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Zentralinstitut für Seelische Gesundheit
Landesstiftung des öffentlichen Rechts

German ways and experiences

International Meeting – The special care unit for BPSD (SCU-B), Bergamo, 8.11.2019

Overview

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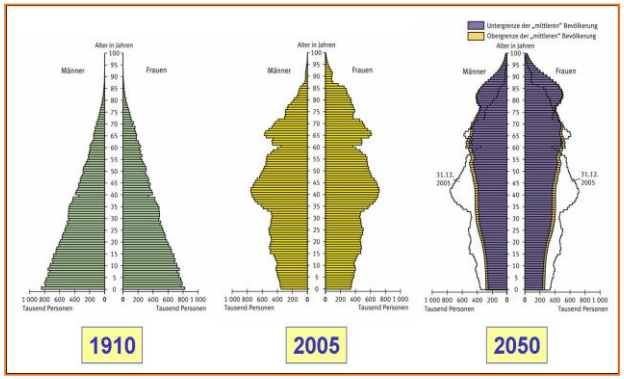
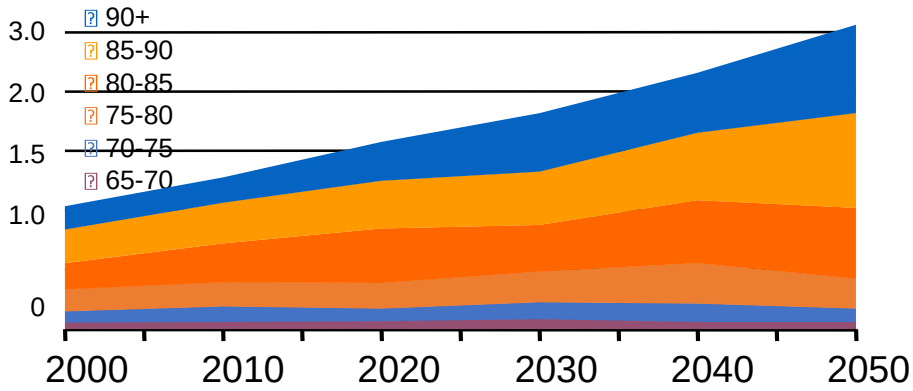
- Psychiatric care in Germany
- Care concepts for the elderly and cognitively impaired in Germany
- CIMH – example of a Department for Gerontopsychiatry in a university-associated psychiatric hospital

- Achievements
- Challenges?

Background

- German population: 83.1 M, 66% over 66 years old,
  Prevalence of dementia: 1.7 M, ca. 25.000 under 65; Estimated 3 M PwD in 2050 (assumed increase of 400.000/y)





- In 2015 2.9 M persons in need of care: 2.1 M living at home, 0.7 M in nursing homes
- Nursing homes:
  - 60-80% of the residents suffer from gerontopsychiatric problems of any kind
  - prevalence of dementia 53%
- Persons in need of care in general are often not able to visit a doctor and depend on home visits and/or caregivers
- Mainly general practitioners, few specialists, good availability of technical investigations (CT / MRI / other technologies)

(Bundesamt für Statistik, Jahresbericht 2017)

Psychiatric care in germany

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- **Ambulatory (=out-patient) vs. stationary (in-patient) sector - Regional responsibility, regional differences**
- Medical care:
- Ambulatory sector: specialists (psychiatry, psychotherapy, psychosomatic, neurology ~32.000), outpatient clinics of psychiatric hospitals, PIA (~450)

  + GP, occupational therapist, physiotherapist
- Stationary sector: general hospitals with psychiatric department, psychiatric and psychosomatic (Mental Health) hospitals, rehab hospitals
- Covered by health insurance or pension fund, general accessibility

- Non-medical services and facilities:
- self-help groups and groups for relatives, helplines, social services - often independent, funded by non-profit organisations or churches; free or paid individually
- residential and nursing homes – mostly communal or churchly sponsorship, paid partly by nursing insurance and individually or by welfare

Care concepts for the elderly and cognitively impaired

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- **Big gaps:** Medical care versus social care, ambulatory (Out-patients) vs. stationary (In-patients) sector

- Medical services covered by health insurance or pension fund, general accessibility:
  - access not regulated by GPs

- Ambulatory sector: General practitioners (~200.000), specialists (psychiatry, gerontology, neurology ~32.000), memory clinics (~200 MC), psychiatric liaison services or outpatient services for nursing homes

  + mobile nursing service, occupational therapist, physiotherapist, speech therapist, (neuropsychologist)

