

SECTION 4 – IMPROVING THE EXPERIENCE OF SERVICE USERS AND CARERS

Standards 10 – 26 apply to anyone who uses mental health services and their carers. They should be read in conjunction with all other standards relevant to the individual. Standards in relation to specific conditions and/or specific needs can be built-on as required.

Overarching Standard 10: User Participation

A person who uses mental health services should be actively involved in planning, delivery and monitoring of their treatment and care in a recovery focussed service. Users should also be involved in planning, development and monitoring of mental health services.

Rationale

Actively involving individuals who use the service, their families and carers and the public in the planning and provision and monitoring of health and social care in general has been noted to bring many advantages to both those who receive and those who provide care.

The recovery ethos should enable users to understand and cope with their mental health problems, build on their inherent strength and resourcefulness, establish supportive networks and pursue dreams and goals that are important to them and to which they are entitled as citizens. It is essential for those who use services to be active participants in their own recovery rather than passive recipients of 'expert' care.

Evidence

DHSSPS (2007) Guidance on strengthening Personal and Public Involvement in Health and Social Care http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf

DHSSPS (2005) A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025
http://www.dhsspsni.gov.uk/show_publications?txtid=7282

Healthy Democracy (NHS National Centre for Involvement, 2006)
<http://www.nhscentreforinvolvement.nhs.uk/index.cfm?content=90>

Living Fuller Lives – The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (June 2007)
http://www.rmhdni.gov.uk/living_fuller_lives.pdf

DOH (2004) National Service Framework for Children, Young People and Maternity Services
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089114

Every Child Matters

<http://www.education.gov.uk/childrenandyoungpeople/sen/earllysupport/esinpractice/a0067409/every-child-matters>

DHSSPS (2008) Improving the Patient and Client Experience

http://www.dhsspsni.gov.uk/improving_the_patient_and_client_experience.pdf

Recovery – Mental Health Foundation

<http://www.mentalhealth.org.uk/help-information/mental-health-a-z/R/recovery/>

The Scottish Recovery Network

<http://www.scottishrecovery.net/>

The Sainsbury Centre for Mental Health (March 2008) Making Recovery a Reality

http://www.centreformentalhealth.org.uk/pdfs/Making_recovery_a_reality_policy_paper.pdf

The Sainsbury Centre for Mental Health (February 2011) Mental Health Services on Road to Recovery

http://www.centreformentalhealth.org.uk/news/2011_mental_health_services_on_road_to_recovery.aspx

Maddock and Hallum (2010) Recovery Begins with Hope

<http://www.nationalschool.gov.uk/downloads/RecoveryBeginsWithHope.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts in partnership with the independent and voluntary sector

Primary Care

Quality Dimensions

Person Centred - Those who avail of services and their friends and family should be respected as partners in planning, developing and evaluating services based on their expert knowledge as service users.

Timely - Involvement by those who use the service as early as possible is beneficial both for the person using the service and for those who care for them.

Effective/Efficient/Equality - Improved communication between individuals who use the service and health and social care staff increases satisfaction with positive health effects and better outcomes.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Evidence of Health and Social Care Organisational	HSC organisational monitoring reports	All HSC organisations	March 2013

Strategies for Person and Public Involvement			
Evidence of systematic involvement and participation of mental health users in service planning, delivery and monitoring across Health and Social Care	HSC Trust report RQIA	All HSC Trusts	March 2013
Evidence of user involvement in their care and treatment	User and Carer views (methodology to be agreed) Mental Health and Children's services Think family project	All HSC organisations	March 2013
Percentage of users who have received support from a mental health worker to help with their recovery	User experience/views using a measurement and research tool	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 11: Carers

Carers of people with a mental health problem should be given the opportunity to be involved in the planning and delivery of services. Carers should be given information, advice and support relevant to their needs. All carers, including children and young people, should be offered a carers assessment.

Rationale

Health and social services should recognise the expertise of carers and develop partnerships to ensure more meaningful involvement in the planning, delivery and monitoring of care. Engagement with family and carers helps to improve outcomes for all stakeholders. Even when the individual using the service removes consent for family and carer involvement, they should be given the opportunity to discuss any difficulties in their caring role.

