Acute Adult Mental Health Integrated Care Pathway

Presentation to the Bermuda Mental Health Foundation Annual Conference





Agenda

- Context
- Objectives
- Project Methodology
- Key Findings
 - Acute Adult Mental Healthcare Service Map
 - Current state of service delivery
 - Challenges
 - Opportunities

BERMUDA HEALTH STRATEGY

Contextualising Bermuda's current state of healthcare



2018 Healthcare Current State Summary



In Bermuda, the current state of healthcare can be described as:

- Unaffordable premiums and copays for many in our community
- High prevalence of chronic disease
- Needing greater health literacy for many in our community
- Limited cost containment due to fragmented care delivery models

- Needing more focused regulation
- Needing focused action on longterm care
- Needing reimbursement reform from a fee for service model to patient-centric and outcomebased billing models



The Institute for Healthcare Improvement's Quadruple Aim







Bermuda's goal: Quality Healthcare



Bermuda's Healthcare Vision as developed by the Ministry of Health and being actioned through the eight strategic principles of the Bermuda Health Strategy 2022 - 2027:

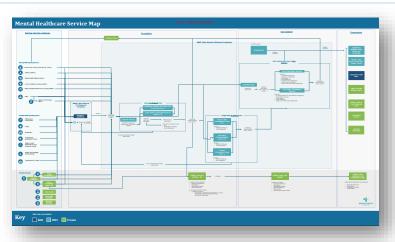
"Ensuring that all people have equitable access to needed informative, preventive, curative, rehabilitative and palliative essential health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services and critical medicines."



Context and Objectives

Objectives

- Assess and map the existing acute adult mental health services in Bermuda
- Propose visual representation of the patient journey through the system
- Suggest a range of policy actions that can significantly enhance the care pathway for patients and their families



Bermuda Acute Adult Mental Health Pathway

Approach

- Contributions and engagement from more than 60 stakeholders, including patients, family members, clinicians, mental health experts, law enforcement agencies, judicial representatives, and community members
- Output:
 - Patient & Service Maps
 - A report detailing 30 key challenges along the Pathway, 7 priority policy themes and 20 recommendations to improve the pathway.

A methodology of five main parts over 16 weeks



Literature Review

studies, reports,

consulted for the current

and databases

state scoping review¹

50+

interviews

with patients, clinicians, families and operational colleagues²

Stakeholder

Interviews

+10

meetings

with the project's Clinical Lead

Workshops and Group Meetings

2

workshops

regrouping more than 30 mental healthcare stakeholders on the Island

+1

workshop

for patients and family

Survey

348

Respondents,

1,117 feedback points

30

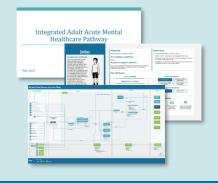
questions

assessing the community's perceived mental health needs and experience accessing mental health services on the Island³

Synthesis and Validation

Final deliverables:

- Final report
- Patient journey map
- Service map
- Patient persona



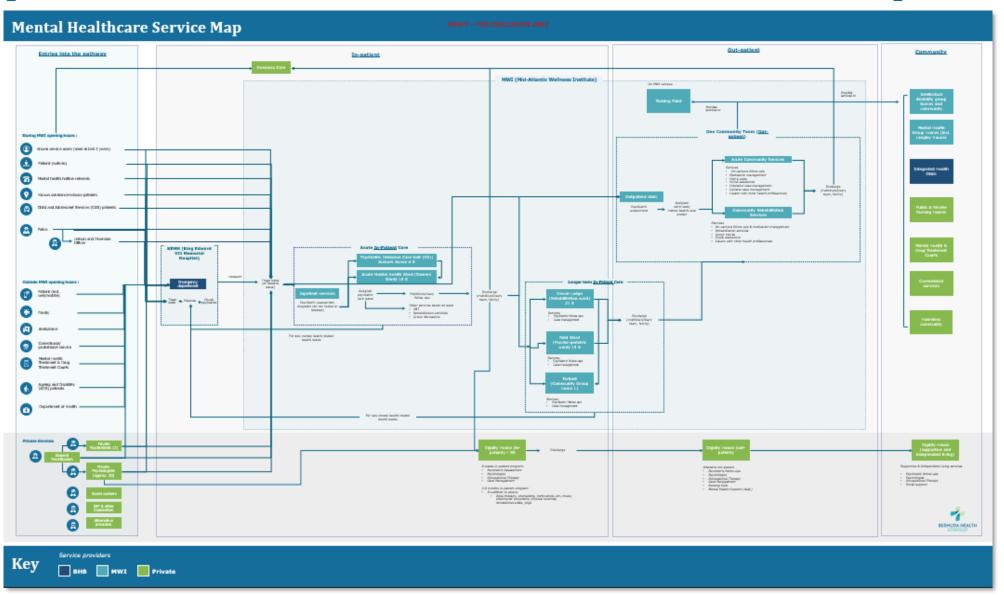
March 2023

20+

Mid-June 2023



Output: Acute Adult Mental Health Care Service map



Context Methodology Findings Challenges Opportunities



The need for mental health services in Bermuda is high

The available data, though limited, places mental health as a top public health priority for Bermuda.