- Stationary sector:
  - gerontopsychiatric departments (often with – atypical – SCU-B, >400),
  - SCUs in geriatric departments (~50), dementia rehab hospitals (few),
  - Neurology departments without SCU-B

Care concepts for the elderly and cognitively impaired

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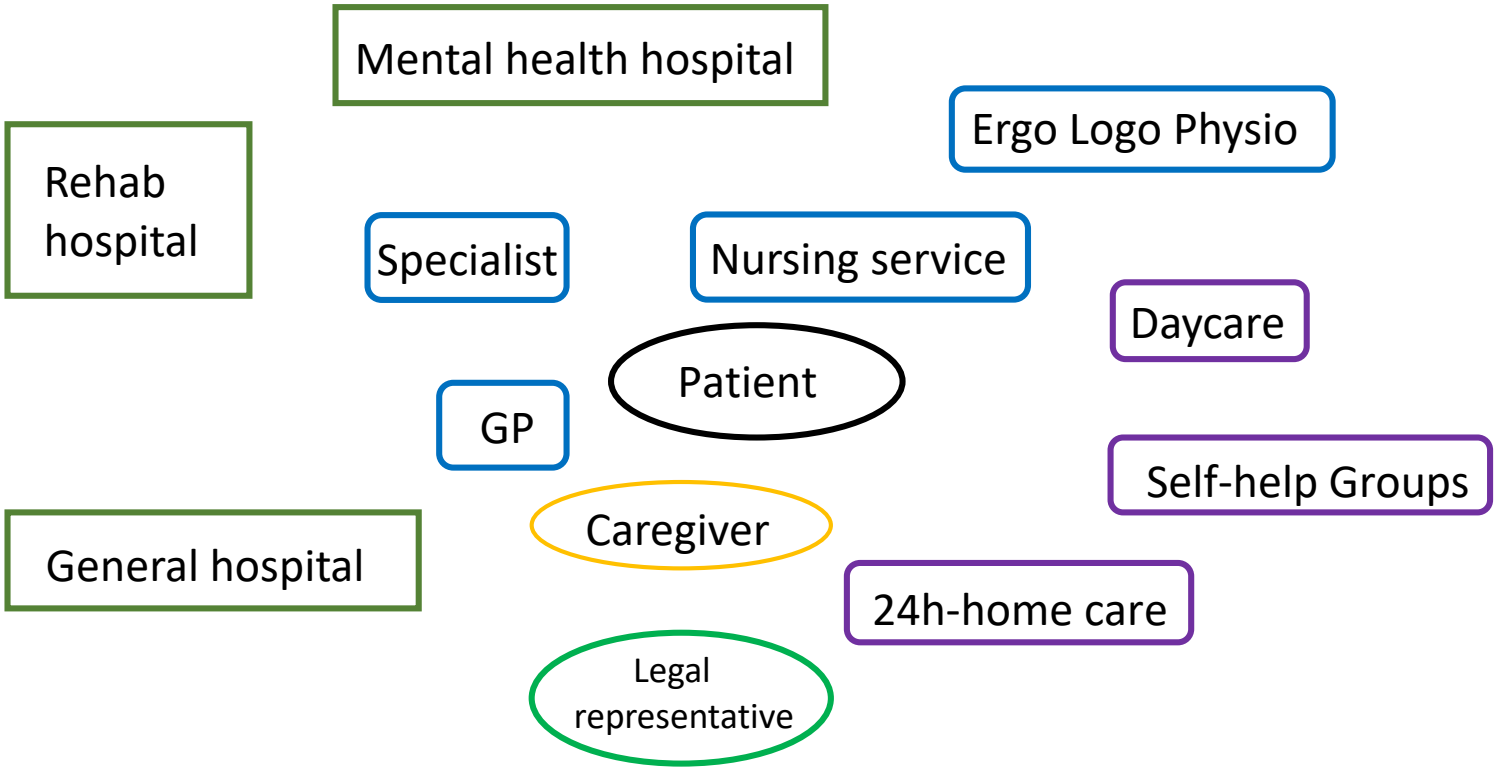
- Social services and facilities, partially covered by long-term care insurance:

- Nursing homes, day care - mostly communal or churchly sponsorship, paid partly by long-term care insurance and individually or by welfare

- day-care, self-help groups and groups for relatives, helplines - Often independent, funded by non-profit organisations or churches; free or paid individually

- 24h home care – paid individually

Who cares?


