



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Service Framework for Mental Health and Wellbeing 2018-2021

Promoting hope, opportunity and personal control



Public Consultation
March 2018

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Foreword

The overall aim of the Department of Health (DoH) is to improve the health and social wellbeing of the people in Northern Ireland.

The revised Service Framework for Mental Health and Wellbeing 2018 is one of a range of Service Frameworks developed by the Department in support of this aim. Service Frameworks are a major strand of the reform of health and social care services and help to ensure that care is safe, effective and person-centred.

Recent focus by the NI Executive is to develop a Programme for Government with clear outcomes to benefit the people and society of Northern Ireland. Two of the outcomes in the draft PfG aim to:

- (i) ensure that we care for others and help those in need, and
- (ii) improve the length and quality of life for those living here.

To achieve these outcomes government will help to improve the general mental health of people by supporting and promoting positive mental health and wellbeing through prevention, early intervention and, where necessary, providing appropriate treatment and care with a focus on the principles of recovery.

This Framework builds on the 2010 version but offers a more streamlined approach with fewer standards, and includes both service and experience indicators. The Framework reflects the principles and values of the 'You In Mind' Regional Mental Health Care Pathway 2014, hereafter referred to as 'You In Mind', and recognises that all treatment and care needs to be highly personalised and recovery orientated.

The purpose of the Framework is not only to provide guidance on the steps of care to be delivered but it is designed also to enhance the quality of service experience and promote consistency of service delivery across Northern Ireland.

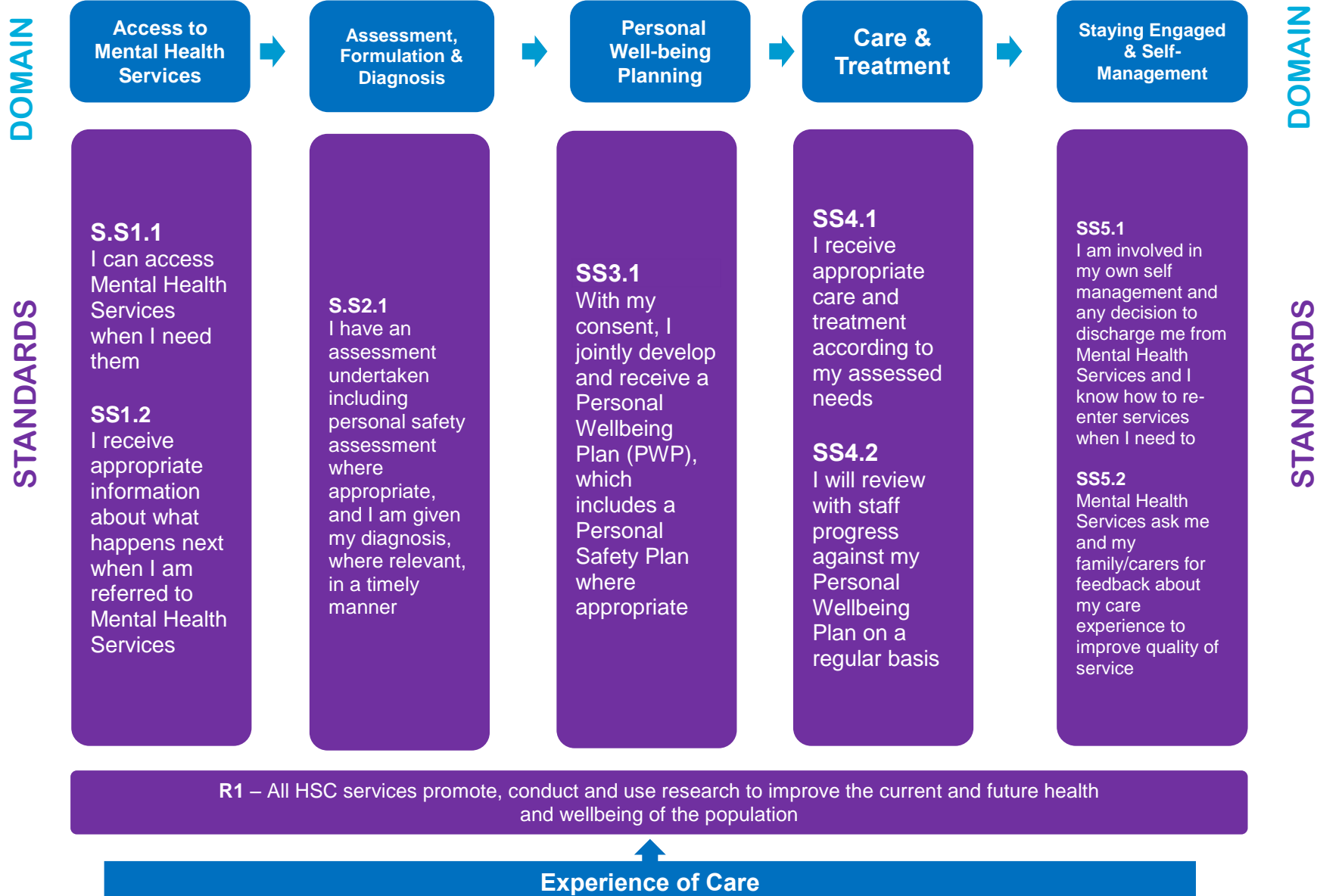
The scope of the Framework includes a focus on the required service elements of access to mental health services, assessment, diagnosis,

treatment, self-management and the recovery of all adults who have a mental health problem or condition.

The Framework represents the mechanism whereby 'You In Mind' will be audited. It will be implemented alongside the 'You In Mind' regional care pathway. In this respect, the Framework provides the standards and outcomes measures that will help us verify that the standards and services within 'You In Mind' are actually being delivered.

Dr Michael McBride
Chief Medical Officer

Service Framework At A Glance



1. Introduction

1.1 Background

Service frameworks have been identified as a major strand of the reform of health and social care services and provide an opportunity to:

- Strengthen the integration of health and social care services;
- Enhance health and social wellbeing, to include identification of those at risk, and prevent / protect individuals and local populations from harm and / or disease;
- Promote evidence-informed practice;
- Focus on safe and effective care; and,
- Enhance multidisciplinary and intersectoral working.

The original Service Framework for Mental Health and Wellbeing was launched in December 2010 with 58 standards and 164 associated KPIs. However, given the introduction of the 'You In Mind', and its importance across the HSC, it was apparent that the 2010 Service Framework could not easily be aligned with the content and requirements of the new regional care pathway. A copy of 'You In Mind' can be found at <http://www.hscboard.hscni.net/our-work/social-care-and-children/mental-health/>

Upon review, it was clear that the existing Framework would require substantial amendment and revision. It was therefore agreed, by DHSSPS¹ in July 2014 that a 'fundamental review' of the existing Framework should be undertaken.

The HSCB and PHA were tasked with the review process to ensure that the revised Service Framework for Mental Health and Wellbeing, thereafter described as the Framework, reflected the requirements of 'You In Mind'. This care pathway forms the central hub from which the new Service Standards and Indicators are derived.

¹ DHSSPS was renamed as the Department of Health (DoH) on 9 May 2016

1.2 Aim of the Service Framework

Service Frameworks set out the standards of care that individuals, their carers and wider family can expect to receive from the HSC system. The standards set out in a Service Framework reflect the agreed way of providing care. They provide a common understanding about what HSC providers and users of services can expect to provide and receive.

The revised Service Framework for Mental Health and Wellbeing 2018 reflects the principles and values of 'You In Mind' Regional Mental Health Care Pathway, launched in 2014, which recognises that all treatment and care needs to be highly personalised and recovery orientated. It is based on valid, relevant published research, where available.

The Framework provides the mechanism to audit the 'You In Mind' care pathway. The domains, standards and indicators for this Framework are all extrapolated from 'You In Mind' and this represents the key reference point for all staff implementing the Framework.

The 'You In Mind' care pathway explains how people can access mental health care and the steps involved from the point of referral to the point that care is no longer required. It describes the standards of care expected by mental health professionals who will work in partnership with people towards their recovery. It outlines how care decisions are made with people and for people. It places people, families, partners and nominated friends (as appropriate) at the heart of all decision-making.

The content of 'You In Mind' was informed by expert advice and by national standard setting bodies such as the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE), these are noted in the Supporting Resources of the document.

'You In Mind' sets out generic standards of care expected for secondary mental health services, using the stepped model of care, see **Appendix 1** for further detail.

Service and condition specific care pathways have also been produced, or are currently under production. These will set out the standards of care for secondary mental health care specialist areas and mental health conditions. Please see **Appendix 2** for additional information. These will also be informed by expert advice and by national standard setting bodies, and will be subject to audit under the Framework.

