

REVIEW ΑΝΑΣΚΟΠΗΣΗ

Preliminary indications of the effectiveness of the interventions of the Mobile Mental Health Units in rural Greece

Mobile Mental Health Units (MMHUs) were introduced in rural and remote areas in Greece several decades ago, providing assessment and treatment for patients with common and severe mental disorders; however, the evidence on their effectiveness has not been studied systematically. The present review summarizes preliminary findings concerning the effectiveness of the MMHUs. A search was conducted in several databases, and 6 relevant studies were selected. There is some evidence that MMHUs may enable treatment engagement and medication adherence of patients with schizophrenia-spectrum disorders. Other findings indicate that interventions by MMHUs may reduce hospitalizations and length of hospital stay in patients with severe and chronic mental disorders. Concerning patients with common mental disorders, there is some evidence that treatment delivered by MMHUs may improve functioning and reduce disability. Other studies suggest that such treatment in patients with common mental disorders is cost-effective. Although there are indications of the effectiveness of the MMHUs in rural Greece, the existing evidence could only be considered as preliminary and inconclusive. Only 3 MMHUs are accounted for the reviewed studies; thus the generalizability of their findings is questionable. Additionally, studies lack a control group assigned to the so-called treatment as usual. Further research on various aspects of patients' outcome, with the participation of as many MMHUs as possible and the recruitment of larger samples of patients and control groups are needed if we are to properly study the effectiveness of the MMHUs.

1. INTRODUCTION

There are well-documented disparities in the provision of specialized mental healthcare between urban and rural areas, and it is widely acknowledged that rural and remote areas may not receive appropriate mental healthcare due to socioeconomic adversities, geographic reasons, limited access to specialized care and a lack of facilities.^{1,2} Efforts to enable the delivery of community-based mental healthcare in rural areas have been assumed worldwide, and several mobile mental health clinics and similar facilities have been launched over the last decades.^{3,4}

To address the needs of those underserved areas, the Greek state has launched a number of specialized mental healthcare services, the so-called Mobile Mental Health Units (MMHUs), which have been established as part of the psychiatric reform in Greece, according to the main

principles of community psychiatry.⁵ Those are basically generic community mental health teams, which are interconnected with the primary healthcare system and are locally based.^{6,7} The MMHUs provide assessment and therapeutic interventions for patients suffering from severe and common psychiatric disorders, as well as for service users facing various psychosocial difficulties (adults and children). Early intervention, prevention of relapse, decrease in hospitalizations, and continuity of care are the basic principles of the MMHUs, which offer services on the premises of local health centers or at patients' home. Moreover, systematic assessment of needs and development of mental health promotion programs locally are prioritized by the MMHUs. Currently, there are 20 MMHUs registered,⁸ with various levels of staffing and resources, that are mostly run by non-governmental organizations (NGOs) and less often by public state or university hospitals.⁹

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2024, 41(2):160–165

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Προκαταρκτικές ενδείξεις για την αποτελεσματικότητα των παρεμβάσεων των Κινητών Μονάδων Ψυχικής Υγείας στην ελληνική περιφέρεια

Περίληψη στο τέλος του άρθρου

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The clinical work of the MMHUs in rural areas of Greece is significant, but it is only rarely reported and there is no systematic recording and evaluation of their effectiveness. The aim of the present review was, therefore, to examine the evidence regarding the effectiveness of the interventions of the MMHUs in rural Greece; and to propose a framework for future research that would be feasible in the Greek rural context.

2. TREATMENT ENGAGEMENT

In a study by the MMHU of the prefectures of Ioannina and Thesprotia (MMHU I-T), in Epirus, Northwest Greece, it was found that the engagement rate of 74 patients with schizophrenia-spectrum disorders over a mean follow-up period of 2.5 years had been 67.2%. None of the examined clinical and demographic variables had been associated with engagement, and the authors concluded that service-related factors, such as ease of access and comprehensiveness of care, were accounted for this high engagement rate.

Those patients were also considered to be antipsychotic treatment adherent, as indicated by their prescription refill records¹⁰ (tab. 1).