Evidence

DHSSPS (2007) Caring for Carers. Recognising, valuing and supporting the caring role <http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf>

DHSSPS (2002) Valuing Carers – Proposals for a Strategy for Carers in NI http://www.dhsspsni.gov.uk/valuing_carers-2.pdf

The Royal College of Psychiatrists (2004) Carers and confidentiality in mental health - Issues involved in information sharing <http://www.rcpsych.ac.uk/PDF/Carersandconfidentiality.pdf>

McCartan Review 2007 (re involvement of parents as carers of young people with mental health problems under 18)

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009 <http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

DHSSPS (2008) Improving the Patient and Client Experience http://www.dhsspsni.gov.uk/improving_the_patient_and_client_experience.pdf

Responsibility for delivery/implementation

HSC Trusts in partnership with non- statutory providers

Quality Dimensions

Person Centred – Carers have a significant contribution to make to the understanding of what is important to service users and how best to support them. A person centred approach in understanding and supporting carer's needs should be used. It is desirable to understand what is important to the carer as it is to understand the individual that they are caring for.

Timely – Carer involvement can enhance the person's recovery.

Effective – Carer involvement in planning and care delivery can improve outcomes

Safe – Involvement by carers helps minimise risk

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Evidence of health and social care strategies for family and carers involvement	HSC Trust report	All HSC Trusts	March 2013
Percentage of carers, including children and young people, offered a carers' assessment	HSC Trust report Carer feedback	Establish baseline Performance levels to be determined once baseline established	March 2013
Evidence of carer involvement	User and Carer views (methodology to be agreed)	All HSC Trusts	March 2013

Overarching Standard 12: Advocacy

A person using specialist mental health services should have access to advocacy services in both community and hospital settings.

Rationale

Advocacy promotes personal empowerment and self determination. Advocacy assists service users to express their views and take a pro-active part in decision making.

Evidence

DOH (1995) Building Bridges

DOH (1997) The Mental Health Patient's Charter

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Quality Dimensions

Person Centred/Effective – The role of an advocate in understanding and communicating what is important to the person in regard to their lifestyle and aspirations is vital. This is especially so where the person is under the age of 18 or they do not have anyone other than health and social care professionals to advocate on their behalf or where there are conflicting views about their needs and how best to meet these.

Equitable – access to a range of advocacy services including peer and/or independent advocacy

Performance Indicator

Percentage of people in contact with specialist mental health services who avail of timely and age appropriate advocacy services

Data Source

Advocacy Services Reports

RQIA monitoring report

User and Carer views (methodology to be agreed)

Anticipated Performance Level

Establish baseline

Performance levels to be determined once baseline established

Date to be achieved by

March 2013

Overarching Standard 13: Safety/Privacy/Dignity

Mental health services should be provided in an age appropriate environment that ensures the safety, privacy and dignity of those who use the services and their families and carers.

Rationale

Mental health treatment and care is provided in a range of settings in the community and in hospitals. The changes in the way services are being delivered, advances in technology and a more complex health and social care system brings risks. Evidence and practical experience has shown that things can go wrong. There is a need for mental health and social care providers to improve safety by tackling the specific issues in mental health care in a collective and systematic way.

Evidence

NHS Executive (2000) Safety, Privacy and Dignity in Mental Health Units: Guidance on mixed sex accommodation for mental health services

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007095

NPSA (2004) Seven Steps to Patient Safety

<http://www.nrls.npsa.nhs.uk/resources/collections/seven-steps-to-patient-safety/>

Recommendations of the Independent Reviews – McCartan, McCleary and O'Neill

DHSSPS (2008) Improving the Patient and Client Experience

http://www.dhsspsni.gov.uk/improving_the_patient_and_client_experience.pdf

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009

<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Volunteer Now (2010) Safeguarding Vulnerable Adults: A Shared Responsibility

<http://www.volunteering-ni.org/fs/doc/publications/safeguarding-vulnerable-adults-a-shared-responsibility-colour-nl.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Quality Dimensions

Person Centred – Improves a person's experience of services

Safe – Enhances a person's feeling of being secure and supported.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Evidence of arrangements to ensure safety, privacy and dignity of all age groups	HSC Trust report Complaints report User and Carer views (methodology to be agreed)	All HSC Trusts	March 2013

Overarching Standard 14: Information sharing

A person and their carers and members of the public, where appropriate, using or accessing mental health services should be provided with evidence-based, targeted mental health and wellbeing information including information in relation to their detention under the Mental Health Order 1986 if applicable.