Affordability

Many of the standards contained in the Framework do not require additional resources as they are focussed on quality improvement and should be capable of delivery by optimising the use of existing resources and funding. Where there are additional costs associated with specific standards (including non-recurrent costs associated with such areas as informatics and data collection), these will be dependent upon, and sought through existing financial planning, service development and commissioning processes. The feasibility of implementing the framework by reforming how services are delivered will be explored, in order to determine the affordability of the investments required and performance levels will be set in the light of the available resources in any one year. This particularly relevant to data required for Phase II.

Equality Statement

In line with Section 75 of the Northern Ireland Act 1998, Mental Health Services are provided and available to all irrespective of gender, ethnicity, political opinion, religious belief, disability, age, sexual orientation, dependant and marital status.

An equality screening exercise will be carried out as part of the public consultation process for the Framework.

1.3 Acknowledgements

This Service Framework has been jointly developed by people with lived experience, family members, partners, friends and/ or advocates for people with mental health needs, and professionals involved in commissioning and providing care.

The development of the co-produced service standards included in the Framework will enable Mental Health Services to deliver care in line with the best available evidence, as set out in 'You In Mind' 2014.

At the heart of this process is the desire and commitment to ensure mental health care in Northern Ireland provides the best of opportunity for personal recovery and to create a new culture of partnership and co-working.

We wish to acknowledge the support of the following people and professional groups in the development of the Service Framework.

Project Board

Aidan Murray (Chair)
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Martin Daly
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College of Occupational Therapy
Belfast Health & Social Care Trust
Southern Health & Social Care Trust
South Eastern Health & Social Care
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Western Health & Social Care Trust
Northern Health & Social Care Trust

Task & Finish Group

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Fiona Dagg
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1.4 Why do we need a Service Framework for Mental Health and Well-being?

- Northern Ireland has higher levels of mental ill health than any other region in the UK. According to prescription trends, Northern Ireland has significantly higher levels of depression than the rest of the UK.
- Mental illness is the single largest cause of disability, and leading cause of sickness absence from work, in the UK. Mental health problems are one of the main causes of the burden of disease worldwide. In the UK, they are responsible for the largest burden of disease— 28% of the total burden, compared to 16% each for cancer and heart disease.
- The Northern Ireland Census (2011) indicated that 5.8% of Northern Ireland's 1.8 million population has some form of mental ill health. Women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders.
- In the 2016/17 Northern Ireland Health Survey, 17% of respondents showed signs of mental ill health. Of these, 47% of females and 37% of males were taking medication for stress, anxiety or depression.
- People with a mental illness die on average 15 to 20 years earlier than those without, often from avoidable causes. We must therefore strive to achieve parity between mental health and physical health care, working more closely in partnership with those who use our services and their carer's.
- In Northern Ireland the 2016/17 total planned spend on Mental Health services was £263m, representing just over 7%² of the total spend on Health and Social Care in Northern Ireland.

² Based on a Total Planned spend (POC) of £3.64bn

With the introduction of 'You In Mind', in 2014, it was clear that the existing Framework would require substantial amendment and revision.

Associated key drivers for the Review included:

- Continued progress against the **Bamford Review of Mental Health and Learning Disability Action Plans 2009-2012 and 2012-2015**.
- **Transforming Your Care, 2011** – a review of health and social care in Northern Ireland published in December 2011 has many parallels with the Bamford Vision in respect of mental health.
- **NICE CG136 – Service User Experience in Adult Mental Health Services, 2011** and other Mental Health related NICE Guidelines (please see 'Supporting Resources') – NICE recommended that high quality care should be clinically effective, safe and be provided in a way that ensures the service user has the best possible experience of care.
- **A Regional Demand Analysis of Generic Adult Mental Health Clinical Psychology & Psychological Therapy Services, 2013** undertaken by Dr Stephen Kelly, SEHSST.
- **GAIN 'Your Story Can Change Lives' Survey, 2012** – The audit findings demonstrated a varied picture of how service users and carers perceived their experience of mental health services and care in Northern Ireland. The information from the audit helped Trusts to identify what was working well and what things needed to change. The audit was repeated in 2015/16 and is entitled '**You in Mind – Your Experience Matters**'.
- **Implementing Recovery through Organisational Change (ImROC)** – the programme was introduced in each HSC Trust to develop more recovery focused practice and therefore improve the service user experience. Creating recovery-focused services requires fundamental cultural change; the promotion of recovery must underpin all treatment and support provided and guide the

work of every mental health worker. Each HSC Trust now has its own Recovery College and Peer Workers with lived experience have been recruited across Northern Ireland.

The HSCB and PHA were tasked with the review process to ensure that the new Framework reflected the requirements of 'You In Mind' and the above referenced key drivers.

1.5 Methodology

Review Scope

The Review focused on redesigning the current Service Framework and, in keeping with 'You In Mind', would incorporate the required service elements including access to mental health services, assessment, diagnosis, care and treatment, self-management, and the recovery of all adults who have a mental health problem or condition.

Review Objectives

1. To scope out existing Mental Health Service Standards/Quality Indicators best practice.
2. To carry out a baseline analysis of current data management systems and data activity that currently informs Mental Health Services commissioning and performance monitoring.
3. To develop a more streamlined Service Framework, based provisionally upon 12 service standards (exact number to be confirmed within the 'review' process), that will apply across a number of key domain measures with associated key quality indicators.
4. To establish a robust data management system that would report against the agreed service standards and associated indicators. In doing so, it is important to verify that existing data systems are able to provide the required performance data.

The mandate to develop the Framework was provided by the Service Framework Programme Board, which is chaired by the Chief Medical Officer of the Department of Health.

The revised Service Framework for Mental Health and Wellbeing was developed by a Regional Project Board. This was chaired by Mr Aidan Murray, Assistant Director of Mental Health and Learning Disability, HSC Board, with representation from all aspects of the service including people with lived experience, carers, advocates, voluntary organisations and community groups, as well as professionals working in the field, professional bodies, commissioners and DHSSPS, as described in the Acknowledgements. The Project Board met on a quarterly basis; the Terms of Reference are in **Appendix 3**.

A dedicated Task and Finish Group was also set up to provide project management support to the Project Board to deliver on the key objectives of the Review. The Team was responsible for developing the Framework document itself and met on a bi-monthly basis.

The Framework itself was co-produced, in keeping with the values and principles set out in 'You In Mind', through people with lived experience themselves being represented at all levels of the consultation and framework development process. This included representation on the Project Board, the Task and Finish Group, and via the two Stakeholder Engagement events held in January and April 2015. Workshop discussions during the Stakeholder Engagement events were led by people with a knowledge and expertise in mental health services, both from a mental health professional background and from people with lived experience of mental health. Participation in this process led to the development of the final draft document. Copies of the Workshop reports can be provided from the Health and Social Care Board.

A desk top scoping exercise of service frameworks both nationally and internationally was also carried out to review good practice and support the work of the Project Board. An overview of this exercise is set out below:

UK

- No Health Without Mental Health, NHS, 2011
- Code of Practice to Parts 2 + 3 of Mental Health (Wales) Measure 2010, 2012
- Public Health Information for Scotland, Scotland's Mental Health : Adults 2012
- Establishing a Core Set of National Sustainable Mental Health Indicators for Adults in Scotland, 2007

International

- Mental Health Outcomes Working Group, Mental Health Commission, Government of Western Australia, 2012
- Key Performance Indicators of Australia Public Mental Health Services, 2005
- Mental Health Outcomes, Ministry for Health New Zealand
- Like Minds, Like Mine 2014-19, New Zealand

A Data Scoping Workshop was also held in July 2015 to analyse current HSC data management systems and data activity that currently informs Mental Health Services commissioning and performance monitoring. It also explored ways to report against the agreed Framework Service Standards and associated Indicators. This will be discussed in more detail in **Section 2**.

The Framework domains, standards, indicators and data sources are set out in **Section 2**.

1.6 Values and Principles of the Service Framework

The values and principles that were developed for the Bamford Review were adopted for the development of the 2010 Service Framework for Mental Health and Wellbeing and still apply to this revised Framework. These include focusing on safe, effective care which involves patient experience, recovery principles and with a family focus.

Please see **Appendix 4** for a copy of the Values and Principles.

Experience of Care

The Framework will provide the mechanism to audit the experience of people and their families of Mental Health Services, as described in 'You In Mind'. This includes:

- Being Listened to Valued and Understood
- Given Meaningful information and Explanation
- Encouraged and Given Time to Recover
- Provided Advocacy and Peer Support
- Given Choice
- Provided Important Details
- Support to Make My Own Decisions
- Encouraged to give Feedback
- Timely Access

Quality of care, as understood from a patient's perspective was highlighted in a report by Lord Darzi entitled 'High Quality Care for All – Our Journey So Far' (2008). It defined three aspects that matter to patients; their experience, the effectiveness of care interventions and the safe delivery of care.

'You In Mind' is also modelled on NICE CG136 *Improving Experience of People Using Adult Mental Health Services Quality Standards*, and outlines how Mental Health Services will use recovery principles in providing care, as set out overleaf.

