Scoping review on mental health services

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Overview of the presentation

- Scoping review approach

- Context and policy

- Key findings

- Possible implications for Praxis Care

Scoping review approach

- June 2021, the Department of Health in Northern Ireland published the new 'Mental Health Strategy 2021-2013'

- Range of international evidence reviews completed to inform the Strategy (Five briefing papers and five evidence reviews)

- Previous Praxis Car Scoping Reviews, especially on Forensic Services and Personality Disorder, also relevant

- Focus of this review on presenting the key findings from this series of evidence reviews (all also available through the Intranet)

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Context and policy

- Mental Health Strategy 2021-2031 (Department of Health, 2021)

- The new Strategy has three overarching themes and 35 more specific actions:

- Theme 1 – Promoting mental wellbeing, resilience and good mental health across society (Actions 1-9)

- Theme 2 - Providing the right support at the right time (Actions 10-29)

- Theme 3 - New ways of working (Actions 30-35)

Context and policy – Mental Health Strategy actions

The most relevant actions to Praxis Care include:

- Action 15 - Refocus and reorganise primary and secondary care mental health services and support services around the community to ensure a person-centred approach, working with statutory and Community and Voluntary partners to create local pathways within a regional system, engaging all actors who can help and support a healthy local population.

- Action 16 - Create a recovery model, and further develop and embed the work of Recovery Colleges, to ensure that a recovery focus and approach is embedded across the entire mental health system.

- Action 17 - Fully integrate community and voluntary sector in mental health service delivery with a lifespan approach including the development of a protocol to make maximum use of the sector's expertise.

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Context and policy - Mental Health Strategy actions

- Action 20 - Develop an agreed framework between mental health services and primary care services for the physical health monitoring of people with a severe and enduring mental illness, as well as other people with mental disorders.

- Action 21 - Ensure that all mental health patients are offered and encouraged to take up screening for physical health issues. Provide help and support across all mental health services to encourage positive physical health and healthy living.

- Action 23 - Provide people with severe and enduring mental ill health the right care and treatment at the right time. They, together with their support networks, are to be included in the decision making around their care and in the development of services and new ways of working.

Context and policy - Mental Health Strategy actions

- Action 25 - Create a regional structure for a mental health rehabilitation service, including specialist community teams and appropriate facilities for long-term care.

- Action 26 - Develop regional low secure in-patient care for the patients who need it.

- Action 29C - Enhance the provision of personality disorder services regionally through the formation of a Personality Disorder Managed Care Network.

- Action 30 - Develop and implement a comprehensive digital mental health model that provides digital delivery of mental health services at all steps of care.

Context and policy - Mental Health Strategy actions

- Action 33 - Create a peer support and advocacy model across mental health services.

- Action 34 - Develop a regional Outcomes Framework in collaboration with service users and professionals, to underpin and drive service development and delivery.

- Action 35 - Create a Centre of Excellence for mental health research.

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Systematic scoping review already completed – key points

Physical design

- Systematic scoping review led by Anne Johnston

- Focus on the physical design of supported accommodation for people with mental health problems

- Key points about: privacy/autonomy; light and home-like environment; outdoor spaces; neighbourhood; community access; co-production

- Ongoing work with David Sutherland on co-production and post-occupancy questionnaire

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Briefing papers for the Strategy

- Briefing Paper 1: Prevention and early intervention (McDaid et al., 2020)

- Although the focus of this briefing paper was on prevention and early intervention there are some important and relevant points, including for mental health in the workplace:

- "Prevention of mental health problems in workplaces involves demonstrating commitment at the highest levels of the organisation to mental wellbeing, reducing stigmatising attitudes and discrimination, tackling the causes of workplace stress, providing training and support to managers, and providing early intervention supports for employees (ACAS, 2018). At policy level, workplace prevention can involve measures to increase and/or clarify employers' duties under health and safety and anti-discrimination legislation, raise awareness among employers about their role in promoting mental wellbeing, and provide supports or incentives for employers." (pp. 5-6).

