

Why compare mental health care in European capitals?

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This supplement provides structured descriptions of mental-health care in seven major European capitals. The descriptions are not comprehensive, and there are various important facets of mental health care that have not been addressed such as child and adolescent psychiatry, forensic psychiatry, and specific forms of psychological treatments. Yet, each paper reports data on similar aspects that are central to the delivery of mental health care and enable the reader to make comparisons. Thus, the papers reveal the similariness across some or all of the capitals, and also what the specifics are. The seven capitals vary substantially in many aspects such as culture, systems for political decision-making, economics, and features of the general social welfare and health care system. All of these aspects impact on how mental health care is delivered and can help explain the differences. However, there also may be similarities between mental health care in these capitals that all share a tradition of modern psychiatry since the age of enlightenment and are part of a European culture.

Why conduct a comparison between European capitals, which is the first of its kind to be published and follows an event on the subject in London in February 2005? There are personal, scientific and policy perspectives:

My personal perspective is that I moved from Berlin to London in 1997 and noticed that many of the issues facing mental health care in metropolitan areas were strikingly similar. Yet, the way clinicians and managers thought about them were remarkably different. These differences are reflected in numerous details of policies and organisation of services, which often appear embedded in different cultures and traditions. If there are different approaches to similar problems — like in a naturalistic experiment — there should be a chance for mutual challenge, stimulation and learning.

From a scientific perspective, there is increasing evidence suggesting that rates of major illnesses such as

schizophrenia and bipolar disorders are higher in urban than in rural areas. Recent studies suggest that the prevalence of psychosis also shows significant variation between cities with much higher rates in metropolitan areas than in other urban settings. For instance, the prevalence of bipolar disorder in London has been found to be two times higher than in Nottingham and Bristol. Thus, risk factors for poor mental health may be particularly increased in major capitals, and a specific analysis of the situation in capitals — preferably involving systematic comparative research — may be merited.

From a policy perspective, capitals often absorb — relative to their population — more funding and have more services than the rest of the country. This may reflect higher morbidity, higher costs for similar services in capitals, the delivery of better quality services in capitals or other factors. In any case, there are likely to be specific issues of mental health care in capitals requiring specific answers. The specificity may be of a quantitative or qualitative nature or both.

The supplement represents a first step towards a more intensive exchange of general and specific ideas, a comparison of effects of different policies for similar problems, and possibly joint research. To facilitate this, attempts are being made to establish a network of European capitals on mental health care issues. It will be co-ordinated by the London Development Centre for Mental Health and supported by the European Regional Office of the World Health Organisation. If successful, the network may lead to specific research, closer collaboration and the development of joint policies on a European level.

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