Feel reassured that the care I receive will be safe, of a high standard (effective) and promote recovery.	Feel I am being treated with empathy, dignity, sensitivity, compassion and respect by all who supported me.	Feel confident that what I have to say will be listened to and used to direct decision about my care.
Be able to access help and support easily when I need it.	Be actively involved in making decisions and be supported to maintain personal control and as appropriate my family / partner and nominated friend are supported.	Be supported by a team who know me, and who commit to partnering with me throughout my care.
Receive appropriate explanations (and as appropriate my family / partner or nominated friend) regarding the outcomes of assessments, investigations and any diagnosis I receive.	Receive information (and as appropriate my family / partner or nominated friend) about treatment / care options to assist me in the development of my personal wellbeing plan (care plan).	Receive information on how I and my family can access 24 hour crisis support.
Be supported to receive care in the community and I will only be admitted to hospital if it is required.	Be given every opportunity as to maintain my family and social connections and have access to advocacy and personalised activity seven days per week.	Receive dedicated one to one care and be confident that any restrictions on my personal movement and / or compulsory treatment will only be for the shortest period required.

Recovery Principles

‘You In Mind’ states that recovery is a deeply personal and unique process, a way of living a satisfying hopeful and contributing life. It is a personal journey of discovery, which enables people to live well in the presence or absence of symptoms.

As part of ‘You In Mind’ implementation Mental Health Services will provide care that:

- Is personalised and addresses a person’s physical, emotional and social needs;
- Recognises and builds on a person’s personal strengths;
- Promotes hope by enabling a person to better manage their own mental health;

- Creates opportunities for a person to contribute and participate in meaningful tailored and purposeful activity;
- Supports family/partners/nominated friends, as appropriate, to assist a person in their personal recovery.

Family Focus

The family approach should be taken into consideration when implementing the Framework. This includes the consideration and adherence to the Think Family Principles and Checklist as set out in **Appendix 5**.

‘You In Mind’ also outlines the role of carer’s, family, friends, advocates; what supports can be provided to carer’s, family, partners, nominated friends, consent and confidentiality, and the process for agreeing who will be involved in supporting a person’s recovery.

1.7 Structure of the Service Framework

The Service Framework for Mental Health and Wellbeing sets standards in relation to access to mental health services, assessment, diagnosis, care and treatment, self-management, and the recovery of all adults who have a mental health problem or condition.

There are 5 Domains: each is presented in the same format, as set out below:

1. Domain
2. Standards
3. Service Indicators
4. Experience Indicators
5. Phase I Data Source
6. Phase II Data Source

The ‘Service Indicators’ reflect the ‘You In Mind’ Care Pathway components whilst the ‘Experience Indicators’ reflect the questions in the GAIN ‘Your Story Can Change Lives’ survey (2012).

Going forward, the Framework will have the capability to benchmark against both the 2012 GAIN 'Your Story Can Change Lives' survey and the 2015/16 survey re-run entitled 'You in Mind – Your Experience Matters'. It is proposed that annual Experience and Carer Audits will be conducted.

Each standard is precluded by an introduction which is taken from NICE CG136 and 'You In Mind'. As stated in the introduction, the Framework provides the mechanism to help verify that the requirements of 'You In Mind' are being implemented.

This Service Framework encompasses, in the first instance, the 2018/19 to 2020/21 period; this will be reviewed by the Department of Health's Service Framework Programme Board.

1.8 Service Framework Generic Standards

All Service Frameworks incorporate a specific set of standards that are identified as *Generic*. These apply to all HSC professionals and service users, regardless of their health condition or social grouping, and are therefore applicable to all Service Frameworks. They include:

- communication;
- involvement;
- independent advocacy;
- carers;
- healthy eating;
- physical activity;
- smoking cessation;
- alcohol;
- safeguarding; and
- palliative care.

These Generic standards reinforce the holistic approach to health and social care improvement and reflect the importance of health promotion in preventing medical or social care issues occurring in the first place. Their inclusion ensures:

- equity of opportunity for all;
- the communication of consistent messages to service users and providers of HSC; and
- a consistent approach on the design and delivery of services.

The responsibility for monitoring progress against the Generic Standards rests with the Oversight Groups as set out below:

1.9 Service Framework Generic Standards

The following generic standards GS1.1–1.10 are applicable across all Service Frameworks and will be monitored through a range of Oversight Groups.

Standard

Oversight Group

Communication with Individuals and Carers

GS 1.1 All patients, clients, carers and the public should be engaged through effective communications by all organisations delivering health and social care

Regional PPI Forum
Patient and Client Experience Working Group and Steering Group
10,000 Voices Implementation Group

GS 1.2 All patients, clients, carers and the public should have opportunities to be actively involved in the planning, delivery and monitoring of health and social care at all levels.

Regional PPI Forum

GS 1.3 Users of Health and Social Care services and their carers should have access to independent advocacy as required

Regional Carers Strategy Implementation Group

GS 1.4 All Health and Social Care staff should identify carers (whether they are parents, family members, siblings or friends) at the earliest opportunity to work in partnership with them and to ensure that they have effective support as needed

Regional Carers Strategy Implementation Group

Service Framework Generic Standards

Standard

Oversight Group

Prevention

GS 1.5 All Health and Social Care staff, as appropriate, should provide people with healthy eating support and guidance according to their needs

Obesity Strategy Implementation Group

GS 1.6 All Health and Social Care staff, as appropriate, should provide support and advice recommended levels of physical activity

Obesity Strategy Implementation Group

GS 1.7 All Health and Social Care staff, as appropriate, should advise people who smoke of the risks associated with smoking and sign-post them to well-developed specialist smoking cessation services

Tobacco Strategy Implementation Group

GS 1.8 All Health and Social Care staff, as appropriate, should provide support and advice on recommended levels of alcohol consumption

New Strategic Direction for Alcohol and Drugs Group – chaired by CMO

Service Framework Generic Standards

Standard

Oversight Group

Prevention

GS 1.9 All Health and Social Care staff should ensure that people of all ages are safeguarded from harm through abuse, exploitation or neglect

Northern Ireland Adult Safeguarding Partnership (NIASP)

GS 1.10 All people with advanced progressive incurable conditions, in conjunction with their carers, should be supported to have their end of life care needs expressed and to die in their preferred place of care

Transforming your Palliative and End of Life Care Implementation Group, Living Matters, Dying Matters (LMDM) Steering Group

2. Implementing the Service Framework

The Service Framework will be implemented in **two phases**.

Phase I will include reporting on each standard using existing sources of performance and experience data, as described under the heading 'Data Source' across the five Domains. It is anticipated that these data returns, i.e. the baseline audit of the revised Framework, will be required in 2018/19.

The Regional You in Mind Oversight Group represents the vehicle to deliver Phase II data for Mental Health Services. It was set up as significant challenges continue to exist in the Mental Health services in relation to the capability of IT systems around robust data collection. This represented one of the reasons for the Review of the Service Framework. These include evidencing how the system is doing in relation to improved outcomes for individuals. While multiple IT systems exist churning out considerable volumes of *access data*, a more integrated managed care data system is required to generate robust clinical outcomes and patient experience data. The latter outcomes/experience data, however, is generally not available.

The current system does not allow for a seamless flow of information from referral, assessment, diagnosis, care and treatment and outcomes across the system. Clinicians are unable to provide standardised evidence of outcomes and benefits to individuals, leading to challenges for the system about understanding if we are making the most effective use of resources

The Mental Health Informatics Project will develop an innovative managed care data framework and system. Based on the Institute for Healthcare Improvements' Triple Aim Quality Indicators, it will deliver electronic solutions for the HSC system in NI regarding how we are doing at the heart of mental health care.

The aim of the project is to design and test patient-facing electronic solutions for mental health care with the capability of gathering and providing easily available data from an individual's first point of contact. The objectives include the design of an integrated model which will offer technologies for mental health literacy i.e. apps for mental health care pathways; a data system that will create standardised dashboards for managing care and caseload management; an interactive electronic healthcare record to support patient / carer interfaces; and in the future, in line with the overall e-Health Strategy, the development of smart technologies to support the development of interactive consultation clinics.

A service specification and business case will be developed to design a systematic outcomes model where monitoring clinical and experience outcomes is routine, using validated and reliable change indices across all professions. This will inform clinical practice and service design in a more explicit and routine way. Patients will know how to navigate the mental health service using a web-based system. They will co-produce and have access to their personal care plan.