Mental health conditions are the **third most prevalent** health condition in Bermuda, at 14.35%



Mental health was the second most common cause of hospitalisation in 2015

Mental Health Review (2015)

Mental and behavioural conditions are the **fastest growing cause of mortality** in

Bermuda*

JSNA

Joint Strategic Needs
Assessment (2023)

For women, hospitalisations associated with mental health have the longest length of stay of any condition



There is **no population-level data** on mental health conditions prevalence and burden of disease, making **evidence-based** and **needs-based** policymaking challenging.

However, mental health has received little policy attention



There is no national mental health strategy in Bermuda.

Policy and Strategy

When compared with the Caribbean, Bermuda is the only island **without a mental health plan** or strategy.

Unlike 75% of countries in the Americas, Bermuda does not have **indicators to track** the implementation of mental health policies or initiatives.

There is **no adult protection legislation** in place for individuals aged 18-64 years old

Promotion and prevention

Even with high levels of stigma, there are no national **promotion or prevention** initiatives in Bermuda.

Data

Bermuda does not have **population-level data** on mental health conditions prevalence or burden of disease.

Workforce

As opposed to other jurisdictions, there is **no rolling programme of training** to support the mental health workforce.

Information Systems

Similar to other islands, there is an underdeveloped, **paper-based** system with only recent digitalising and no rigorous local mental health **research**



Countries worldwide have signaled considering mental health as **equivalent to physical health**, committing to **meet global targets** for improved mental health.

Cost and stigma seem to be major barriers in accessing care STRATEGY

44% of the survey respondents relayed having experienced barriers in accessing care.

Out of the four main barriers shared (see below), cost ranked first and stigma, second.

What are some of the barriers that you have experienced in seeking mental health services?

"I have to choose between getting treatment for myself or for my child and I choose the latter."

"Because I feel embarrassed and ashamed about needing help"

"Prefer mental health services offisland due to lack of trust in the community of professionals."

"I was not aware of the services that exist to support me."

80% of respondents with **no insurance** have said they have experienced barriers to accessing mental health care, compared to 44% on average in the community.

24% of survey respondents experienced **stigma** in accessing mental health care. This proportion is higher among younger respondents.

There is no public, early-intervention mental healthcare available in the community in Bermuda



With current resource levels and legislations in place, public services are only accessible to the most acute patients. This has important consequences on patients' potential for recovery, patients' experience of the Pathway, as well on the financial cost associated with providing care.



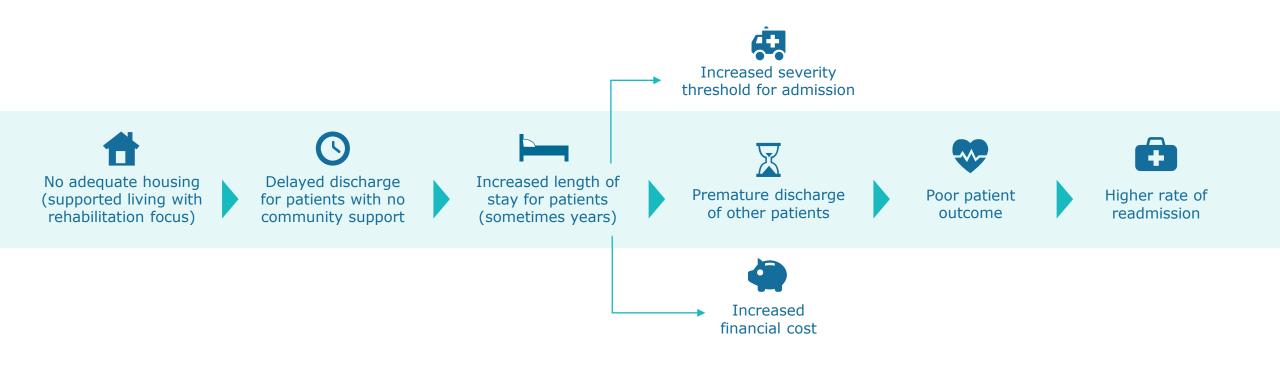
What are Early Detection and Intervention Programmes for mental health?

- **Detect and support** those at risk of mental health issues, intervening early to prevent or minimise conditions.
- Screening, assessment, and targeted interventions for specific populations.
- Aim to **prevent the impact** of mental health conditions, promoting recovery and well-being
- They are typically located in the community (not in the hospital).

There is a lack of adequate housing options for hospital discharge

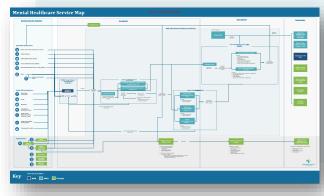


Unlike in other jurisdictions, there are no stepdown houses in Bermuda, which has a cascading effect on care delivery and the patient experience of the pathway.