Rationale

People need to be aware of and have access to a range of mental health promotion approaches to reduce stigma towards mental health issues and to build capacity, resilience, skills and knowledge to support individuals and communities in need. This will help to increase self esteem, confidence and self worth. Information regarding mental health services is also essential

Evidence

DHSSPS (2003) Promoting Mental Health: Strategy and Action Plan 2003-2008
<http://www.dhsspsni.gov.uk/menhealth.pdf>

Independent Reviews, McCartan, O'Neill, McCleary Recommendations

Bamford Review: Mental Health Promotion Report (May 2006)
<http://www.rmhdni.gov.uk/mentalhealth-promotion-report.pdf>

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009
<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Board
Public Health Agency
HSC Trusts
Primary Care
Voluntary and Community Groups
Other Statutory Groups
Independent Sector (Nursing and Residential Homes etc)

Quality Dimensions

Person Centred - Information sharing should take into account the culture and understanding of the individual and their family/carers and from this content provide information in a way that meets their needs and is respectful. This is likely to include various information media including verbal, written, pictorial and audio-visual and potentially also information in a range of languages

Timely and Safe - recognition that timely intervention could limit or minimise the effect

Equitable - addresses ageism and inequity

Effective - Evidence has shown that early recognition and appropriate intervention improves outcomes

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Evidence of mental health and wellbeing information available from health and social care services	HSC Trust report User and carer feedback RQIA monitoring report	All HSC Organisations Report	March 2013

Overarching Standard 15: Effective communication between mental health services and users / carers

Health and social care organisations and their staff should communicate effectively and in a timely manner with those who use or access mental health services, including their carers (if appropriate), as an essential and universal component of the planning and delivery of health and social care.

Rationale

Effective communication may potentially have a significant impact on all aspects of care provisions from prevention, to diagnosis, to self-management of long-term conditions. Poor communication is often a significant contributory factor in complaints against HSC organisations.

Evidence

DHSSPS (2007) Guidance on strengthening Personal and Public Involvement in Health and Social Care http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

GMC (2006) Good Medical Practice

http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 – http://www.dhsspsni.gov.uk/hpss-qi_regulations.pdf

Recommendations of the Independent Reviews – McCartan, McCleary and O'Neill

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009
<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – Good communication is a pre-requisite of a person centred approach.

Timely – Good communication helps to deliver and sustain appropriate person/carer access to services and a clear understanding of the role and responsibilities of the service user in achieving health and care outcomes.

Equitable – Good communication helps to ensure input by all service users across all aspects of the services they receive assisting in the highlighting of gaps in provision and areas for improvement.

Effective/Efficient – Health and care outcomes themselves are enhanced

through improved patient partnership and dialogue, including, but not limited to – diagnosis, self-referral, health promotion, disease prevention and management of long term conditions.

Safe – Good communication with the person and their carers enables adequate understanding of, consent to and compliance with treatment and care and contributes to audit and monitoring.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
HSC organisational communication strategies that show evidence of direct user/family carer feedback as part of regular audit of their effectiveness	HSC communication strategies User and carer feedback	All HSC Organisations	March 2013
HSC organisational complaints reports should show evidence of action where communication is the primary factor	HSC complaints records	All HSC Organisations	March 2013

Overarching Standard 16: Communication between services, organisations and professionals

Health and social care organisations should ensure that effective and secure patient information systems are in place to record and share relevant information across HSC services and other agencies in line with agreed protocols.

Rationale

Effective communication may potentially have a significant impact on all aspects of care provision. To ensure continuity and quality of care it is vital that relevant information regarding the person is shared between professionals. Effective information sharing is a crucial contributory factor in terms of preventing adverse outcomes including protection from abuse – of both adults and children. Mental health professionals can be in possession of sensitive information. The need to keep such information confidential needs to be balanced with the risks of not passing on crucial information including those relating to potential child protection issues. Clear policies and procedures coupled with robust staff training and support should be present in order to enable professionals to make appropriate decisions when dealing with patient and client information.