3. HOSPITALIZATIONS OF PATIENTS WITH SEVERE MENTAL ILLNESS

Two other studies using similar retrospective pre/post mirror image design addressed the impact of the treatment in MMHUs on hospitalizations in patients with severe mental illness (SMI). More specifically, in 76 patients with psychotic disorders attended the MMHU I-T over a mean follow-up period of 5.3 years, a reduction of hospitalizations by 80% was observed, as well as a 6-fold reduction in involuntary admissions, and a 2.6-fold reduction of length of hospital stay.¹¹ Those results were replicated and expanded to patients with bipolar disorder in a subsequent study with longer mean follow-up duration (6.7 years) in the islands of Zakynthos, Kefalonia, and Ithaca, that was conducted by the local MMHU. It was found that in patients with SMI

Table 1. Studies reporting on the effectiveness of the MMHUs

Study	Participants	Objective	Method	Results	Limitations
Peritogiannis et al ¹⁰	74 patients with SSD	To assess treatment engagement rates	Retrospective study, 2.5-year mean follow-up	The treatment engagement rate was 67.2%; treatment engagement was not correlated to clinical or demographic variables	No control group of patients receiving TAU
Peritogiannis et al ¹¹	76 patients with SSD	To explore the impact of the interventions of the MMHU on hospital admissions and on length of hospital stay in patients with SSD	Retrospective study, pre/post intervention mirror design (mean follow-up duration 5.3 years)	Reduction of hospitalizations by 80%, 2.6-fold reduction of length of hospital stay. 6-fold reduction in involuntary admissions	No control group with TAU
Garbi et al ¹²	108 patients with SSD or bipolar disorders	To assess the impact of the interventions of the MMHU on hospitalizations and on length of hospital stay	Retrospective study, pre/post intervention mirror design (mean follow-up duration 6.7 years)	Reduction of hospitalizations by 45.9% and reduction of involuntary admissions by 51%. Reduction of hospital stay by 54.4%	No control group assigned in TAU
Pantelidou et al ¹³	204 patients with common mental disorders	To examine the course of treatment in patients attending the MMHU	Prospective, observational, measurements according to the GAF	GAF scores were significantly improved in patients that completed treatment	Unspecified follow-up interval
Lykomitrou et al ¹⁴	724 (604 clinical cases and 120 certificates, etc.)	To evaluate the operation of the MMHU from an economic perspective	Economic analysis of cost/effectiveness	The operation of the MMHU reduced the treatment costs by almost 50%	The use of one-year clinical and economic data in the analysis
Lykomitrou et al ¹⁵	724 (604 clinical cases and 120 certificates, etc.)	To assess the effectiveness of the MMHU	Measurement of the outcome of the interventions with the use of the DALYs Index	6.4-fold reduction in DALYs, through the interventions of the MMHU. Over a year, 98 DALYs were averted, due to the prevention of premature mortality and the reduction of the mental health burden	Lack of comparative chronological data on DALYs

DALYs: Disability-Adjusted Life Years; GAF: Global Assessment of Functioning; MMHU: Mobile Mental Health Unit; SSD: Schizophrenia-Spectrum Disorders; TAU: Treatment As Usual

that were regularly attended treatment, hospitalizations were significantly reduced, as well as involuntary admissions, whereas a reduction of hospital stay by 54.4% was also observed.¹²

4. CARE OF PATIENTS WITH COMMON MENTAL DISORDERS

Concerning service users with common mental disorders, the outcomes of 105 native patients and 99 Albanian migrant patients were compared in a recent prospective study conducted by a MMHU in the islands. The authors used the Global Assessment of Functioning (GAF) scale to measure the outcomes of patients suffering common mental disorders at treatment discharge. A statistically significant difference in GAF scores from baseline to treatment discharge was recorded in both patients' groups, suggesting a better level of functioning after the therapeutic intervention.¹³ The treatment engagement rates were 83.8% in Greek service users and 64.6% in Albanians service users over the four-year follow-up. Another recent study by a MMHU in islands that used a cost-effectiveness analysis, found that the interventions of the MMHU led to a 50% reduction of treatment costs in 604 patients with common mental disorders.¹⁴ The authors suggested that treatment by the MMHUs may prevent disability in patients and may improve their mental health; accordingly, it is associated with minimizing public expenditures and patients' income losses. The outcome of the interventions in those patients was subsequently studied, and it was found that Disability-Adjusted Life Years were reduced significantly by 6.4-fold. The authors suggested that these favorable outcomes were the results of the prevention of premature mortality and the reduction of the mental health burden in patients, due to the MMHU's interventions.¹⁵