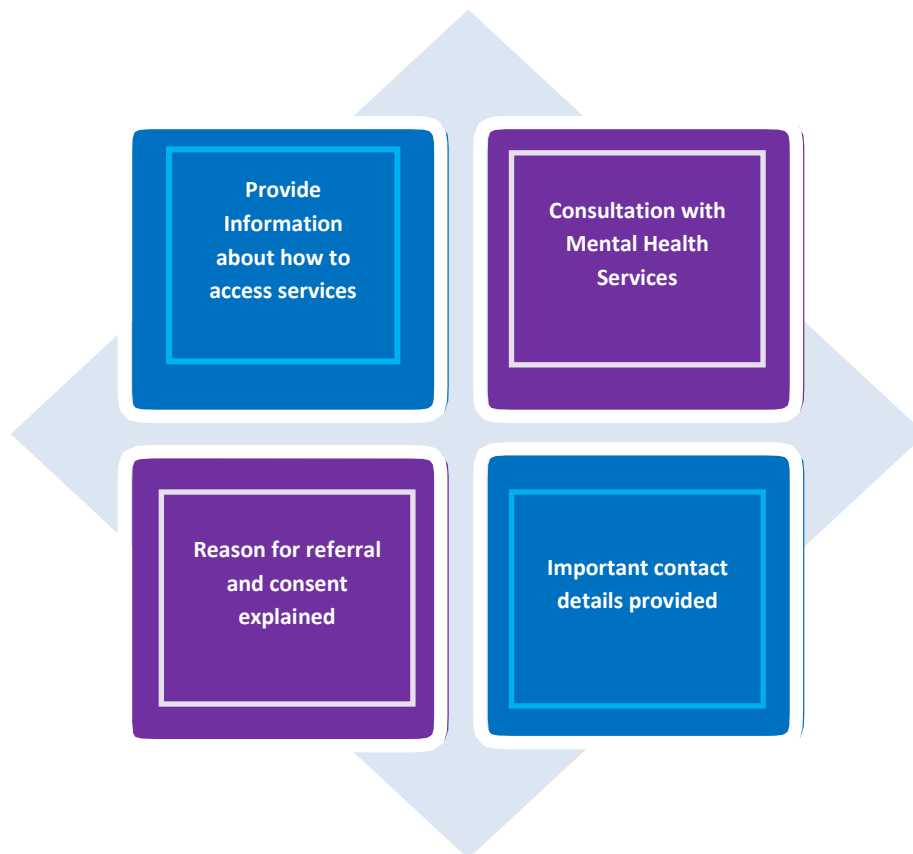
The model will, for the first time, provide data that will allow Mental Health Services to generate standardised and robust practice-based evidence about what we are doing, how we are doing it, and most importantly, how we are doing. Please see **Appendix 6** for illustration.

2.1 Introducing Standard One – Access to Mental Health Services

NICE CG136 **Quality Statement 6** states that people can access mental health services when they need them.

NICE CG136 further adds that service providers, professionals and commissioners should ensure that systems, support and commissioned services are in place to support Quality Statement 6.

As set out in 'You In Mind' access to Mental Health Services includes:



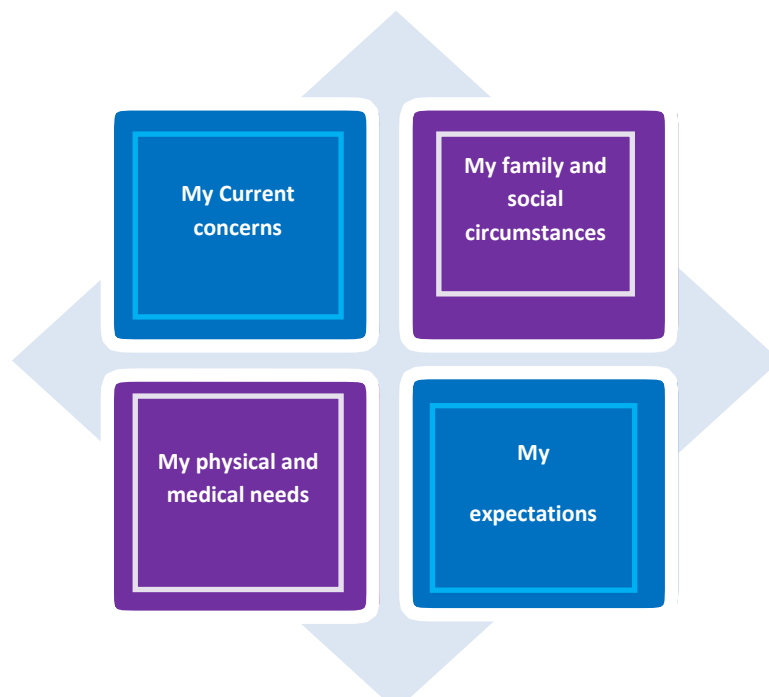
Domain	<h2>2.1 Standard One: SS1 – Access to Mental Health Services</h2>		Domain
Standard	<p>SS1.1 - I can access Mental Health Services when I need them</p>	<p>SS1.2 - I receive appropriate information about what happens next when I am referred to Mental Health Services</p>	Standard
Service Indicator	<p>S.S 1.1 (a) – My referral to secondary mental health services is categorised according to IEAP standards. S.S1.1 (b) – Proportion of mental health services receiving electronic referrals via CCG S.S1.1 (c) - I was seen by Mental Health Services within the agreed timescales</p>	<p>S.S1.2(a) – All Mental Health Services (in-patient, community and specialist) provide appropriate information about the service using an Appointment Letter which includes ‘Making the Most Of Your Appointment’. SS1.2(b) All Mental Health Services will provide a copy of ‘Your Guide to Mental Health Services’ at first appointment.</p>	Service Indicator
Experience Indicator	<p>EFF1 – I found it easy to access Mental Health Services CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above</p>	<p>EFF 2 - I was satisfied with the information I received about what happens next CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above</p>	Experience Indicator
Phase 1 Data Source	<ul style="list-style-type: none"> You in Mind Care Pathway Audit Annual Trust Statement Annual Targeted Experience Feedback Form (EFF) and Carer Experience Feedback Form (CEFF) 	<ul style="list-style-type: none"> Annual Targeted Experience/Carer Experience Feedback form Annual Trust ‘You In Mind’ Care Pathway Audit Annual Trust Statement 	Phase 1 Data Source
Phase 2 Data Source	<ul style="list-style-type: none"> Target 4.13 – Commissioning Plan Direction 2017/18 Mental Health Minimum Data Set Annual Experience Feedback Form (EFF) and Carer Experience Feedback Form (CEFF) Annual Trust ‘You In Mind’ Care Pathway Audit (if required) 	<ul style="list-style-type: none"> Annual Trust Statement Annual Experience Feedback Form (EFF) and Carer Experience Feedback Form (CEFF) Annual Trust ‘You In Mind’ Care Pathway Audit (if required) 	Phase 2 Data Source

2.2 Introducing Standard Two – Assessment, Formulation and Diagnosis

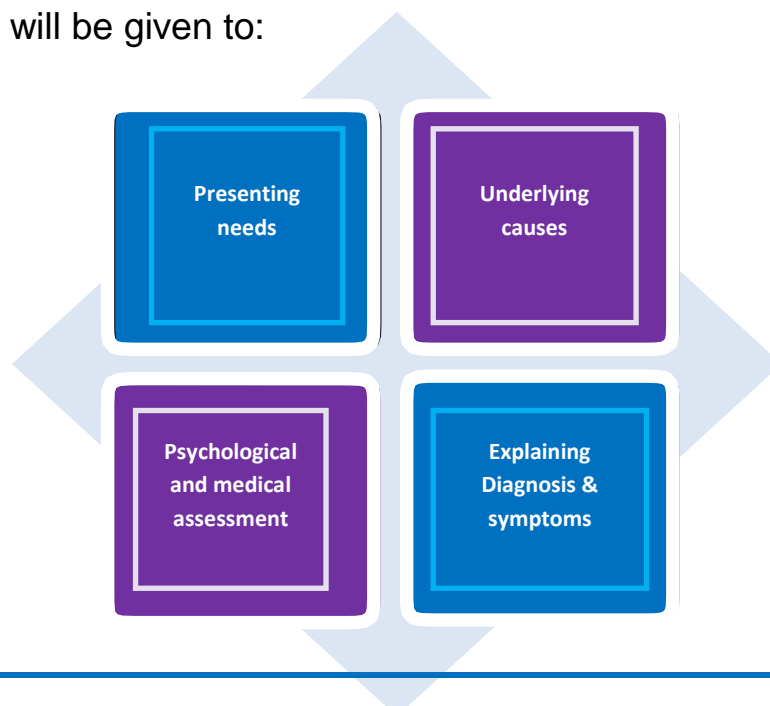
NICE CG136 **Quality Standard 7** states people using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues

NICE CG136 further adds that service providers, professionals and commissioners should ensure that systems, support and commissioned services are in place to support Quality Statement 7.

