

## **Mental Healthcare Surveillance in the Danube Region**

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Quality indicators (QI) are quantitative measures to monitor and evaluate the quality of structures, processes and outcomes of mental healthcare [1]. To date, various quality indicators are available for national, regional and international use [2,3,4,5,6]. However, for countries of the Danube region, quality indicators for mental health surveillance are still missing. The aim of the present project (Development and Implementation of Quality Indicators for Mental Healthcare in the Danube Region; DAQUMECA) conducted by the LVR-Institute for Healthcare Research (Germany) together with a country consortium (Bulgaria, Czech Republic, Hungary, Serbia) and the WHO Regional Office for Europe was (1) to systematically develop a set of quality indicators for the involved countries and (2) to run a pilot feasibility study of data collection for these quality indicators [7,8]. Based on a systematic literature review, we selected a set of QI (n=26). Subsequently, the selected indicators were rated in a two-stage Delphi study regarding their estimated relevance, validity and availability. The Delphi panel included relevant stakeholders (n=18) from the four involved Danube countries. Twenty-one QI were included in the final set of indicators to be tested in a pilot feasibility study. We collected data from different data sources retrospectively for 2017 and 2018 by means of the best available, most standardized, trustworthy, and up-to-date data in each country. In the Delphi study, the panelists rated the relevance of the selected QI as higher than their validity. There were no substantial country differences in these ratings. The expected data availability, however, differed strongly among QI (ranging from 6% to 94%). In the pilot feasibility study, data were available for 18/21 QI in Hungary, 17/21 QI in Bulgaria, 17/21 QI in the Czech Republic and 8/21 QI in Serbia. In sum, there was consensus among mental healthcare experts regarding the relevance and validity of the proposed QI. The lower ranking of validity compared to relevance corresponds to the scattered data availability and impeded accessibility reflected in the pilot feasibility study. Despite great interest and openness to assess and monitor the status and effects of mental healthcare reform processes, results are demonstrating the need for further efforts towards a more comprehensive, dynamic, and IT-based routine monitoring for assessing, planning and reforming national mental healthcare quality. We are currently planning a follow-up project aiming to further support

reform processes by developing and implementing a transnational digital platform.

## References

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