Evidence

DHSSPS (2007) Guidance on strengthening Personal and Public Involvement in Health and Social Care http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

GMC (2006) Good Medical Practice

http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 http://www.dhsspsni.gov.uk/hpss-qi_regulations.pdf

The Children (Northern Ireland) Order 1995

<http://www.legislation.gov.uk/nisi/1995/755/contents/made>

Recommendations of the Independent Reviews – McCartan, McCleary and O'Neill

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009

<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – Ensure that the service user is always recognised for being a unique individual and that their best interests are represented in all communication between services, organisations and professionals. The service user/their family and friends should be at the centre of any communications or decision-making processes.

Safe – Good communication between professionals ensures relevant risks are known to all those involved in care and treatment. It also helps to reduce the risk of serious adverse incidents occurring.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
HSC organisational communication strategies that show evidence of effective communication between mental health services, other organisations and professionals	HSC communication strategies RQIA monitoring report	All HSC organisations	March 2013
HSC organisational complaints reports should show evidence of action where communication is the primary factor	HSC complaints records	All HSC organisations	March 2013

Overarching Standard 17: Service Delivery

A person with complex mental health needs should be treated and supported in the community and in their own home, when possible, with due regard to both their physical and mental health needs.

Rationale

Specialist mental health treatment and support should be provided in a service which imposes the least personal restriction of rights and choices balanced with the need to provide effective treatment. People often have physical health and social care needs that benefit from medical and psychiatric assessment, intervention and treatment to alleviate mental ill health – as well as physical conditions – to ensure a better quality of life and prolong independence. In respect of children and young people this includes assistance in maintaining their education and social networks.

Evidence

Living Fuller Lives – The Bamford Review of Mental Health and Learning Disability (Northern Ireland) (June 2007)

http://www.rmhdni.gov.uk/living_fuller_lives.pdf

Bamford Review: A Vision of a Comprehensive Child and Adolescent Mental Health Service (July 2006) <http://www.rmhdni.gov.uk/camh-vision-comprehensive-service.pdf>

Bamford Review: A Strategic Framework for Adult Mental Health Services (June 2005) Home Treatment and Community Based Care

http://www.rmhdni.gov.uk/adult_mental_health_report.pdf

Malone D, Marriott S, Newton-Howes G, Simmonds S, Tyrer P. Community mental health teams (CMHTs) for people with severe mental illnesses and disordered personality. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD000270. DOI: 10.1002/14651858.CD000270.pub2.

Joy CB, Adams CE, Rice K. Crisis intervention for people with severe mental illnesses. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD001087. DOI: 10.1002/14651858.CD001087.pub3.

Marshall M, Lockwood A. Assertive community treatment for people with severe mental disorders. Cochrane Database of Systematic Reviews 1998, Issue 2. Art. No.: CD001089. DOI: 10.1002/14651858.CD001089

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – The person and their family and friends should be involved in ‘designing’ the appropriate service/supports necessary to meet the individual’s specific requirements. Every service offered should take into account the unique aspects of who the person is, what is important to them and what has worked or has not worked before.

Effective – Assessment, treatment and care are more effective when undertaken in partnership with the person

Efficient – Integrated care and treatment is more efficient.

Safe – Minimises risk for both user and carer.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people with complex mental health needs being treated and supported in community settings including their own home	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of people being treated for complex mental health problems whose physical needs have been assessed	Audit	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 18: Access to services

A person experiencing a significant mental health crisis should have timely access to age appropriate health and social care services 24 hours a day and 7 days per week

Rationale

The needs of individuals experiencing a crisis must be met in a timely basis and within an environment which is age appropriate. Where the individual is already known to other services this should take account of their existing crisis response plan. Protocols should be developed to ensure the prompt referral and assessment of people who are not known to other services.

Evidence

Independent Regional Inquiries

DOH (1999) National Service Framework for Mental Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

P Storey and J Statham, Meeting the Target: providing on call and 24 hour specialist cover in CAMHS (March 2007), Thomas Coram Research Unit

http://eprints.ioe.ac.uk/663/1/24hour_CAMHS.PDF

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009

<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – Support and response to people should be based around understanding of who they are and what is important to them including children and family. This knowledge should feature in any support or crisis intervention plan.