30 challenges have been identified along the Pathway

- Prevention
- 1. No available data on community needs for mental health services
- 2. No public, early intervention care or programme available (for nonacute mental health)
- Little public knowledge and **awareness** of the Care Pathway (where to go to seek services & admission criteria for different services)
- Little **population knowledge** of mental health and high **stigma**, particularly around MWI



- Entry into the pathway
- 5. Multiple and **unstandardised** entry points into the Care Pathway, leading to confusion for patients and medical professionals
- 6. First responders and police with insufficient mental health training (and consequence on patient experience)
- 7. Multiple handovers between **Emergency Department and MWI** mobilising resources (EMS, police, etc.)
- 8. Issues in **accessibility** for certain demographics: (i) young adults, (ii) seniors, (iii) new mothers (iv) underinsured, non-acute patients (v) mental health professionals because of (i) service gap (ii) cost (iii) admission criteria
- **9. Location** of MWI for accessibility
- 10. Delays in care pathway entry through commitment orders for the forensic community as a result of outdated regulations

- In-patient
- 11. In-patient wing at MWI in need of repairs and improvements regarding the layout of the premises (MWI)
- **12. Safety issues** with mixed communities and needs on the acute wing at MWI no purpose-built, in-patient setting for the forensic community
- 13. Medically centred model of care with limited complementary treatment to medication management for admissible patients
- 14. Little perceived patient and family **involvement** in care plan development and no formal support provided to families
- 15. Lack of **residential care** for admissible patients

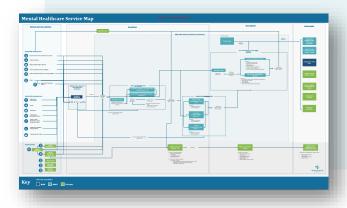
30 challenges have been identified along the Care Pathway





Discharge

- 16. Ward rounds and discharge conversations are **intimidating** for patients (MWI)
- 17. Lack of **structure and communication** of care plan to
 patients and families upon discharge
 because of confidentiality concerns
- 18. Lack of bed flow: delayed discharges for at-risk patients with no community support (results in prolonged stays on the acute wing) and early discharges because of inpatient unit overflow (and associated risks) (MWI)



5

Out-patient

- 19. Sustained staff **shortages** (MWI)
- 20. Expansion of low-level severity cases treated at MWI creating overflows
- 21. Inaccessibility of location for followups (MWI)
- 22. Decrease in **rehabilitative services** offered with major impact on patient experience post-COVID-19 (MWI) and **no private alternative**
- 23. Multiple **handovers** in case management between different clinical colleagues (MWI)
- 24. Wait times and prohibitive costs
- 25. No **tailored services** for young adults, new mothers, seniors, or mental health professionals

6 Car

Care in the community

- 26. Need greatly **exceeding the offer** for acute patients' housing
- 27. Low to no engagement with **community organisations** around mental health services and awareness on the part of medical organisations (private clinics, MWI, KEMH)
- 28. Unaddressed **social needs** of clients (financial assistance, home setting, access to services, etc.)
- **29. Lack of coordination** between private clinics, MWI, and KEMH around patient information and case management
- **30. Revolving doors** for forensic clients between hospital and detention

Context Methodology Findings Challenges **Opportunities**

The survey and workshops helped quantitatively prioritise seven intervention themes



1,117 feedback points from respondents, 52 interviews, and three workshops with stakeholders have helped prioritise the ways in which the Bermuda community would like to see policy address some of the aforementioned challenges.



The 20 proposed recommendations that follow offer tangible ways to address these policy themes.



20 action points are suggested to improve the Care Pathway

In line with the seven policy intervention themes, a number of actions have the potential to considerably improve patient experience of the Care Pathway and health outcomes in the short and medium term.

Short-term Medium-term Longer-term Mental Health Forum Mental Health Needs Assessment Business Case for Purpose-Built Central Rehabilitation Environment (Clubhouse) Alliance for Mental Health Advocates Bermuda National Mental Health Strategy and Roadmap Core Benefits Package Inclusion Mental Health Service Repository under UHC Expansion of Integrated Mental and Booklet Health Care Pilot Programme Mental Health Act and Mental Mental Health Coordination Unit Capacity Act Mental Health Services for Mental Health Professionals Mental Health Awareness and Mental Health Patient Council Prevention Campaign Patient Support Group Mental Health Screenings Collaborative Forensic Pilot Financial Assistance Support Public Early Detection and Programme Intervention Programme Partnerships with Community Mental Health First Aid Training Organisation for Services

6 months 1 year 2 years +

The opportunities and recommendations to improve the Care Pathway will call on a wide range of stakeholders to collaborate, including Government, patients, families, and clinicians, etc.

Actions prioritised by stakeholders

Contact Us:

We'd love to hear from you! If you have any query or concern, reach out for a helping hand. Please find our contact details below:

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More information and the latest updates can be found online at www.healthstrategy.bm

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