5. CRITICAL EVALUATION OF THE EVIDENCE

MMHUs may be the only specialized mental health services in rural and remote areas of Greece, yet their effectiveness has not been studied systematically. This review article is the first attempt to address this issue. Overall, the evidence is scarce, as there were only a few published studies that addressed different topics. With regard to patients with SMI, it seems that treatment in the MMHUs may reduce hospitalizations (both voluntary and involuntary), and length of hospital stay. This is probably mediated by the relatively high rates of treatment engagement. Continuity of treatment may be affected by distance from specialized facilities,¹⁶ but MMHUs may overcome

these barriers, since they are locally-based and easily accessible. Provision of home-based treatment when needed, as well as close collaboration and integration with primary health care services in rural areas may be associated with positive results concerning treatment engagement with the MMHUs, especially in patients with severe psychiatric disorders.⁵ Treatment disengagement and medication non-adherence are common in patients with SMI and have been associated with adverse outcomes, such as relapses and hospitalizations.^{17–19} It would be interesting if these results could be replicated by other MMHUs and for longer follow-up periods, given the chronicity of such disorders. It would also be interesting if these results are associated with previously reported favorable outcomes in patients with SMI that attend the MMHUs,^{20,21} which only indirectly support their effectiveness.

Although MMHUs prioritize patients with SMI, service users with common mental disorders are also treated. Taking into account that the prevalence of common mental disorders has been raised over the COVID-19 pandemic,²² assessing effectiveness of interventions for these patients may have important implications for clinical practice. Despite the fact that common mental disorders are considered by definition less disabling than the SMI they may also pose a significant burden for patients and their families.^{23,24} General functioning of patients engaged in treatment with the MMHUs in rural areas seems to have been improved regardless of their cultural background and their migration status.¹³ In addition, drop-out rates in service users of the MMHU, as recorded in the same study, were found to be lower in comparison with other research conducted in service users of a mental health centre in Athens,²⁵ although there were methodological differences between the studies. However, it is important to note that treatment engagement rates were found to be significantly higher in natives than in migrants treated by the MMHU, which is an issue that should be taken into account when developing therapeutic interventions for service users with a different cultural background. Concerning the treatment of those patients in the MMHUs, it appears that it is cost-effective¹⁴ and may reduce disability in patients.¹⁵

5.1. Strengths and limitations of current evidence

The main strength of the evidence that was reviewed in the present study is that all studies involved clinical samples of patients, thus their results refer to real-world practice and may correspond to the clinical work of the MMHUs. Moreover, there has been one replication study¹² among those reviewed. The follow-up duration in some of the studies^{11,12} had been satisfactory (5.3 and 6.7 years, respectively).

The present review has some limitations. It is suggested that the results should be seen as preliminary and not conclusive. All reviewed studies were uncontrolled and lacked a comparison group. There were no patients assigned to the so-called treatment as usual. Indeed, such studies are difficult to be conducted in rural Greece, because treatment as usual may involve follow-up in an outpatient hospital department or in the private sector, away from the patients' place of residence. Perhaps pre/post studies are the best option to illustrate the effectiveness of the MMHUs, and indeed, two of them have reported positive results with regard to the decrease of hospitalizations and length of hospital stay in patients with SMI.^{11,12} Another limitation is that all the reviewed studies are single-center studies, thus the generalizability of their results is not known. It has been previously shown that there may be considerable differences between the MMHUs,²⁶ although they all deliver services according to the principles of social and community psychiatry.⁹

5.2. Implications for future research

The present review comprises data from six studies that have been conducted by three MMHUs out of a total of 20 that are officially registered. Most MMHUs do not regularly report the results of their clinical work, which remains unpublished, as previously suggested.²⁷ It is noticeable that there are no published data by MMHUs run by public state or university hospitals. This observation probably indicates lack of staffing and administrative difficulties which limits research. Additional research needs to be conducted in order to gather robust data on the effectiveness of the MMHUs in rural Greece. Accordingly, incentives to conduct research in MMHUs should be assumed by policy makers, and co-operation with academic centers should be enabled. Future research should involve prospective, multi-center

studies with the participation of as many MMHUs as possible. Controlled studies may be more feasible in public state or university hospitals that could compare outcomes in patients attending their outpatient settings and those attending their MMHUs. The conduct of studies involving the outpatient departments of hospitals and the MMHUs run by NGOs may be less feasible. Furthermore, research including quantitative and qualitative methods to assess outcomes concerning psychopathology, functioning, quality of life and users' satisfaction could be very useful when assessing therapeutic interventions developed by the MMHUs. Specific factors associated with drop-out levels in rural areas could also be studied in order to develop interventions concerning treatment engagement, i.e., in vulnerable groups, such as migrants suffering from severe and common psychiatric disorders.²⁸ Moreover, effectiveness concerning therapeutic interventions for children service users of MMHUs and their parents should be assessed. Finally, economic evaluation studies should be expanded in order to aid in the effective allocation of resources and the formulation of sound health policies. Currently, some evidence suggests that MMHUs may overcome structural inefficiencies in Greece, by decreasing public expenditures and minimizing patients' income and productivity losses while simultaneously improving their mental health.¹⁴

