

**International Pathways
to Mental Health System
Transformation:
*Strategies and Challenges***

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UK Policy Hub

The use of international comparisons is an essential element of modern, professional policy making.

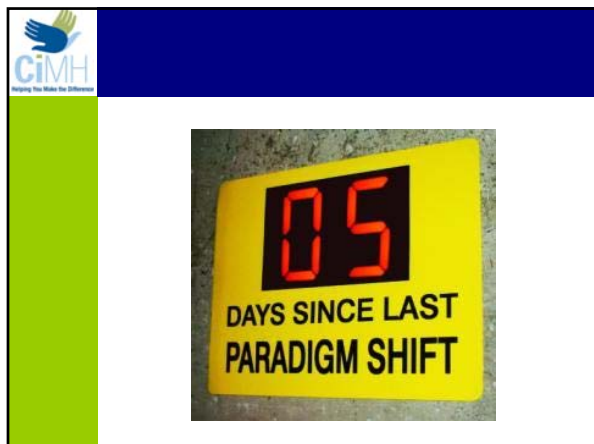
Looking abroad to see what other governments have done can point us towards a new understanding of shared problems; towards new solutions to those problems; or to new mechanisms for implementing policy and improving the delivery of public services.



UK Policy Hub

International examples can provide invaluable evidence of what works in practice, and help us avoid either re-inventing the wheel or repeating others' mistakes.

We can also learn from the way in which other governments undertake the process of policy making itself.



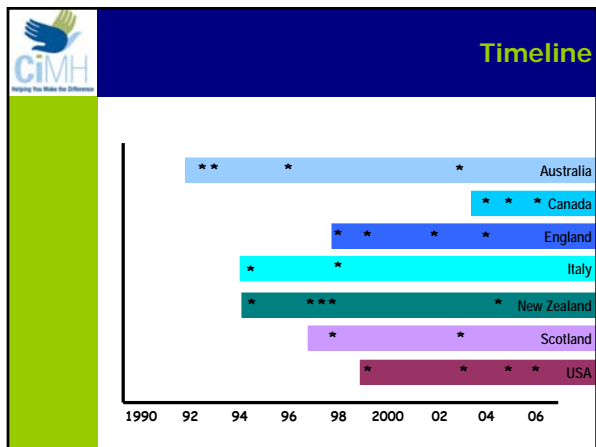
Questions

- Why do we talk about reform and system-wide changes in 2006?
- What are the drivers for change?
- Are different countries facing similar issues and challenges?
- Do they have the same priorities and strategies for change?
- What can they learn from each other?

7 countries

Comparison tools / data

- **Information sources**
 - policy documents
 - consultation with country collaborators
 - IIMHL member feedback
- **Only *National* level policies and expert papers**
 - Reference to substance abuse/addiction services only for issues at the interface between the two systems



Timeline: Canada

2004


- Three reports of the Senate Committee on Mental Health

2005

- Creation Mental Health Commission

2006

- Final report of the Senate Committee



Timeline: England

1998

- Modernising mental health services

1999


- National Service Framework for Mental health (18-65 yrs)

2001

- NSF for older people (Standard 7)

2004

- NSF for children, youth and maternity services (Standard 9)



Timeline: Italy

1994

- First National Mental Health plan

1998

- Second National Mental Health plan
- Regional Mental Health Plans



Timeline: New Zealand

1994

- Strategic directions for mental health services

1997

- First National Mental Health Plan

1997

- National mental Health Standards

1998

- Blueprint for mental health services

2005

- Second National Mental Health Plan



Timeline: USA

1999

- Report of the Surgeon General on Mental Health

2003


- Report of the New Freedom Commission on Mental Health

2005

- The Federal Action Agenda


2006


- Report of the Institute of Medicine



Framework

US Institute of Medicine 2006 Report
Improving the Quality of Health Care for Mental and Substance-use Disorders