As set out in 'You In Mind', assessment includes consideration of the following:



'You In Mind' also states that, in relation to formulation and diagnosis, consideration will be given to:



Domain

2.2 Standard Two: SS2 – Assessment, Formulation and Diagnosis

Domain

Standard

SS2.1 – I have an assessment undertaken including personal safety assessment where appropriate, and I am given my diagnosis, where relevant, in a timely manner

Standard

Service Indicator

S.S 2.1(a) – All individuals have a completed assessment that will include pharmacological, physical health, psychological, nursing, occupational & social needs.
S.S2.1(b) – Staff are professionally competent to carry out assessment, formulation and diagnosis, where appropriate

Service Indicator

Experience Indicator

EFF 3(a) I was involved in planning my care and treatment
EFF3(b) Other significant people who are important to me were involved in planning my care and treatment
CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

Experience Indicator

Phase 1 Data Source

- Annual Trust 'You In Mind' Care Pathway Audit
- Targeted Annual Experience/Carer Feedback Forms
- HSC Trust Governance returns (monitored outside the Framework)

Phase 1 Data Source

Phase 2 Data source

- Regional Mental Health Care Pathway Documentation Core Mental Health Consultation or equivalent
- Annual Experience/Carer Feedback Forms – All Services
- HSC Trust Governance returns (monitored outside the Framework)
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

Phase 2 Data Source

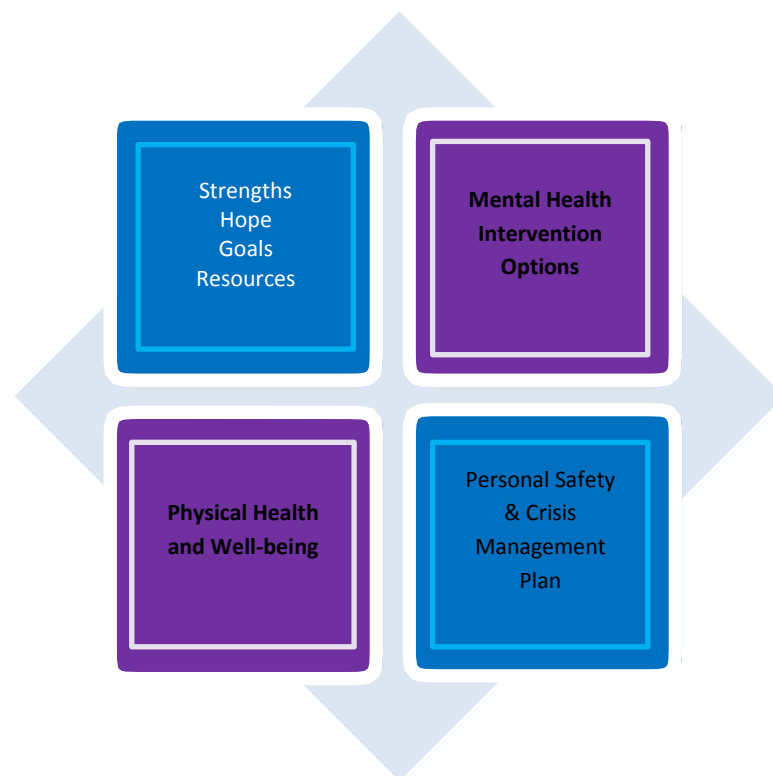
2.3 Introducing Standard Three – Personal Wellbeing Planning

NICE CG136 **Quality Standard 8** states people using mental health services jointly develop a care plan with mental health and social care professionals, and are given a copy with an agreed date to review it.

NICE CG136 **Quality Standard 9** states people using mental health services who may be at risk of crisis are offered a crisis plan.

NICE CG136 further adds that service providers, professionals and commissioners should ensure that systems, support and commissioned services are in place to support Quality Statements 8 and 9.

As set out in 'You In Mind', Personal Wellbeing Planning includes:



Domain

2.3 Standard Three: SS3 – Personal Wellbeing Planning

Domain

Standard

SS3.1 – With my consent, I jointly develop and receive a Personal Wellbeing Plan (PWP), which includes a Personal Safety Plan where appropriate

Standard

Service Indicator

S.S3.1(a) – Number of Personal Wellbeing Plans agreed and signed
S.S3.1 (b) - Proportion of individuals who have agreed and signed of those who were offered a Personal Wellbeing Plan

Service Indicator

Experience Indicator

EFF 3(a) I was involved in planning my care and treatment
EFF3(b) Other significant people who are important to me were involved in planning my care and treatment
CEFF A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

Experience Indicator

Phase 1
Data Source

- Annual Trust Statement
- Annual Trust 'You In Mind' Care Pathway Audit
- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)

Phase 1
Data Source

Phase 2
Data Source

- Annual Trust Statement
- Regional Mental Health Care Pathway Documentation - My Wellbeing Plan, or equivalent
- Annual Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

Phase 2
Data Source

2.4 Introducing Standard Four – Care and Treatment

NICE CG136 **Quality Standard 1** states people using mental health services, and their families or carers, feel optimistic that care will be effective.

NICE CG136 further adds that service providers, professionals and commissioners should ensure that systems, support and commissioned services are in place to support Quality Statement 1.

Further relevant NICE guidance in relation to care and treatment is referenced in the 'Supporting Resources' section.

As set out in 'You In Mind' care and treatment includes:



DOMAIN

2.4 Standard Four: SS4 – Care and Treatment

DOMAIN

Standard

SS4.1 - I receive appropriate care and treatment according to my assessed needs

SS4.2 - I will review with staff progress against my Personal Wellbeing Plan on a regular basis

Standard

Service Indicator

SS4.1(a) - All individuals receive care and treatment according to assessed needs and may include the following – talking therapies, family and social interventions, occupational and creative therapies and health and wellbeing drug therapy

SS4.2 (a) - A Clinical /Recovery Outcomes tool is used to measure progress made against Personal Wellbeing Plans
S.S4.2(b) – 7 day follow up post acute discharge visit

Service Indicator

Experience Indicator

CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

EFF4 - The care and treatment I received made a positive difference to me
CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

Experience Indicator

Phase 1 Data Source

- Annual Trust 'You In Mind' Care Pathway Audit
- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)

- Annual Trust 'You In Mind' Care Pathway Audit
- 7 Day Post Discharge Return (under review)
- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)

Phase 1 Data Source

Phase 2 Data Source

- Mental Health Minimum Data Set
- Annual Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)– All Services
- Regional Mental Health Care Pathway Documentation - My Wellbeing Plan, or equivalent
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

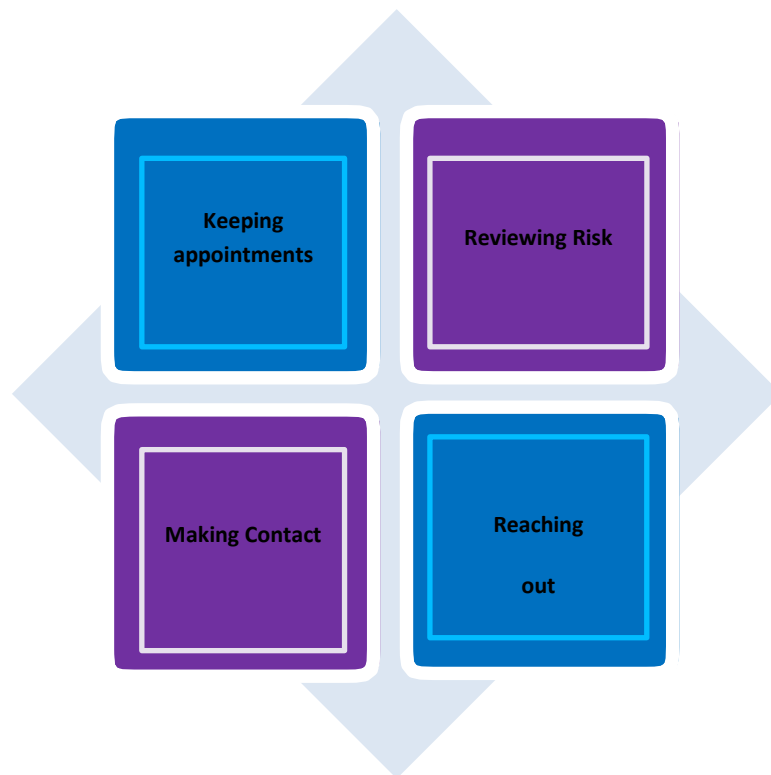
- 7 Day Post Discharge Return (under review)
- Regional Mental Health Care Pathway Documentation - My Wellbeing Plan, or equivalent
- Annual Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF) – All Services
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

Phase 2 Data Source

2.5 Introducing Standard Five – Staying Engaged and Self-Management

NICE CG136 **Quality Standard 3** states people using mental health services are actively involved in shared decision-making and supported in self-management.

As set out in 'You In Mind', staying engaged includes:



'You In Mind' states that self-management includes:



NICE CG136 **Quality Standard 5** also states people using mental health services feel confident that the views of service users are used to monitor and improve the performance of services.