6. CONCLUSIONS

The limited evidence that was reviewed here is suggestive of the effectiveness of the MMHUs in the treatment of both SMI and common mental disorders. Current research has been conducted only by a few MMHUs and has several limitations; accordingly, results, although promising, may only be considered preliminary. More well-designed studies are needed with the participation of most MMHUs to illustrate their effectiveness and cost-effectiveness.

ΠΕΡΙΛΗΨΗ

Προκαταρκτικές ενδείξεις για την αποτελεσματικότητα των παρεμβάσεων των Κινητών Μονάδων Ψυχικής Υγείας στην ελληνική περιφέρεια

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Οι Κινητές Μονάδες Ψυχικής Υγείας (ΚΜΨΥ) ιδρύθηκαν πριν από κάποιες δεκαετίες και δραστηριοποιούνται σε απομακρυσμένες περιοχές της ελληνικής περιφέρειας, παρέχοντας διαγνωστικές και θεραπευτικές υπηρεσίες. Όμως, η αποτελεσματικότητά τους δεν έχει μελετηθεί συστηματικά. Ο σκοπός της παρούσας βιβλιογραφικής ανασκόπησης

ήταν η σύνοψη των προκαταρκτικών ευρημάτων ως προς την αποτελεσματικότητα των ΚΜΨΥ. Έγινε αναζήτηση δημοσιευμένων άρθρων σε διάφορες βάσεις δεδομένων και επιλέχθηκαν 6 σχετικές μελέτες για την παρούσα ανασκόπηση. Υπάρχουν ορισμένες ενδείξεις ότι οι ΚΜΨΥ προάγουν την τακτική παρακολούθηση των ασθενών με διαταραχές του φάσματος της σχιζοφρένειας και την τήρηση της φαρμακευτικής θεραπείας. Άλλα ευρήματα δείχνουν ότι οι παρεμβάσεις των ΚΜΨΥ σε ασθενείς με σοβαρές και χρόνιες ψυχικές διαταραχές επέφεραν μείωση των νοσηλείων και των ημερών νοσηλείας. Σ' ό,τι αφορά στους ασθενείς με κοινές ψυχικές διαταραχές, υπάρχουν ενδείξεις ότι η θεραπεία από τις ΚΜΨΥ μπορεί να βελτιώσει τη λειτουργικότητα των ασθενών και να μειώσει την προκαλούμενη από τη νόσο αναπηρία. Τα ευρήματα άλλων μελετών υποδηλώνουν ότι η σχέση κόστους/όφελους της θεραπείας των ασθενών με κοινές ψυχικές διαταραχές από τις ΚΜΨΥ είναι ευνοϊκή. Παρά τις προαναφερθείσες ενδείξεις σχετικά με την αποτελεσματικότητα των ΚΜΨΥ, τα έως τώρα αποτελέσματα μόνο προκαταρκτικά μπορούν να θεωρηθούν και όχι συμπερασματικά. Μόνο τρεις ΚΜΨΥ έχουν πραγματοποιήσει έρευνες. Συνεπώς, τα ευρήματα των μελετών είναι αμφίβολο αν μπορούν να γενικευτούν. Επιπρόσθετα, οι μελέτες δεν διαθέτουν ομάδα ελέγχου ασθενών που λαμβάνουν τη λεγόμενη συνήθη φροντίδα. Απαιτείται περαιτέρω έρευνα αναφορικά με διαφορετικές διαστάσεις της έκβασης των ασθενών, με τη συμμετοχή όσο το δυνατόν περισσότερων ΚΜΨΥ και την ένταξη μεγάλου αριθμού ασθενών και ομάδων ελέγχου, προκειμένου να μελετηθεί διεξοδικά η αποτελεσματικότητα των ΚΜΨΥ.

Λέξεις ευρητηρίου: Αποτελεσματικότητα, Ελληνική περιφέρεια, Κινητές Μονάδες Ψυχικής Υγείας, Κοινές ψυχικές διαταραχές, Κοινωνική Ψυχιατρική, Σοβαρή ψυχική νόσος

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