Equality – young people under the age of 18 should not be admitted to adult beds

Timely – When required

Safe – Help to minimise risk

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Establish current level of service provision for mental health crises	Baseline review RQIA inspection reports	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of young people (under the age of 18) admitted to age appropriate inpatient beds	HSC Trust monitoring returns RQIA inspection reports	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 19: Care Pathways

A person using mental health services should have an integrated care pathway for their assessment, treatment, care and ongoing management where health and social care (including primary care) work in partnership with users and their carers to develop the most appropriate and accessible services.

Rationale

Integrated care pathways set out the anticipated process and standards of care and enable people with a similar diagnosis or set of symptoms move progressively through services and achieve positive outcomes. They improve the care provided to those who use services.

Evidence

NHS Quality Improvement Scotland

<http://www.nhshealthquality.org/mentalhealth/>

Hall J, Howard D. Integrated Care Pathways in Mental Health (2006) Royal Society of Medicine

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009

<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – Integrated care pathways should reflect the needs of service users and carers. Service users and carers should be involved in their development and take into account to what works and what doesn't work from all perspectives including service users, carers, professionals and the community.

Timely – Improves the timeliness of services being delivered

Equitable – Will assist in highlighting gaps in service

Effective – Provides a record of care and allows clarification around who does what and when.

Efficient – Helps reduce duplication of work and improves communication.

Safe – Minimises risk

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Review the range of care pathways in place or being developed regionally or locally	Regional review	All HSC Trusts	March 2013
Evidence of involvement of users, families, carers and advocates in the development of care pathways	User, carer and family feedback via HSC Trust user/carer forum Patient Client Council	All HSC Trusts	March 2013

Overarching Standard 20: Care planning

A person receiving treatment and care in primary care and / or mental health services (community and inpatient) should have a care plan prepared in partnership with them that is recovery focused, evidence based and fully recorded. The shared care plan should allow for urgent access to specialist services, if required. (Where relevant this should identify the needs of children and family members)

Rationale

The care plan should reflect integrated planning and coordination and all the elements of the individual's treatment & care. An assessment will be undertaken to identify and detail all of the individual's needs. The care plan will then be developed and this should reflect discussion between the individual, their carers and professional staff. It is important that this includes an assessment of risk given that mental health services must identify and manage risks that some people with mental health problems pose either to themselves or to others. While understanding the level of risk associated with an individual forms just one part of their overall needs assessment, it is nevertheless an integral part of formulating an appropriate care plan.

Evidence

DOH (1999) National Service Framework for Mental Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

DHSSPS (2008) Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Adult Mental Health Services

<http://www.dhsspsni.gov.uk/good-practice-guidance-and-risk-assessment.pdf>

Independent Inquiries 2006/2007

DHSSPS (2007) Caring for Carers: Recognising, valuing and supporting the caring role <http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf>

Responsibility for delivery/implementation

HSC Board

Public Health Agency

HSC Trusts

Primary Care

Quality Dimensions

Person Centred – Care plans should be person centred, uniquely built around each individual reflecting what is important to them as individuals and how they should be best supported. Care plans should be developed alongside the person, their family and carers, and be available in an accessible format.

Timely – Involves people from the beginning and throughout their treatment and care

Equitable – Provides all service users with the opportunity to be involved in

their plan of care using an appropriate outcome measurement tool
Effective Involving people in development of their care plan,
Efficient helps engagement and delivery of care
Safe – Risk assessment that will be reviewed in line with agreed protocols and guidance. Minimises risk to self and others

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people receiving treatment in primary care and/or mental health services who have a care plan which they have contributed to and which is recovery focused	Feedback from users and carers PCC monitoring report RQIA monitoring report QOF	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 21: Occupational assessment

A person with severe mental health needs should have a full occupational assessment, reviewed on at least an annual basis and thereafter, access to a range of adequate occupational services should be arranged.

Rationale

There is a clear link between occupational activity, quality of life, normalisation and social inclusion.