Briefing papers for the Strategy

- Briefing Paper 2: Effective treatment and care McCartan et al., 2020)

- Key points from this briefing included:

- "There is strong evidence that supportive employment schemes that help people retain or return to work without lengthy pre-employment training and rehabilitation are valued by patients, are cost effective, and benefit society are still poorly implemented in standard care (Bouras, Ikkos, & Craig, 2017)…

- Digital interventions may be as effective as traditional methods for improving symptoms and medication management, and accessing information and support (Ben-Zeev et al., 2014; O'Hanlon et al., 2018; Rotondi et al., 2010). However, their effectiveness may hinge on the suitability of the intervention for an individual and the availability and reliability of the technology available (Granja & Johansen, 2018)." (p. 4)

Briefing papers for the Strategy

- Briefing Paper 3: The physical wellbeing of people with mental health problems

- "Life expectancy is considerably lower in the SMI population compared to the general population. People with severe mental health problems have 1.5 to 2 times higher rate of cardiovascular disease and diabetes. The associated risks and comorbidity with other diseases is high and increasing screening, and opportunities to assess, monitor can help reduce these risks.

- Connections between physical and mental health can improve holistic care – attending to the physical health needs of mental health service users has the potential to assist in the treatment and help promote recovery…

- Physical activity is a low-cost intervention and has been shown to be easy to deliver in home-based, clinical or community settings.

- Recent qualitative research Northern Ireland identified the importance of the social benefits and connections that being active can offer long term users of mental health services (McCartan et al., 2019)." (pp. 1-3).

Briefing papers for the Strategy

- Briefing Paper 4 Creating a workforce for the future (McCartan et al., 2020)

- "Peer support – demonstrates that recovery is possible and within the right framework of support, supervision, training, financial recognition that sets out clear individual and organisational roles and responsibilities has the potential to add an additional area of expertise within a multi-disciplinary team – there are good resources and international learning to draw on to develop an effective peer support worker network as one part of mental health service delivery (Christie, Smith, Bradstreet, & McCormack, 2015; Keet et al., 2019)." (p. 5)

Briefing papers for the Strategy

- Briefing Paper 5: Data & Quality of Service (McCartan et al., 2020)

- "There are a wealth of good models and tools demonstrating how to incorporate coproduction and lived experience to improve data and service quality. The Black Dog Institute in Australia has a wide range of accessible resources including a 'Framework for the engagement of people with a lived experience in program implementation and research' (Suomi, Freeman and Banfield, 2020)…

- International evidence also suggests that once a high quality data collection system is developed, using it effectively is equally important. How health systems routinely gather data and how these are interrogated to inform planning, care and support varies widely." (pp. 2-3)

Rapid reviews for the Strategy

- Rapid Review 1: Transforming mental health services (McCartan et al., 2020)

- There has been a move away from reliance on shared accommodation with live-in staff towards greater separation from housing and support

- There is strong evidence that supportive employment schemes that help people retain or return to work without lengthy pre-employment training and rehabilitation are valued by patients, are cost effective, and benefit society are still poorly implemented in standard care

- Personalised budgets

- Socially focused interventions – e.g. befriending for older adults and peer support in depression

- Diversion from the criminal justice system

Rapid reviews for the Strategy

- Rapid Review 2: International Policy Guidance and Responses to COVID-19 Mental Health Recovery (McCartan et al., 2020)

- "There are...opportunities to build on the more positive elements that have emerged in crisis. These include the adaptability and flexibility of community based care, the recognition of the importance of lived experience in the design, development and monitoring of services, improved interagency collaboration, the acceleration of the digitalisation of healthcare and the importance of connecting physical and mental health." (p. 39).

Rapid reviews for the Strategy

- Rapid Review 3: International learnings on mental health plans, policies and implementation (McDaid et al., 2020)

- This review includes a helpful summary of developments in the Republic of Ireland:

- "The Republic of Ireland has also embarked on recovery-orientated reforms of its mental health services. Strands of current activity include:

- A national recovery framework (standards) for the HSE's mental health services

- An Office of Engagement & Recovery, led by a person with self-experience

- The Head of Office of Engagement & Recovery sits on the national Senior Operations Team for the mental health services

- Implementation of recovery colleges across the country

Rapid reviews for the Strategy

- Rapid Review 3: International learnings on mental health plans, policies and implementation (McDaid et al., 2020)

- Employment of Peer Support Workers across the country

- Employment of Area Leads for Engagement, who support service user and family member/carer involvement in the mental health services. These coordinators operate local and regional service user and family member/carer forums across the country.