NICE CG136 further adds that service providers, professionals and commissioners should ensure that systems, support and commissioned services are in place to support Quality Statements 3 and 5.

DOMAIN

2.5 Standard Five: SS5 – Staying Engaged & Self-Management

DOMAIN

Standard

SS5.1 - I am involved in my own self-management and any decision to discharge me from Mental Health Services and I know how to re-enter services when I need to

SS5.2 - Mental Health Services ask me and my family/carers for feedback about my care experience to improve quality of service

Standard

Service Indicator

S.S5.1(a) – All Discharge Plans include arrangements for on-going support to individuals and their carers, where required
S.S5.1(b) – All GPs are advised when an individual is discharged from secondary Mental Health services

S.S5.2(a) – Individuals in receipt of Mental Health Services and their families/carers are asked for feedback about Mental Health services

Service Indicator

Experience Indicator

EFF6 - I know how to contact Mental Health Services if I need them again in the future
CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

EFF5 - I felt valued, listened to and treated with respect during my care and treatment
CEFF – A number of carer experience indicators are currently being developed and will support the Experience Indicators set out above

Experience Indicator

Phase 1 Data Source

- Annual Trust Statement
- Annual Trust 'You In Mind' Care Pathway Audit
- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)

- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF)
- Annual Trust 'You In Mind' Care Pathway Audit

Phase 1 Data Source

Phase 2 Data Source

- Annual Trust Statement
- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF) – All Services
- Regional Mental Health Care Pathway Documentation – My Discharge Plan, or equivalent
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

- Annual Targeted Experience Feedback Form (EFF) /Carer Experience Feedback Form (CEFF) – All Services
- RQIA Planned Audit Schedule (TBC)
- Annual Trust 'You In Mind' Care Pathway Audit (if required)

Phase 2 Data Source

Domain

2266

Research and Development Standards for Mental Health

Domain

Standard

R1 – All HSC services promote, conduct and use research to improve the current and future health and wellbeing of the population

Standard

Research Indicator

R1.1 – Number of research studies (active for all or part of the monitoring period) under the auspices of NICRN mental health.

R1.2 – Percentage of commercial studies.

R1.3 – Number of patients screened for participation in research studies during the monitoring period under the auspices of NICRN mental health.

R1.4 – Numbers of patients recruited into research studies during the monitoring period under the auspices of NICRN mental health.

R1.5 – Numbers of patients participating in research studies (active for all or part of the monitoring period) under the auspices of NICRN mental health.

Research Indicator

Data Source

- Northern Ireland Clinical Research Network (**NICRN**)

Data Source

3. Monitoring the Service Framework

A standardised Audit Template and Reporting Timeline will be developed in 2018/19 to deliver the baseline data required within the Phase I implementation period.

Trusts will use this to report annually against the Framework.

A Mental Health Minimum Data Set, developed as part of the Regional Mental Health Informatics Project, thereafter managed by the Regional You in Mind Oversight Group, will be designed to gather data across the Domains and Standards for Phase II commencing 2019/20.

The Phase II Timeline will be reliant on the introduction of a new IT system to electronically platform some of the reporting templates, as set out in Phase II Data Sources for each standard.

4. Supporting References

The 'You In Mind' Regional Mental Health Care Pathway (pages 54-60) provides an extensive catalogue of supporting references across four key areas:

1. Experienced Based References
2. Professional and Clinical Practise Guidelines
3. Risk and Personal Safety
4. Recovery and Wellbeing

Mental Health practitioners should be familiar with these resources and actively use the referenced material in the implementation of 'You In Mind'. A copy of 'You In Mind' can be found at HSCB - <http://www.hscboard.hscni.net/mentalhealth/>

Additional resource/reference materials are set out below:

PHA - www.mindingyourhead.info/

NICE - <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions>

Mental Health Foundation - <https://www.mentalhealth.org.uk/publications/mental-health-northern-ireland-fundamental-facts>

RCPsych - <http://www.rcpsych.ac.uk/expertadvice.aspx>

Faculty of Public Health - www.fph.org.uk/better_mental_health_for_all

Public Health England - <http://fingertips.phe.org.uk/profile-group/mental-health>

5. Bibliography

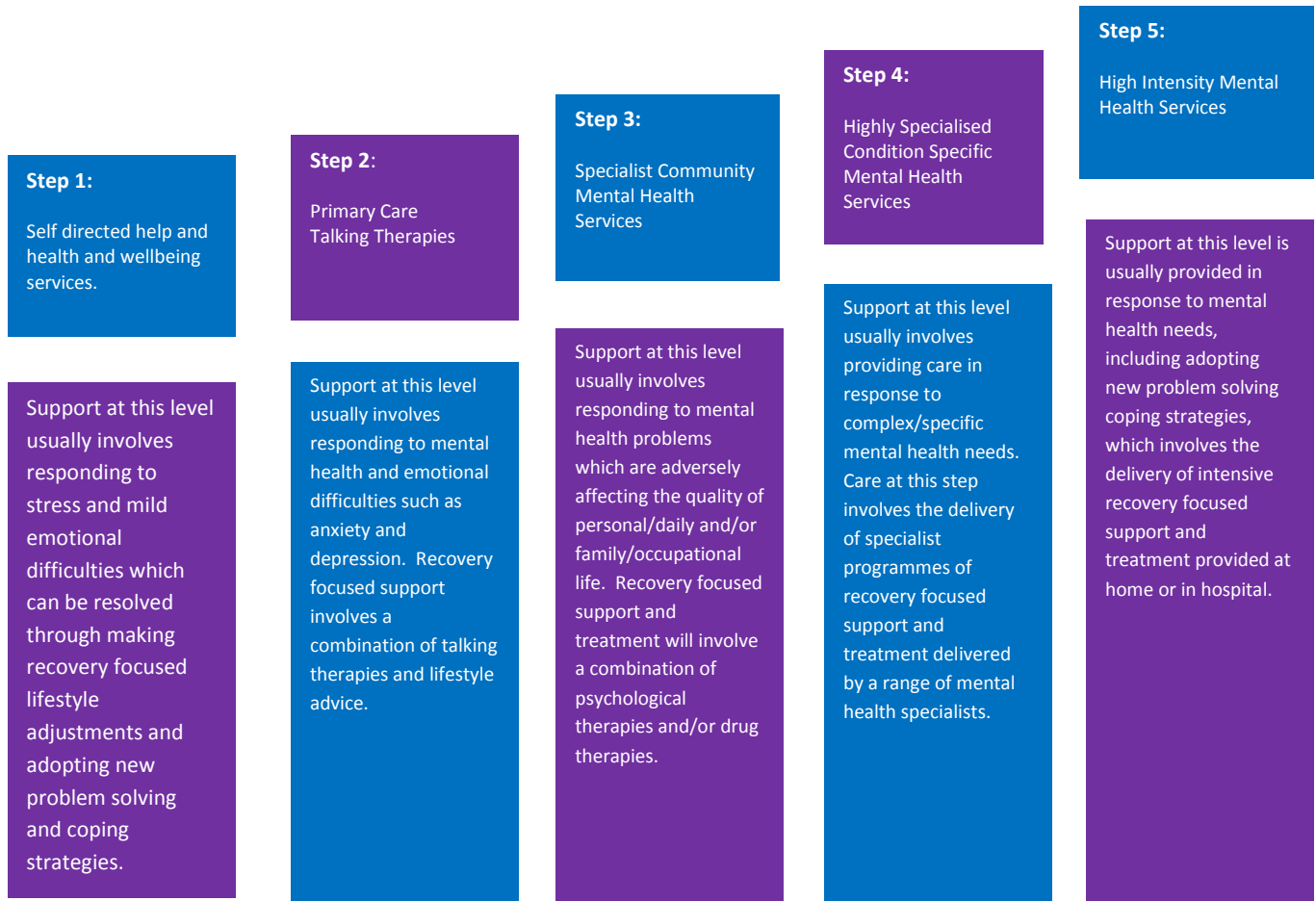
1. DHSSPS, Service Framework for Mental Health and Wellbeing, 2010
2. HSCB, 'You In Mind', Regional Mental Health Care Pathway, 2014
3. Mental Health Foundation, 'Fundamental Facts about Mental Health', 2015
4. DHSSPS, Reform and Modernisation of Mental Health and Learning Disability Services, Bamford Review, 2007
5. DHSSPS, 'Transforming Your Care: A Review of Health and Social Care in Northern Ireland, 2011
6. National Institute for Clinical Excellence (NICE) 136 – Service User Experience in Adult Mental Health, 2011
7. Kelly S, A Regional Demand Analysis of Generic Adult Mental Health Clinical Psychology & Psychological Therapy Services, 2013
8. Centre for Mental Health, 'Recovery Public Mental Health and Wellbeing, 2012, ImROC
9. Lord Darzi 'High Quality Care for All – Our Story So Far', 2008
10. Children and Young People's Strategic Partnership, Think Family Checklist
http://www.cypsp.org/wp-content/uploads/2015/02/Think_-_Family_Checklist_Leaflet.pdf