Evidence

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

DOH (2001) The Mental Health Policy Implementation Guide
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4058960.pdf

DOH (1999) National Service Framework for Mental Health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

National Institute for Health and Clinical Excellence (NICE) (2009) Schizophrenia: Core Interventions in the Treatment and Management in Primary and Secondary care (update) <http://guidance.nice.org.uk/CG82>

Social Care Institute for Excellence (SCIE) (2008) Knowledge Review 21: Supporting people in accessing meaningful work: Recovery approaches in community-based adult mental health services
<http://www.scie.org.uk/publications/knowledgereviews/kr21.pdf>

The Sainsbury Centre for Mental Health. Briefing Paper 37 (February 2009) Doing what works: Individual Placement and Support into Employment
http://www.centreformentalhealth.org.uk/pdfs/briefing37_Doing_what_works.pdf

The Sainsbury Centre for Mental Health (June 2008) About Time: Commissioning to transform day and vocational services
http://www.centreformentalhealth.org.uk/pdfs/About_Time.pdf

Responsibility for delivery/implementation

HSC Trusts in partnership with employers and work placement schemes

Quality Dimensions

Person Centred – People should be supported to explore what is important to them in regard to occupational desires/aspirations and how they may wish to achieve this in relation to their lifestyle and the community to which they relate to/live in.

Equitable – Occupational opportunities available throughout Northern Ireland.

Timely & Safe – Early participation in structural activity and opportunity for social interaction ensures better outcomes,
Effective & Efficient – Allows for more detailed knowledge of service users needs and aspirations.

Performance indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people with severe mental illness offered an occupational assessment	Audit of Care Plans	Establish baseline Performance level to be determined once baseline established	March 2013
Percentage of places available for mental health vocational/ rehabilitation/ day support out of total	Audit of availability	Establish baseline Performance level to be determined once baseline established	March 2013
Number of individual support schemes and / or day support and vocational services in place	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013

Overarching Standard 22: Medicines Management

A person should be provided with medication, if appropriate, that is prescribed in accordance with local and national guidelines. This choice should take account of the person's needs and be supported through a partnership approach between that person, associated carers and healthcare professionals, with the opportunity to access sufficient information to enable them to make an informed decision about their medication and other treatments.

Rationale

Medicines remain one of the main treatments for mental illnesses. When used appropriately they can improve functioning and quality of life. Prescribing decisions should be evidence-based and in accordance with national guidance where available. Such decisions should also reflect informed dialogue with people with mental illness and, where appropriate, their carers, allied to the choice of medication and concordance with the agreed treatment plan. Good documentation of prescribing decisions, recording of reported side effects and an assessment of whether medication has been effective are necessary to ensure safe and effective care, including those that have an adverse effect on parenting capacity. All health and social care professionals who prescribe medicines should work with the support and advice of appropriately trained pharmacists and together help to inform and support people whilst they are taking their medication.

Evidence

DOH (2008) Medicines management: Everybody's Business – A guide for service users, carers and health and social care practitioners.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082201.pdf

DOH (2007) Mental Health: New ways of working for everyone

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074490

Bamford Review: A Strategic Framework for Adult Mental Health Services (June 2005) http://www.rmhdni.gov.uk/adult_mental_health_report.pdf

Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare, July 2009

<http://www.scie.org.uk/publications/guides/guide30/files/guide30.pdf>

GMC (2008) Consent: patients and doctors making decisions together

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

Responsibility for delivery/ implementation

HSC Trusts
Primary Care

Quality Dimensions

Person Centred – The provision of medicines to people should be based on what is important to them as individuals and what has worked in the past and what hasn't worked for them. People should be active partners in decisions about medicine.

Timely Access to appropriate treatment promotes recovery

Efficiency / Effectiveness – Prescribing decisions should be evidence-based and in accordance with local and national guidance where available. Individual prescribing decisions must be recorded. Properly managed, prescribed medication can improve quality of life.

Safe Appropriate management minimises the risk of adverse side effects. Medicines should be prescribed, administered and monitored in accordance with local and national guidelines.

Performance indicator	Data Source	Anticipated Performance level	Date to be achieved by
Percentage of people who were given the opportunity to discuss their medication	User and Carer views (methodology to be agreed)	Establish baseline Performance levels to be determined once baseline established	March 2013
Number of people given sufficient information and support for decision making	User and Carer views (methodology to be agreed)	Establish baseline Performance levels to be determined once baseline established	March 2013
Percentage of people given a choice of treatments	Survey of users	Establish baseline Performance levels to be determined once baseline established	March 2013
Number of people accessing a specific medicines management support programme.	Concordance support programmes (community pharmacy services)	Establish baseline Performance levels to be determined once baseline established	March 2013
Number of medication related interventions	Concordance support programmes (community pharmacy services)	Establish baseline Performance levels to be determined once baseline established	March 2013
Level of prescribing concordance with local and national guidelines	HSC Trusts and Business Services Organisation	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 23: Physical Care of People with severe and enduring mental illness

A person with severe and/or enduring mental illness should be offered a physical health check at least annually (normally in primary care) according to locally agreed protocols based on National Guidelines.