Mental health hospital
Ergo Logo Physio
Rehab hospital
Specialist
Nursing service
Daycare
Patient
GP
Self-help Groups
Caregiver
General hospital
24h-home care
Legal representative

Care concepts for PwD – dementia care models in primary care

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- Health services research projects with focus on PwD and their caregivers:

- DelpHi-MV: GP-based cluster randomized controlled intervention trial of community living PwD and their caregivers+network
- DemNet-D: Multicenter, interdiscipilinar, longitudinal observational study of community living PwD and their caregivers+network
- IDemUck: Prospective randomized controlled trial of community living PwD and their caregivers+network

- Not countrywide implemented

- (Dreier et al. 2017, Michalowsky et al. 2018, Thyrian et al 2017, Köhler et al. 2014)

Care concepts for PwD – dementia-sensitive hospital & Co

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- ~ 500 Geriatric (=internal medicine) departments in General Hospitals country-wide, ~50 special care units for PwD; First SCU: 1990, 2007: 5 units, 2013: 22 units, 2017: 41 units
  - SCU: multiprofessional team, special architectural and design features, structured daily routine
  - Average length of stay: 21 days,
  - Admission diagnoses: **acute or chronic somatic illnesses; not BPSD alone but as frequent co-morbidity**
- International evaluations showing a positive effect on BPSD, re-hospitalisation, use of psychotropic drugs,
  - for Germany, only few data available indicating in the same direction
- Dementia-sensitive hospital: concept to develop better competencies among the staff and design wards in a more convenient way for patients with cognitive impairment independent from existing SCUs – mainly in geriatric departments
  - In Germany, there is a current funding theme by the „Robert-Bosch Foundation“ on this topic

- (Hofmann et al. 2017, Zieschang et al. 2019, Kok et al. 2013)

Care concepts for PwD – Geriatric Psychiatry

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- Major problem of long-term dementia care in Germany:
  Ill-defined interdisciplinary responsibilities: general medicine - geriatrics – neurology – psychiatry
  - dementia care is mainly provided by GP‘s and psychiatrists, few geriatricians (no regular out-patient care), few neurologists (early diagnostics)
  - Psychiatry has the great advantage of regular re-imbursement for both, in-patient as well as outpatient care through the hospital
  - ~400 regional psychiatric hospitals, most have a separate gerontopsychiatric department, psychiatric departments in general medicine hospitals mostly do not have a separate gerontopsychiatric department/ward

Care concepts for PwD – Geriatric Psychiatry

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- Patients with severe BPSD or delirium without identified cause (Crisis intervention) are mainly admitted to atypical SCU-B‘s in Psychiatrics Departments with full sectorized care (Regional Mental state Hospitals or some University Departments)
  - **focus of treatment is on dementia and delirium and depression, but also on physical co-morbidities**
- Multiprofessional team, special architectural and design features, structured daily routine
- Average length of stay: 28 days

- No data available concerning rate of re-location to nursing homes vs. home

Example Mannheim - CIMH

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- University-associated psychiatric hospital with gerontopsychiatric department
  - Both a dedicated research institution and full sectorized care for all Mannheim citizens for age of >65 years (population: 309.370, approx. 20% >65 yoa)
- Outpatient clinics: (1) Memory Clinic, (2) specialized outpatient service for nursing homes, (3) psychotherapy for old age depression
- Day clinic – 22 places - Depression, anxiety, psychosis, dementia but not BPSD
- In-patient service with two wards (major admission diagnoses):
  - General ward: 24 beds – Depression + anxiety, chronic psychosis, substance abuse, mild-moderate dementia
  - (atypical) SCU-B: 22 beds (divided in 11/11) – (a) Severe depression, psychosis, (b) delirium dementia/BPSD

- ward and SCU-B with multiprofessional team (psychiatrist, neurologist, psychologist, social worker, psychiatric nursing staff, ergotherapist, physiotherapist)
- Therapy rooms (for occupational therapy, physiotherapy, relaxation, kinesthetics, fall prevention) on the wards, as well as a „Smokers Box“

