

CHAPTER 1

VISION, PRINCIPLES AND POLICY

A NEW VISION FOR ADULT MENTAL HEALTH

- 1.1 The vision underpinning this Strategic Framework is common to the Review as a whole:
- valuing those of us with learning disability and mental health needs, their rights to full citizenship, equality of opportunity and self-determination;
 - addressing the challenges facing people with mental health needs or a learning disability; and
 - 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 or learning disability, to their carers and families.
- 1.2 The vision has been greatly informed by core values derived from the consultations by and submissions to the Review, and the direct involvement of users and carers throughout our work. People with mental health needs and their carers should be able to receive a service with the following values:
- respects them as individuals – through openness and honesty in the providing of information, respect and courtesy in individual interactions with service users, partnership and empowerment in service planning and delivery – with Government, providers and the wider society each accepting their respective responsibilities;
 - demonstrates justice and fairness – resources for services should be allocated and managed according to criteria which are transparent, and which demonstrate equity.
- 1.3 These values are underpinned by our obligations as a community under Equality and Human Rights legislation.

PRINCIPLES

1.4 The principles for the Strategic Framework draw on the vision and values of the Review and are as follows:

- partnership with users and carers in the development, evaluation and monitoring of services;
- partnership with users in the individual assessment process, and in the development of their programme of treatment and care and support;
- delivery of high quality, effective treatment, care and support;
- equity 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 is needed;
- provision of a comprehensive and co-ordinated range of services and accommodation based on individual needs;
- taking account of the needs and views of carers, where appropriate, in relation to assessment, treatment, care and support;
- provision of comprehensive and equitable advocacy support, where required or requested;
- promotion of independence, self-esteem, social interaction and social inclusion through choice of services and opportunities for employment and social activities;
- promotion of safety for service users, carers, providers and members of the public;
- provision to staff of the necessary education, training and support; and
- services subject to quality control, informed by the evidence.

1.5 Informed by these values and principles, the Review has provided a unique opportunity to address the full spectrum of issues relating to adult mental ill-health.

POLICY

Where we have come from

1.6 Over the past 30 years successive local and national strategies and a growing body of research evidence have advocated refocusing of service provision away from hospital settings towards community based provision. This shift reflects the preference of service users for home life over institutional care, for local services over distant ones, for services sensitive to community needs and the pursuit of normalisation and integration. It has led to a strong emphasis on the provision of more and better care in the community, embracing support for primary care services and the development of a spectrum of community facilities and services; the participation of service users and carers as partners in service planning, development, delivery and monitoring.

Where we are

1.7 In its consultation with Boards and Trusts, the Review has been greatly encouraged by the efforts currently being taken to address the present shortcomings in service provision. Planning initiatives have been well-informed by new research evidence and exemplars of service development elsewhere. The voice of users and carers is becoming better organised and they are gradually becoming more involved in the planning and development of services. We are fortunate in having a very committed and professional workforce.

1.8 Within Northern Ireland, considerable development in the provision of community mental health services and care has taken place. Nevertheless, recent reviews by Boards, professional organisations and NGOs,¹ while noting the strengths of present provision, have highlighted deficiencies. For example:

- while Northern Ireland policy has focussed on the development of community mental health service provision, the pace of development has lagged significantly behind developments in England.
- identified deficiencies point to the following service needs:
 - a person-centred approach;
 - more inclusive and integrated services, including better working between primary and secondary care;

- better community alternatives particularly in the area of assessments and crisis;
- better services promoting recovery including community rehabilitation services and support;
- greater availability of psychological therapies;
- better out-of-hours service provision;
- a more collaborative and inclusive approach to care planning; and
- more accessible advocacy, with user and carer involvement.

Where we need to get to

1.9 The goals of this Framework are to:

- (i) provide better health outcomes and better outcomes for personal and social functioning for all people with mental health needs;
- (ii) ensure effective, accessible and safe services;
- (iii) guarantee service users and their carers significantly improved experience of and satisfaction with services; and
- (iv) give staff real and meaningful opportunities for professional development and job satisfaction.

1.10 The aim is to ensure that each person with mental health needs receives appropriate services, where and when he/she requires them. The emphasis is on fitness for purpose.

How to get there

1.11 To ensure a balanced and inclusive Framework, the following high level objectives have been set:

- specific reforms of services for people with mental health needs;
- specific models of care and standards of provision in relation to the quality, comprehensiveness, effectiveness, accessibility and acceptability of provision;
- detailed consideration of primary and secondary care services, the interface between services, the linkages and interfaces between health and social care, education, culture, arts and leisure, employment and housing; the

complementary roles of statutory and non-statutory services, and the issues surrounding multi-disciplinary and multi-agency working.

1.12 Fundamental to the creation of improved services for people with mental health needs are:

Workforce development:

- with an increased supply of health and social care professionals;
- with improvements in the skills and competencies of professional staff;
- with the flexibility to change and to contribute to change.

Information on:

- the prevalence of mental health morbidity and needs for services; and
- how successfully services meet the needs of people for treatment and care.

More resources to:

- provide for a substantial increase in a wide range of community services;
- improve the quality of inpatient provision.

