



THE PORTUGUESE HEALTH REGULATION AUTHORITY

Title: Report on Access and Quality in Mental Health Services

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Executive summary

According to the Portuguese National Mental Health Survey (2013), 22.9% of the Portuguese population had at least one psychiatric disorder in 2012, with Portugal ranking as one of the countries with the highest prevalence of mental illnesses in Europe (Caldas de Almeida and Xavier, 2013¹). The National Mental Health Plan (NMHP) is a national priority program of the Directorate-General of Health (DGS), which suggests a growing concern with public policies regarding mental health.

In this context, the Portuguese Health Regulation Authority (ERS), under the remit set forth in no. 3 of article 5.º of the Decree-Law n.º 126/2014, of August 22nd, conducted a study on access and quality in mental health services

The study is composed of five chapters, the first one being dedicated to the national and international mental health background. Chapter 2 describes the legislative framework, objectives and implementation status of the NMHP 2007-2016, revealing a gap in the implementation to the targets set, namely in what concerns mental health integrated care network, development of a new funding model for mental health services, promotion of quality assessment, and creation of information systems to collect data from all mental health services.

The access analysis, in chapter 3, evidenced levels of human resources per inhabitants below target ratios defined in 1995 by DGS, with the exception of number of psychologists. However, in 2011 the World Health Organisation concluded that the

¹ Caldas de Almeida JM., Xavier M. (coord.) (2013). *Estudo Epidemiológico Nacional de Saúde Mental*. Faculdade de Ciências Médicas. Lisbon.

number of nurses and psychologist in Portugal was extremely low, according to European standards. The access analysis also evidenced that the majority of the population lives in regions with low level of accessibility to points of care provision, residing more than 40 minutes away from public psychiatry services. Regional asymmetries are highlighted, with greater scarcity in Alentejo and Algarve regions.

Following the NMHP 2007-2016, a deinstitutionalisation process was initiated with the foreclosure of three public psychiatric hospitals, with patients being transferred to residential alternatives. However, this process was not preceded by the development of community based infrastructures, since the mental health integrated care network is yet to be implemented.

Chapter 4 includes the analysis of quality indicators, evidencing that the suicide rate did not varied significantly between 2011 e 2013, despite some regional asymmetries, with Alentejo ARS and Algarve ARS presenting the highest rates. On the other hand, total re-admission rates and same-cause re-admission rates increased. Moreover, in a sample of inspected mental health services, we concluded that quality and safety procedures are better defined and implemented in accredited/certified providers. We also concluded that the lack of legislation with respect to quality standards leads to providers internally setting their own procedures, thus resulting in heterogeneity in quality and safety standards across the hospital network.

Chapter 5 concludes the report with suggestions for measures to improve access to providers and quality of care, in order to reduce the prevalence of mental health disorders and the evidenced regional asymmetries.