



Treatment Models for Patients with Mental Disorders

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ABOUT THE STUDY

Mental disorders are predominantly characterized by an early onset persisting over long durations. Moreover, utilization of treatment in psychiatric patients is low with a great amount of delay between onset of illness and first adequate treatment. Efficient patient-centered treatment of these disorders demands for a continuous and close collaboration between different sectors and professions of care.

This especially affects the transition from inpatient to outpatient care, joint care of patients involving multiple medical specialists and the transition from rehabilitated patients back into the primary labor market. On the other hand, the financing of the German psychiatric health care system is fragmented with separate budgets for inpatient and Page 4/30 daycare services strictly divided from a different budget of the psychiatric outpatient department (PIA, for patients in need of particularly intensive and complex near-hospital care due to the nature, severity or duration of their mental disorder). This separation constitutes an additional obstacle towards an efficient transect oral treatment potentially resulting in misguided incentives such as maximizing inpatient occupancies by admitting as many patients as possible with the highest possible retention time.

Main eligibility criteria included patients to be insured by any of the participating SHI funds and to be treated due to any of the 16 pre-defined mental disorders. To minimize the likelihood of selection bias on the provider and patient level we applied a two stage matching algorithm. First, control hospitals were allocated to each FIT64b hospital and secondly, FIT64b hospital patients were assigned complementary matches in control hospitals using propensity score matching. For each individual FIT64b hospital, population sub-cohorts of hospital-known and hospital new

patients were defined. Hospital-new describes patients who had no contact to the psychiatric ward or PIA in the corresponding FIT64b or control hospital in the two years before study inclusion. Hospital known patients had to have at least one such contact in this time period.

Since then various health care models that aim to change misguided incentives in the current system and use resources more efficiently in order to improve treatment in psychiatric patients have been investigated. The project EVA64 evaluates eighteen different nationwide model projects according to SGB V which aim to optimize the health care of patients with mental disorders in Germany. The study was, as requested by prior research, designed to provide a standardized evaluation procedure on a common basis of SHI funds. The manuscript presents results of the EVA64- study based on a meta-analysis over the first intermediate evaluative reports of thirteen of these FIT64b projects.

Analogously to inpatient treatment utilization, there was a sharp increase in sick leave duration from pre period to the end of the first year in both groups. As hospital-new patient's inclusion diagnosis is likely to be an incident diagnosis, it may also give rise to an increased number of sick leave days. On first sight there seemed to be no considerable difference regarding trends in sick leave duration between FIT64b patients and control patients. The pooled estimator showed no significant difference in the average cumulated number of sick leave days between IG and CG in both hospital-new as well as hospital-known patients. With the individual effects being very heterogeneous, a further meta-regression for hospital-new patients revealed that sick leave duration was significantly lower by almost 13 days in FIT64b hospitals with an already existing FIT64b-like contract in the pre-period compared to FIT64b hospitals without such a contract.

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