6. Appendices

1. Stepped Care Model – taken from ‘You In Mind’ Regional Mental Health Care Pathway, HSCB, 2014
2. ‘You In Mind’ Service/Condition-specific Care Pathway Overview
3. Review of Service Framework for Mental Health and Wellbeing Project Board Terms of Reference
4. Bamford Mental Health and Learning Disability Review Values and Principles
5. Think Family Checklist, HSCB
6. Phase II Mental Health Informatics Project – Managed Care Data Set Illustration

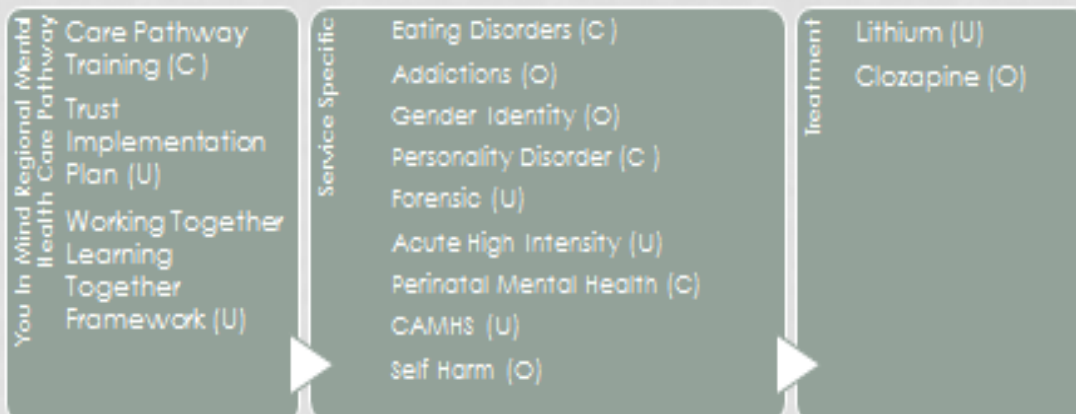
Appendix 1

‘You In Mind’, Stepped Care Model for Mental Health Services in Northern Ireland



Appendix 2

OVERVIEW OF 'YOU IN MIND' CARE PATHWAYS

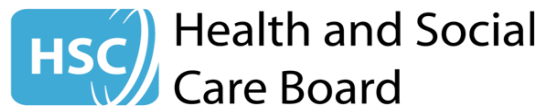


A Training and Development Programme and Implementation and Audit Plans are critical to each Care Pathway.



Key: (c) = complete, (U) = under way, (O) = outstanding





**Review of
Service Framework for
Mental Health and Well-Being
Project Board**

Terms of Reference

October 2014

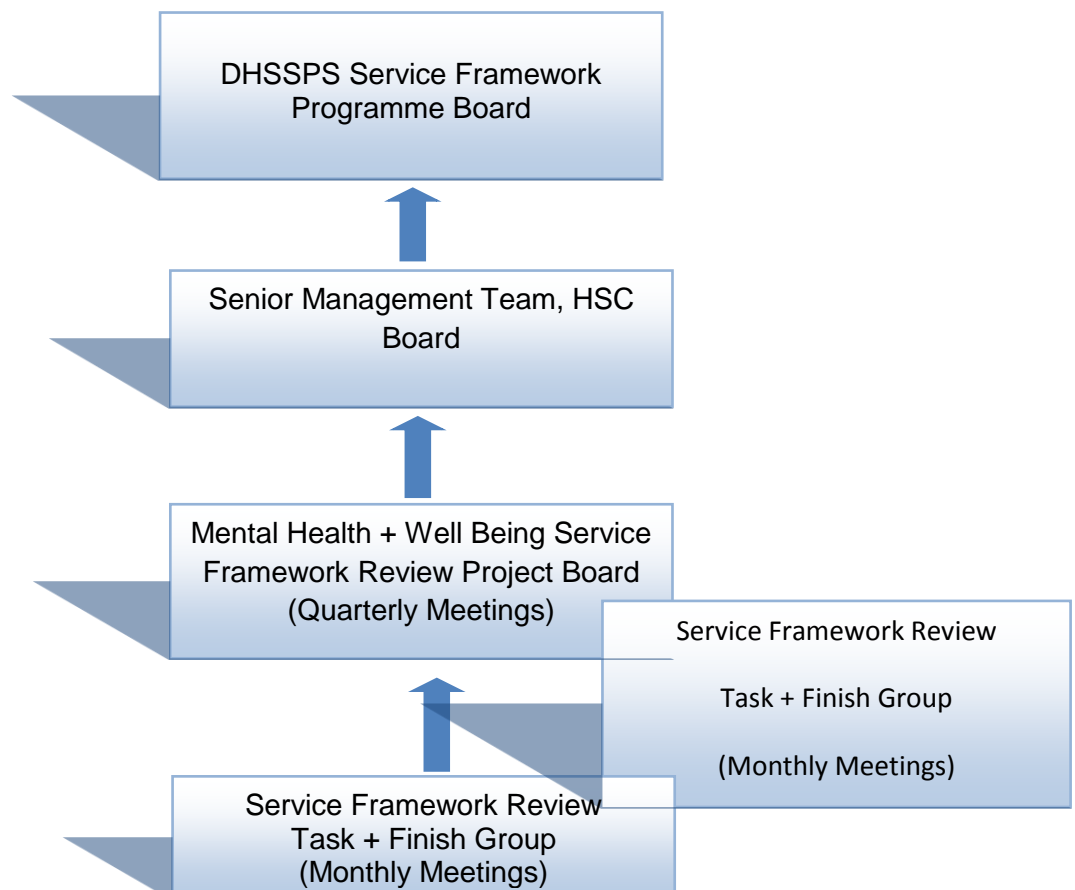
Aim of the Review

To carry out a fundamental review of the Service Framework for Mental Health and Wellbeing (2010).

Objectives of the Review

1. To scope out existing Mental Health Service Standards/Quality Indicators best practice.
2. To carry out a baseline analysis of current data management systems and data activity that currently informs Mental Health Services commissioning and performance monitoring.
3. To develop a more streamlined Service Framework, based provisionally upon around 12 service standards (number to be confirmed within the 'review' process), that will apply across a number of key domain measures with associated key quality indicators.
4. To establish a robust data management system capable of reporting against the agreed service standards and associated KQIs.

Project Structure



Accountability and Reporting Arrangements

The Project Board is accountable to the Director of Social Care and Children's Services (**HSCB**), Ms Fionnuala McAndrew, and ultimately to the Department of Social Services and Personal Safety (DHSSPS) for implementation of the fundamental Review.

Duration of the Group

The Project Board will meet on a quarterly basis from November 2014 – April 2016. Reports will be tabled at Project Board meetings and an Annual Review Update will be sent to DHSSPS up to April 2016.

Project Board Membership

Name	Organisation
Aidan Murray	HSC Board (Chair)
Andrew Dawson	DHSSPS
Fiona Houston	South Eastern HSCT
Barney McNeany	Belfast HSCT
Phil Hughes	Northern HSCT
Bryce McMurray	Southern SHCT
Dr Stephen Bergin	PHA
Dr Gillian Clarke	HSC Board, Integrated Care
Molly Kane	PHA
Martina McCafferty	HSC Board
Dr Diana Cody	RCP
Dr Chris McCusker	DCPNI
Dr Stephen Kelly	South Eastern HSCT
Susan McDermott	Western HSCT
Ffiona Dunbar	HSC Board Information
Lesley McGrann	HSC Board IT
Maire Gratton	Cause
Paul McFall	Expert By Experience
May McCann	Carer

Task and Finish Group Membership

Martina McCafferty	Eithne Darragh
Dr Stephen Bergin	Paul McFall
Briege Quinn	Ffiona Dunbar

Bamford Mental Health and Learning Disability Review Values and Principles

Values

- Valuing those of us with mental health needs, including rights to full citizenship, equality of opportunity and self determination
- Respect them as individuals – through openness in providing of information, respect and courtesy in individual interactions with service users, true partnership and empowerment in service planning and provision – with government, providers and the wider society each accepting their respective responsibilities
- Addressing the challenges facing people with mental health needs
- Demonstrate justice and fairness – resources for services should be allocated and managed according to criteria which are transparent and demonstrate equity
- A process of reform, renewal and modernisation of services that will make a real and meaningful difference to the lives of people with mental health problems, to their carer's and families

Principles

- Partnership with users and carers in the planning, development, education and monitoring of services
- Partnership with users in the individual assessment process and all therapeutic interventions of care and support
- Delivery of high quality effective therapeutic interventions, care and support
- Equality of access and provision of services including the needs of people from minority cultures, people with disabilities, people subject to the criminal justice system
- Provision of services which are readily accessible

- Delivery of continuity of care and support for as long as needed
- Taking into account the needs and views of carer, where appropriate, in relation to assessment, therapeutic interventions, care and support
- Provision of comprehensive and equitable professional and peer advocacy where required or requested
- Promotion of independence, self-esteem, social interaction and social inclusion through choice of services, facilitation of self-management opportunities for employment and social activities
- Promotion of safety for service users, carers, providers and members of the public
- Provision of the necessary education, training and support for staff and provision of services subject to quality control informed by evidence based practice.