Rationale

People with a severe and enduring mental illness have a higher risk of developing physical health problems such as cardiovascular disease and endocrine disorders and increased mortality compared to the general population.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2009)
Schizophrenia: Core Interventions in the Treatment and Management in Primary and Secondary care (update) <http://guidance.nice.org.uk/CG82>

National Institute for Health and Clinical Excellence (NICE) (2006)
The management of bipolar disorder in adults, children and adolescents, in primary and secondary care <http://guidance.nice.org.uk/CG38>

Bamford Review: A Strategic Framework for Adult Mental Health Services (June 2005) http://www.rmhdni.gov.uk/adult_mental_health_report.pdf

Responsibility for delivery/ implementation

HSC Trusts
Primary Care

Quality Dimensions

Person Centred Provides the person with a regular review of their physical health needs and also to review the medication needs of individuals.

Timely Helps to ensure that physical health needs are detected earlier

Efficiency / Effectiveness To improve overall physical health and wellbeing. To improve concordance with prescribed medication. Also, where physical health is being affected (by prescribed medication) changes can be made to medication or alternative medication prescribed.

Safe Improved overall patient wellbeing. Improved patient safety by detecting adverse effect on physical health

Performance indicator	Data Source	Anticipated Performance level	Date to be achieved by
Percentage of people with severe mental illness who have a documented physical health check	QOF	To be determined	March 2013

Overarching Standard 24: Domestic Violence and Abuse

Health and social care staff should be aware of the signs and symptoms across all age settings in relation to violence (including domestic violence), abuse and neglect in order to help them identify victims, and trained where necessary, to offer early help and support. Health and social care staff should also know who the lead for child protection and adult safeguarding is within their organisation and how to contact them.

Rationale

Domestic violence and abuse can have an enormous effect on mental health and wellbeing. The experiences of the individual, their families (especially children) can affect their emotional, psychological, physical and sexual development and relationships. These often precipitate or are contributory factors to the development of mental health problems.

Evidence

DHSSPS (2005) Tackling Violence at Home – A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland

http://www.dhsspsni.gov.uk/tackling_violence_strategy.pdf

DHSSPS (2008) Tackling Sexual Violence and Abuse – A Regional Strategy 2008 – 2013

<http://www.dhsspsni.gov.uk/sexualviolencestrategy08.pdf>

Responsibility for delivery

HSC Trusts

Primary care

In partnership with other statutory sector organisations, voluntary and community groups

Quality Dimensions

Person Centred – provides targeted help and support for an individual and their family

Equitable – a consistent approach across Northern Ireland at all levels of the service.

Effective – Early recognition, help and support improves long term outcomes for the individual and family

Safe – Minimises risk to self and others

Performance Indicators	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people identified by primary care and health and social care as victims of violence, abuse	Monitoring arrangements for domestic violence and abuse data	Establish baseline Performance levels to be determined once baseline established	March 2013

and neglect			
Percentage of staff who have training and refresher training in domestic violence and abuse	HSC Trust report	Establish baseline Performance levels to be determined once baseline established	March 2013

Overarching Standard 25: Supportive Palliative Care

A person with a mental illness and their carers being assessed for supportive and palliative care should have their specific mental health needs taken into account in consultation with them and their carer

Rationale

Early identification of the supportive, palliative and end of life care needs of patients, their care-givers and family, through a holistic assessment, maximises quality of life for all in terms of physical, emotional, social, financial, and spiritual health and wellbeing.

People who experience mental illness are entitled to the same services and respect throughout life as anyone else. Good palliative and end of life care is about enabling the individual to live out their potential when faced with an advanced progressive illness. By addressing the physical, emotional, spiritual and social issues which often make us fearful of death, it ensures that all individuals, regardless of clinical diagnosis, receive appropriate care, at the right time, in the right place, in a way that they can rely on.