- The Office of Mental Health Engagement and Recovery seeks to ensure that the voice of the service user, family member and carer inform the design delivery and evaluation of services" (p. 18).

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Rapid reviews for the Strategy

- Rapid Review 4: Personality Disorder Services (McCartan and Davidson, 2020)

- This evidence review highlighted a number of approaches to supporting people with personality disorders. It will be important for Praxis to ensure its approaches align with the interventions being used across the Personality Disorder Managed Care Network. At this stage the main proposed approaches are: Dialectical Behaviour Therapy (DBT); Mentalisation Based Therapy (MBT); and Structured Clinical Management (SCM).

Rapid reviews for the Strategy

- Rapid Review 5: and Forensic Services (McCartan et al., 2021)

- Forensic Managed Care Network central – priority low secure

- "In terms of specific service developments and interventions, this rapid review provides some of the key evidence from the recent research literature, organised from prevention through to rehabilitation and leaving care. An important aspect of those developments, as repeatedly reinforced in the literature, is the involvement of service users and carers, and the need to consider the training and wider workforce implications of developments. Balancing all the different service components and ensuring they all work together across organisations and sectors is also a recurring theme in the literature and reinforces the importance of the role of the Network." (p. 48)

Existing Praxis Scoping Reviews and Key Messages

- The previous relevant scoping reviews, key messages papers and interventions survey completed by the Research Department (including on personality disorder, forensic services, psycho-education, training, co-production and the use of technology), had already identified a number of key areas for possible development in Praxis Care's mental health services. These included the importance and effectiveness of: the recovery approach and ensuring it is trauma-informed, co-production, psychoeducation, employment and ensure integration with specialist interventions such as DBT, MBT and SCM.

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Possible implications for Praxis

- The recovery approach is the current main model for the delivery of Praxis Care's services. There is a wider discussion about how that positive approach can be integrated with the developing understanding of the importance of trauma. It may also be useful to explore how the recovery approach is being implemented in routine service delivery

- Psycho-education has already been highlighted as one of the key approaches being used in Praxis Care's services but again, it is not clear how consistently and effectively this is being provided across all relevant services

- The systematic review on physical design has highlighted both how important it is to promoting positive outcomes but also the processes by which service users should be involved in design processes. Any opportunity to consider the physical design of Praxis mental health settings should incorporate the findings of this review

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Possible implications for Praxis

- There are a number of specific interventions, including CBT, DBT, MBT and SCM, which are currently provided by the Trusts, which should be aligned with the support provided by Praxis but could also be provided by Praxis

- Physical health and physical activity are highlighted in the new Strategy and the Research Department has already completed an in-depth study to inform how these issues can be more effectively addressed across services

Possible implications for Praxis

- Promoting employment has been identified as an important aspect of fully implementing the recovery approach. There are a number of organisations providing support in the area in Northern Ireland including: Action Mental Health; Workable (NI) (which is delivered by three providers contracted by the Department for Communities (DfC): Disability Action; Supported Employment Solution; and Ulster Supported Employment Ltd); and the Northern Ireland Union Of Supported Employment (an umbrella organisation for approximately 16 organisations across disabilities)

- Praxis has an opportunity to develop this area of support in a co-produced, progressive way that would include the co-researcher developments; a focus on individual placement support rather than traditional sheltered employment; possibly addressing some of the wider issues of recruitment and retention; and enabling the development of more peer support

- A priority for further Praxis Care research in the area of mental health could focus on employment

Possible next steps

- Disseminate the summary of the mental health scoping review and seek feedback

- Update the Frameworks and Interventions Guide to include the key mental health interventions identified in this review

- Explore possible external funding sources for an employment focused research project

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