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European guidance—a project of the European Psychiatric Association

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ABSTRACT

Evidence based medicine is a cornerstone of modern medicine including psychiatry. Treatment practice guidelines are nowadays available for guiding mental health care mainly with a focus on specific disorders. Many important clinical situations or problems beyond treatment, however, are lacking proper guidance. It is in this scope that a European Psychiatry Association (EPA) has developed its own program, the European Guidance Project. The present special issue presents six topics out of these series of guidance documents.

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1. Introduction

Modern medicine no longer relies on experience alone, but incorporates the knowledge available at a certain time—or at least should aim to do so. This is a widely consented and more or less explicit rule among health authorities, insurance companies, health care managers, health professionals, and consumers as well. Hence, evidence based medicine (EBM) has since been complementing and amending the ‘art of medicine’—which some feel, however, has since been deteriorating.

Notwithstanding any doubts, experience and evidence [11] are the two main building blocks of modern psychiatry as well [4]—covering diagnostic procedures, treatment, and service issues. EBM is a cornerstone of quality management, including quality control, quality assurance, and quality improvement according to the plan-do-check-act (PDCA) cycle. Structure and process of (mental) healthcare systems—both on a molar and molecular level—have to follow certain quality standards to achieve optimal outcome—optimal in the sense of an adequate cost-benefit balance. Depending on the available resources in the various regions of the world, prioritization or even rationing tend to prevail in dealing with the varying, more or less limited resources. It is not yet fully clear, whether aiming for quality—in the long run—leads to cost explosion or cost reduction and quality improvement. To evaluate these issues in more detail, quality indicators are required—for regional, national and international comparison [8].

In diagnosis and treatment of mental disorders, clinical practice guidelines are important tools—developed on the basis of EBM and ‘good clinical practice’—to ‘guide’ practitioners in their daily work. Meanwhile, a large number of ‘practice guidelines’—not ‘standards’ to be followed mandatory—are available for mental health care, mainly with disorder specific content (e.g., [4]) and mostly developed by national professional societies or international professional associations. Guideline development nowadays is time consuming and costly, due to the need for a systematic search of the evidence base for recommendations and for a systematic consensus procedure involving all the relevant disciplines, professions, and stakeholders—including the representatives of consumer and family organizations. Only by following a strict procedure of development the ‘product’ will acquire the status of a high quality guideline, which can be measured by available instruments [1]. As is known, however, despite of their widespread development and distribution, adequate implementation of guidelines—a quality component of guidelines themselves—has been largely disregarded, leaving published guidelines often either unattended or unused in daily practice. It is quite clear now that modern IT techniques will be able to fill in this gap, facilitating guideline use by means of electronic ‘decision support’ [6].

Besides this as yet not fully satisfying situation, we are facing the problem that the handling of many ‘clinical situations’ or ‘problems’ is lacking proper guidance—because of either a lack of evidence base or because they have not yet been in the focus of interest of guideline ‘makers’.

Moreover, in times of a growing Europe with a requirement for harmonization on all levels of health care policy, ‘guidance’ should increasingly be sought from a European perspective—notwithstanding the need of including and adapting to the national

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perspectives of the member states. Indeed, it is in this scope that a European institute of guideline development has been suggested [9], and it is here where the European Psychiatric Association (EPA) has placed its own program: the 'Guidance Project'.

2. Objectives of the European Psychiatric Association (EPA) Guidance Project

The 'mission' of this newly created project on 'EPA guidance' was formulated as 'to improve quality of mental health care in Europe by disseminating written information based on best evidence and psychiatric practice, to facilitating countries learning from each other' in an area where guidelines are presently lacking.

The project objectives were defined as follows:

- to provide information on good clinical practice, using problem solving examples, guidelines, and quality standards of care to European practitioners, national societies and health authorities, and;
- to address health care gaps and give advice on developing respective research questions.

3. Methodological approach and guidance topics

On occasion of the 16th European Congress of Psychiatry in Nice, France, April 5–9, 2008, the EPA 2nd Platform of European Psychiatrists took place, after which the EPA board decided to set up a project on EPA guidance. Accordingly, a Steering Group was appointed (see acknowledgement below) by the board and the EC, further developing the topics, concepts and methodology accompanied by corresponding thematic symposia at the annual EPA congresses.

Resulting from further discussions, as a first step, a questionnaire was developed (asking for proposed topics, the preferred methodology of guidance development, the suggested guidance format, and the wish to participate) and sent out in early 2009 to 35 National Psychiatric Associations in Europe. Replies were received from nine National Psychiatric Associations (Lithuania, Estonia, Switzerland, Ireland, Romania, Serbia, Israel, Slovakia, and Albania). Despite the modest feedback, a clear picture emerged. The ranking of topics was:

1. quality of service structures (a);
2. clinical experience (b);
3. suicide attempts/behaviours (c);
4. ethical and legal issues (d);
5. prevention (e);
6. forensic issues (f);
7. conflicts of interest (g).

As the preferred methodological measures we had asked for (evidence search, equal weight on formal and informal consensus procedures) were chosen, and as the preferred publication strategy priority was given to opinion papers/statements published in a supplement of *European Psychiatry* and being available on the EPA website—not as a textbook. Most associations were interested to actively participate.

Out of the pool of preferred themes for guidance, the Steering Group selected as a first series of documents the topics a, c, e (divided in two documents on illness prevention and health promotion respectively), and g, for which then the respective lead authors took responsibility in recruiting further experts for the guidance documents to be conceptually and methodologically developed, written and jointly edited before publication.

The finally chosen methodological approach included a systematic literature search, but for feasibility reasons the consensus process was restricted to the experts and co-authors of each guidance document. However, during the process of guidance development the documents underwent reviews by the Steering Group, the EPA board and the EPA EC. Repeated meetings of the Steering Group guaranteed that all the lead authors adhered to the consented methodology.

The first series of guidance documents are now published together in the present special issue of *European Psychiatry* [2,3,5,7,12], whereas those on the remaining topics (b, d, f) will be prepared and published in a second series. A further guidance document on a pharmacological issue 'Position statement of the European Psychiatric Association (EPA) on the value of antidepressants in the treatment of unipolar depression', which has also been developed according to the above described methodology, has been added to this series of EPA guidance documents [10].

4. Outlook

It is hoped by the authors that these guidance documents will contribute—along the lines of the EPA guidance project's mission and objectives—to improving the practice of psychiatry in Europe to the best of those who are in need of professional help and support. The continuation of the guidance project addressing further topics has been decided by the EPA board.

Disclosure of Interest

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