A regional pathway for palliative and end of life care is described in Appendix 8.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2004) Improving Supportive and Palliative Care for Adults with Cancer

<http://guidance.nice.org.uk/CSGSP>

National Institute for Health and Clinical Excellence (NICE) (2010) Management of chronic obstructive pulmonary disease in adults in primary and secondary care (partial update) <http://guidance.nice.org.uk/CG101>

Gold Standards Prognostic Framework Programme, NHS End of Life Care Programme. England 2006. Prognostic Indicator Paper vs. 2.25

<http://www.healthcareforlondon.nhs.uk/assets/End-of-life-care/Prognostic-Indicator-Guide-2008.pdf>

Mental Health Foundation (2008) Mental Health and Palliative Care Literature Review

http://www.mentalhealth.org.uk/content/assets/PDF/publications/mental_health_palliative_care.pdf

Responsibility for delivery/implementation

Primary Care

HSC Trusts

Voluntary Palliative Care Organisations

Private nursing home and care providers

Quality Dimensions

Patient Centred – People, what is important to them, their family and friends are central to the assessment for support, palliative and end of life needs. Options should be explored in regard to what would work best for them and their family given their unique personal history, context, lifestyle and wishes.

Equity, timeliness, safety

All patients identified as requiring supportive and palliative care should have their needs recorded. This should be available to the patient and all health and social care professionals involved in the holistic assessment of needs.

Effectiveness

All health and social care professionals should be able to identify the appropriate level of palliative care required for the individual patient.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of people with mental health needs who have had their specific needs taken into account			

Overarching Standard 26: Psychiatric services in acute general hospitals

A person attending an acute general hospital should, where appropriate, have access to age appropriate psychiatry services and should include follow up arrangements if required such as the Card Before You Leave scheme.

Rationale

The mental health needs of patients using acute general hospital services are often not detected or considered. People with a physical illness are three to four times more likely to develop a mental illness than the general population. People admitted to acute general hospitals are more likely also to have a diagnosable psychiatric disorder. The rates of psychiatric illness in older adults in general hospital beds are as follows: up to 40% have dementia; 53% have depression; and, 60% have delirium.

In general, acute and mental health services are provided in very separate and distinct facilities with relatively little cross-over / integration between services. This means that many patients with co-morbid physical and mental illness have limited access to appropriate mental health services either while in hospital or after discharge.

Evidence

Healthy Mind, Healthy Body – How Liaison Psychiatry Services can transform quality and productivity in acute settings. NHS Confederation; Mental Health Network; Briefing Issue 179 April 2009

<https://www.rcpsych.ac.uk/pdf/Healthmindhealthbody.pdf>

Quality Standards for Liaison Psychiatry Services. Psychiatric Liaison Accreditation Network Plan, Royal College of Psychiatrists (September 2009)
<http://www.rcpsych.ac.uk/PDF/PLAN%20Standards%20First%20Edition%20Sep2009.pdf>

Who Cares Wins: Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for Older People. Working Group for the Faculty of Old Age Psychiatry, Royal College of Psychiatrists (2005)

<http://www.leeds.ac.uk/lpop/documents/WhoCaresWins.pdf>

Psychiatric Services to Accident and Emergency Departments. Royal College of Psychiatrists British Association for Accident and Emergency Medicine (2004) <http://www.rcpsych.ac.uk/files/pdfversion/cr118.pdf>

Managing Urgent Mental Health Needs in the Acute Trust: A guide by practitioners, for managers and commissioners in England and Wales. Academy of Royal Colleges (2008)

<https://www.rcpsych.ac.uk/pdf/ManagingurgentMHneed.pdf>

Responsibility for delivery/implementation

Health and Social Care Trusts

Quality Dimensions

Person centred: Liaison services improve the holistic assessment, treatment and management of individual needs.

Timely: Evidence suggests that identifying and treating mental health needs in acute hospitals early has a direct impact on the recovery of their physical health.

Effective / Efficient: Liaison services can improve care and bring cost savings as people can potentially be discharged earlier if their mental health needs are addressed. Services can also bring savings by reducing re-attendances / readmission.

Safe: Minimises risk to self and others.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Review of arrangements in acute general hospitals for accessing age appropriate mental health services	HSC Trust report PCC report (Card before you leave)	All HSC Trusts	March 2013