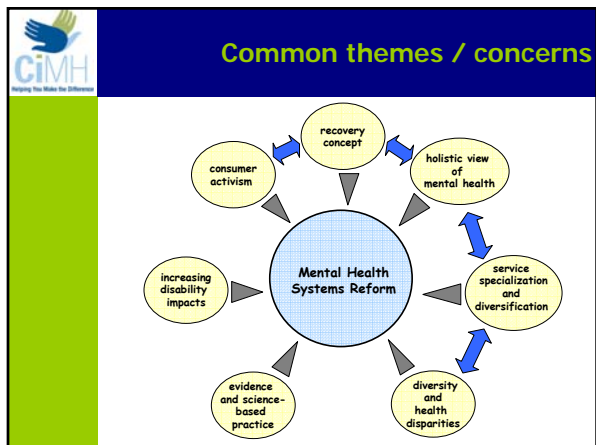


Three step model of analysis

1. The examination of the core values on which a system is built and the *vision* of the future mental healthcare system
2. The operational rules on which the system operates and *problems or deficiencies* that affect its functioning
3. The key *priorities* for reform and the *strategies or levers* to achieve transformation in health systems and public policy

IOM report priorities

1. *patient-centered* mental healthcare and a *recovery focus*
2. the application of *evidence* and *quality improvement* tools to mental health care
3. *coordination and integration* of mental healthcare with general healthcare and other sectors
4. the use and development of *information technology* in mental healthcare
5. development of the mental health *workforce* to support necessary changes
6. development and *funding mechanisms* and *market incentives* to leverage change



Common visions

- **Access**
 - ❖ Enhanced range of services
 - ❖ Evidence based practices
 - ❖ Community/hospital balance
- **Coordination and linkage**
 - ❖ Health/mental health
 - ❖ Cross-sectoral
- **Consumer-centered**
 - ❖ Recovery oriented
 - ❖ Focus on empowerment and choice
- **Promotion/Prevention**
 - ❖ Anti-stigma



Vision: Canada

- community-based
- timely
- accessible
- high quality
- information databases, technology and research
- accountability and performance measurement well coordinated, integrated
- patient-centred recovery-focused
- individual needs personalized care
- culturally competent workforce
- right mix of skills
- early diagnosis



Vision: England

- full range of services accessible 24 /365
- sound, effective and cost-effective
- effective information flow
- coordinated care process health and social sectors
- access to employment, education, housing and welfare
- primary care
- supportive of individual needs
- promotes autonomy and choice
- mental health promotion
- safe
- good risk management
- modern legislative framework



Vision: New Zealand

- comprehensive and integrated range of services
- collaborative approaches
- cost-effective best practice and outcomes
- integrated at all levels
- recovery approach
- respect for consumer rights dignity and equality
- service users as partners
- empowerment
- compassionate and competent workforce
- different groups of consumers
- cultural safety and awareness
- safety
- anti-stigma and discrimination



Vision: USA

- easy and continuous access
- current treatments and best support services
- timely and accurate information
- scientific and technological progress
- linked to employment opportunities
- recovery-oriented
- full partnership between clinician and consumer
- choice
- shared decision-making
- individualized plan of care
- equitable
- promoting resilience



Key principles


- Mental health is a critical component of well-being
- Mental health problems should not be a source of stigma or discrimination

- Community based services are preferred
- An appropriate balance between residential and community-based services is essential to respond to individual's needs, stages in recovery, and preferences
- Mental health care is based on evidence based best practices and result in measurable outcomes




Key principles

- Mental health care should be based on a therapeutic/healing partnership between provider and consumer
- The foundation for treatment alliance is respect of dignity/rights, choice, independence, autonomy, involvement, empowerment and recovery
- Mental health care needs to be personalized and individualized taking into consideration the unique needs, preferences, and diverse cultural beliefs of each person served.