1.13 The Framework envisages a broad and detailed reform of services. Given the complexity of this process, clear signposts to mark out the highway of reform are essential. This will be achieved through the establishment of ten Framework Standards which, in turn, are underpinned by a detailed roadmap for change (Chapters 3, 4, 5 and 6).

1.14 Given the anticipated long-haul nature of the reforms, requiring many years to achieve the Framework goals, it will be essential that the implementation process is performance-managed. The Standards and their underpinning recommendations, therefore, have been mapped directly onto a small set of performance indicators (Chapter 8).

The Standards

1.15 Ten Standards are proposed to give clear direction to the Service Framework.

Standard 1. Services to be Person-Centred

1.16 Service users and carers must be involved in service planning, development, delivery and evaluation. Service vision, plans and strategy must be needs driven based on local assessment of need. Each provider must adopt a planned approach to the whole system of mental health service provision and organisation in their area, involving all statutory and independent providers. (Recommendations 19-27).

Standard 2: Effective Community and Primary Care Services

1.17 To ensure service users receive accurate assessment and effective interventions within primary care there must be a strengthening of the organisation and management of community and primary care teams. People with more severe mental health problems require seamless management arrangements between primary and secondary care settings. (Recommendations 1-18).

Standard 3. Effective Community Mental Health Services

1.18 Mental health services must be readily accessible, effective and of good quality. Community Mental Health Teams (CMHTs) must be adequately staffed with a range of health and social care professionals, who must be appropriately trained, skilled and supportive. Separate and distinctive services should be provided for younger people with a first episode of psychosis. Local arrangements for meeting the needs of people growing older with enduring or relapsing mental illness must be assured. Provision must be made for people with co-existing alcohol or drug misuse, mild learning disability, challenging behaviour and people in general hospital settings. CMHT'S must liaise with forensic services to ensure there is appropriate provision for those who have been discharged from secure hospital care and for those involved in criminal proceedings. (Recommendations 28-36 and 61-129).

Standard 4. Effective Crisis Services

1.19 People experiencing a mental health crisis must be provided with choice including comprehensively available home based Crisis Resolution services, crisis houses and day hospital provision. For those requiring admission to hospital, inpatient services must be sensitive to gender and cultural needs and to therapeutic requirements. (Recommendations 37-49).

Standard 5. Optimal Recovery Assured

- 1.20 Those with greatest need should have highest priority. The requirements of those with severe and enduring mental health needs must be defined and prioritised. Community based services promoting recovery including rehabilitation services should be established within each provider area for people with complex needs. Assertive Community Treatment should be provided for service users with highest levels of disability and greatest vulnerability. (Recommendations 50-60).

Standard 6. Sustaining Meaningful Lives

- 1.21 All service users with enduring mental health problems and needs must be provided with opportunities to live ordinary lives, have meaningful use of time and activity, and have fulfilling personal, family and social lives. Opportunities for education, training, occupation and leisure activities must be assured; a complete range of accommodation should be available; the social security system should be reviewed to facilitate the needs of those with enduring mental health problems. Within a multi-cultural society, the service user's specific communication, cultural, spiritual and religious needs must be recognised and acknowledged. Advocacy services must be provided, where required. (Recommendations 130-154, 164 - 167).

Standard 7. Meeting the Needs of People with Special Needs

- 1.22 People with special needs, including those with eating disorders, psychological trauma, disorders of gender and sexuality, brain disease or injury, personality disorders, people with Autistic Spectrum Disorders and deaf people require services in addition to those provided at primary and secondary care. Regionally provided services must be developed. (Recommendations 183-258).

Standard 8. Meeting the Information and Support Needs of Service Users, Carers and Families

- 1.23 Providers must fully implement existing policy and legislative obligations relating to users and carers. Service users and carers should be provided with appropriate support, education and information. Family interventions should become an integral part of mental health practice. Service users who are parents should be supported in their parenting role, with agreed protocols established between children's and mental health services where children may require protection. (Recommendations 155-163, 168 - 182).

Standard 9. Ensuring Sound Information for Mental Health

- 1.24 Information systems must be developed as a matter of priority to support professional staff, service providers and to enable the Department to monitor effectively the roll-out of its new Strategy for Adult Mental Health. A Research and Development Strategy is required to inform and update the Strategic Framework.

Standard 10. Delivering an Effective, Competent and Confident Workforce

- 1.25 A comprehensive workforce strategy is required to underpin the Strategic Framework, embracing multi-disciplinary workforce training, recruitment and opportunities for career progression. Local service providers must ensure that appropriate opportunities for training, support and staff safety are in place.
- 1.26 These 10 Standards underpin the detailed recommendations emerging from this Review (Chapters 3, 4, 5 and 6) and map directly onto the Performance Indicators which signpost the delivery of the Framework Strategy (Chapter 8).

A Blueprint for Change

- 1.27 The Framework provides a blueprint for services reform based on agreed principles and values. It adopts a strong user and carer perspective, and specifies evidence-based service models aimed at addressing the current problems and barriers to good practice (Chapters 3, 4, 5 and 6). It is underpinned by programme recommendations for funding, human resources, information management, research, service evaluation and performance management. (Chapters 7 and 8).