Think Family Checklist

Please consider the following when having a family conversation. This will support you in your assessment, care and treatment planning with a parent who has a mental health issue.

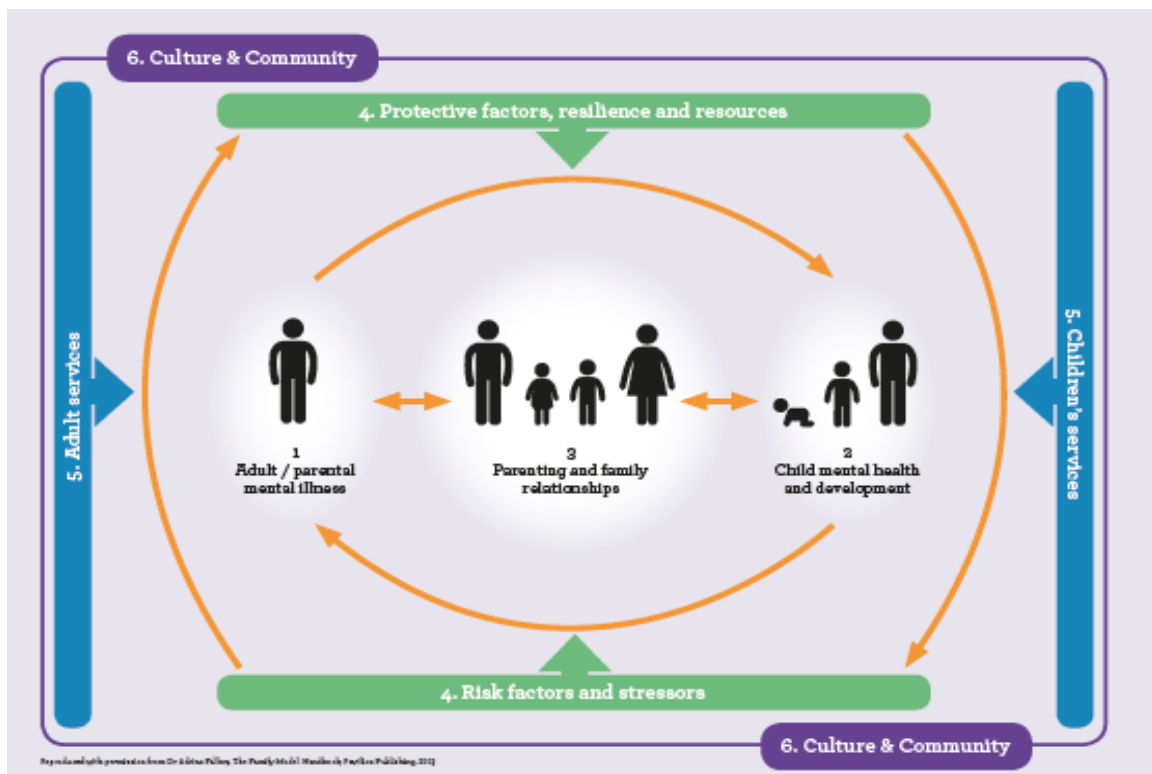
- Parent's insight into the impact, their Mental Health issues may have on carrying out parenting duties.
- Potential impact of Mental Health on family life and routines.
- Risks to parent and to others, including children and young people.
- Family insight into Mental Health issue.
- Communication with family members, including children and young people to make sure they are involved.
- Other services available, including those from voluntary organisations that may provide support to the family.
- Keep communicating with relevant staff to support the parents and family recovery.
- Joint care planning is important when other services are involved.

Visit - <http://www.cypsp.org/regional-subgroups/think-family> or www.familysupportni.gov.uk

Think Family

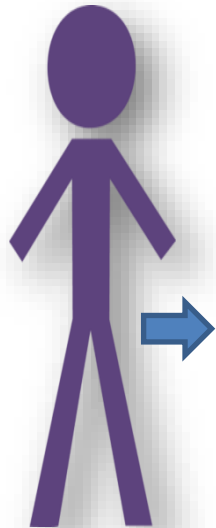
The Family Model Conversation - The 6 questions

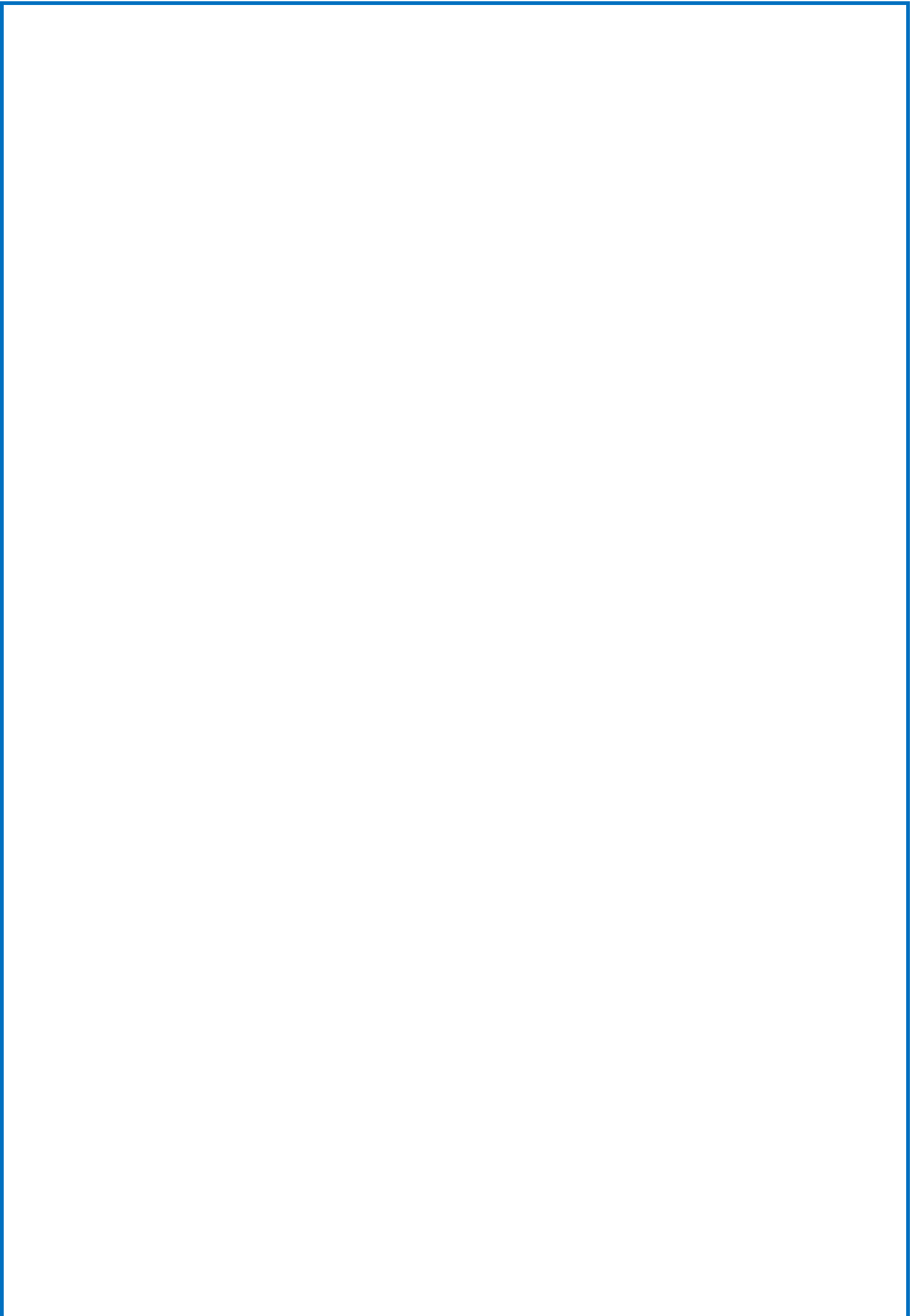
- D1 - How are you doing?
How's the family doing?
- D2 - What's the matter with Mum/Dad?
- D3 - How can children understand what parents can't explain?
- D4 - What's going well? What gets you through?
- D5 - How can I support you?
(How does the illness affect parenting?
How has the illness affected the children)?
- D6 - Have you / your family experienced stigma or discrimination?



Appendix 6

Phase 2 Mental Health Informatics Project – Managed Care Data Set Illustration





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March 2018