Key principles

- Mental health care needs to be integrated and coordinated through linkages with primary care and other services such as traditional social services or any other community resource
- Mental health care should be provided by a workforce that is multidisciplinary and able to work in teams across agencies and systems




Common problems

- Problems with access and the *range* of services available to the population
 - ❖ high level of unmet needs
 - ❖ shortfalls in services for children, adolescents, dual-diagnosis patients
 - ❖ expanding eligibility to broader range of conditions
- Problems with the *quality* of services
 - ❖ lack of responsiveness
 - ❖ lack of consumer and families involvement
 - ❖ not person-centered
 - ❖ limited application of evidence-based practice




Common problems

- Problems with the *infrastructure* of the mental health care system
 - ❖ variation in service quality and effectiveness
 - ❖ under-funding and misallocations
 - ❖ workforce issues
 - ❖ weak application of quality improvement and information management tools
 - ❖ lack of adequate funding / resources
- *Community* issues
 - ❖ stigma and discrimination
 - ❖ fragmented unlinked systems
 - ❖ lack of social inclusion



Shared agenda for change

1. Make mental health a *public priority*, promoting mental well-being and diminishing the stigma and discrimination associated with mental illness
2. Improve *access* and enhance the *range of available services*
3. Assure an adequate and competent/skilled mental health *workforce*
4. Make *consumer involvement*, a response to individual needs, and recovery/wellness the focus of mental health care
5. *Integrate and link* mental health care with general health care other sectors/services
6. Promote *evidence-based, measurable, and accountable* mental health care



- public priority
- decrease stigma

Priority 1 strategies

CENTRAL LEADERSHIP and COMMITMENT


- advisory boards
- cross-government committees
- independent policy/implementation bodies
- national plans
- progress reports
- guidelines

Anti-STIGMA CAMPAIGNS

- media
- young people
- workforce
- consumer involvement
- long-term commitment

MENTAL HEALTH PROMOTION and DISEASE PREVENTION

- population health approach
- cross-government initiatives
- vulnerable groups
- outcome measurement



- access
- range of services

Priority 2 strategies

SERVICE EXPANSION and SPECIALIZATION

- children and adolescent mental health
- seniors mental health
- dual-diagnosis services
- remote and rural areas

ACCESS to SERVICES

- support and integration with primary care
- training in mental health at system entry points

NEW INVESTMENT

- project-based grants
- transformation grants
- new governmental allocations
- financial incentives
- ear-marking

workforce **Priority 3 strategies**

STRATEGIES to RECRUIT and RETAIN

- workforce monitoring and planning
- national workforce development plans
- international recruiting
- new workforce pools
- incentives

REVISION of EDUCATION and TRAINING

- licensing
- curricula
- joint training
- accreditation

REVISION of COMPETENCIES and PRACTICE

- practice standards
- core capabilities
- new ways of working
- cultural awareness

consumer involvement **Priority 4 strategies**

SHARED DECISION-MAKING and CHOICE

- choice checklist
- individual budgets
- advance directives
- guidelines for consumer involvement

PERSONALIZATION of CARE, CULTURAL AWARENESS and EQUITY

- individual care plans
- services for minorities and vulnerable groups

CONSUMER EMPOWERMENT

- consumer involvement in service delivery planning and policy
- consumer boards and offices
- consumer-operated services

integration linkage **Priority 5 strategies**

INTEGRATION within the MH System and across LIFESPAN

- integrated care pathways
- care plan prototypes
- integrated information systems
- schools
- workplace
- prisons

INTEGRATION with GENERAL HEALTH and PRIMARY CARE

- psychiatric consultation
- GP training
- assessment of co-morbidities

INTEGRATION with OTHER SOCIAL/CARE SECTORS

- social inclusion initiatives
- supported employment
- education and volunteering opportunities
- housing
- disability benefits
- local partnerships

Priority 6 strategies

evidence based
accountable

EVIDENCE-BASED PRACTICE

- databases of practices and programs
- dissemination efforts,
- case-mix classification

QUALITY IMPROVEMENT TOOLS and INDICATORS

- routine measurement of health outcomes
- consumer report card
- mental health minimum data set
- service standards
- regional/state and national performance indicators