Clinical flow of gerontopsychchiatric patients at CIMH

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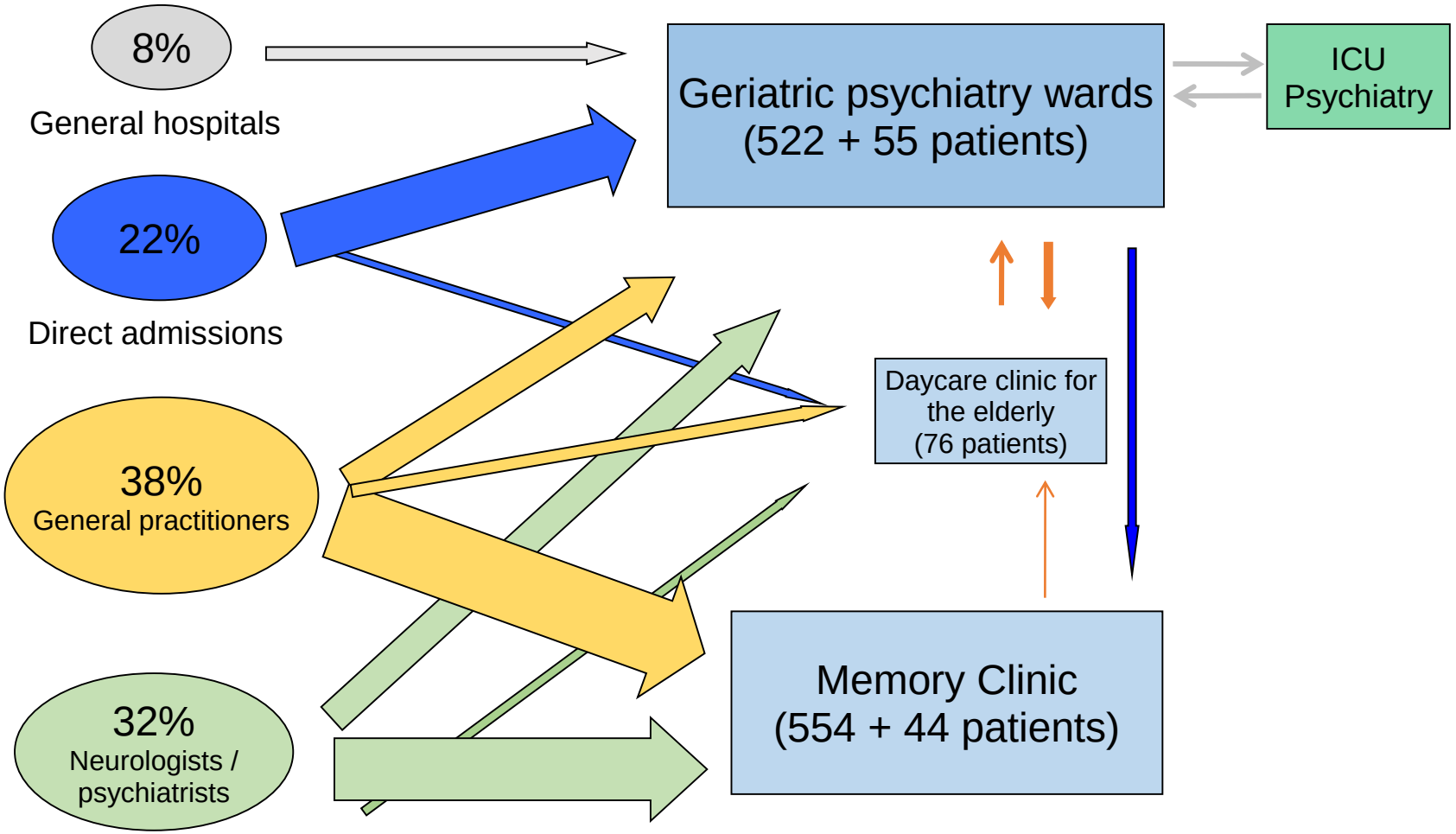

Achievements

- Differential services covered by health insurance
- Growing out-patient capacities, in-patient service according to german requirement planning in psychiatric care
- Dementia-sensitive concepts in hospitals spreading
- Dementia-care models in primary care spreading
- Transition concepts for hospital/nursing home/home are being developed

Challenges

- Major (re-imbursement) gaps for services
  - between social care and medical care (coded in: Book of Social Laws, chapter XI and Book of Social Laws, chapter V)
  - In-patient care (hospitals) versus out-patient care (physicians in private practice)
  - For out-patient medicine: General Practitioner (GP) versus specialists (neurologist, psychiatrist) care (only 50% of PwD see a specialist)

- Differential accessibility of services (urban vs rural; transport; living situation, nursing homes etc. …)
- Support for caregivers
- Communication and pathways through care (hospital/GP/specialist/nursing home…)
- Interdisciplinary Management (no Care or Case manager available)
- Dementia-specific knowledge and competencies

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Thank you for your attention!

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