in Germany, although the overall number has remained stagnant since government funding for start-ups ceased in 2008. In mental health,

however, the concept may receive a boost from a major project under way in the city of Hamburg, aimed at providing holistic care—“psychnet” or the Hamburg Mental Health Network—which is generating a lot of interest.

Hamburg has one of the highest levels of mental illness in Germany and, before the project, extensive waiting times for specialist treatment as well as a poor turnover rate between providers after referrals. Psychnet, funded as a research and development project under the federal government’s “Health Regions of the Future” scheme, has over 60 partners, including patient and family groups, specialist and generalist clinicians, hospitals, local government, businesses, and research associations. At its core has been the creation of integrated care pathways for psychosis, anorexia, depression, addiction, and somatoform disorders. These centre around early identification and timely, appropriate treatment where all involved are kept informed of progress, but the project also integrates crisis support centres for those who need it. Some of the pathways involve trying out new approaches. In the psychosis network, for example, insurers are funding a treatment regime that is eight times more intensive than usual, so long as the results produce a 50% reduction in overall treatment costs (through a reduction in crises and hospital readmissions, for example) and a shift from inpatient to outpatient care.

Psychnet, however, goes much further than simply improving medical care. Various sub-projects also provide crisis support; individual and family support in self-help and illness management through a GP; public awareness campaigns; and assistance for companies in occupational mental health management. The latter includes providing a clear pathway to care via the network for employees who might require

it. Although the networks and programmes are largely healthcare related, the service also links into the occupational, rehabilitation, and housing services that are the responsibility of the city of Hamburg—itsself a partner.

The programme and its many sub-projects are subject to an extensive evaluation effort in order to find which parts of it work and which need improvement. The results of this will not be available until after 2014, when psychenet's initial funding ends, but if the results are positive it could show the way for Germany to consolidate its position at the top of our Index.

---

### About the research

This study, one of a dozen country-specific articles on the degree of integration of those with mental illness into society and mainstream medical care, draws on The Economist Intelligence Unit's Mental Health Integration Index, which compares policies and conditions in 30 European states. Further insights are provided by three interviews—with Dr Thomas Becker, head of the department of psychiatry II, University of Ulm and BKH Günzburg; Gregor Breucker, division

manager of the department of health promotion at the BKK Federal Association, a German occupational health insurers' trade body; and Dr Nicolas Rüschi, professor of public mental health at the department of psychiatry II, University of Ulm and BKH Günzburg—as well as extensive desk research. The work was sponsored by Janssen. The research and conclusions are entirely the responsibility of The Economist Intelligence Unit.

---