

Summary of Standards

Health Improvement and Mental Health Promotion

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 1</p> <p>Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent young people from starting to smoke.</p>	<p>Percentage of 12, 14 and 16 year old boys and girls who smoke.</p>	
<p>Standard 2</p> <p>All Health and Social Care professionals should identify those who smoke, make them aware of the dangers of smoking, advise them to stop and provide information and signposting to specialist cessation services.</p>	<p>Smoking cessation services available for Mental Health Users.</p> <p>Percentage of clients quitting at 4 and 52 weeks.</p>	

<p>Standard 3</p> <p>People should be provided with healthy eating support and advice, appropriate to their needs, in a range of settings.</p>	<p>Services available for mental health users.</p>	
<p>Standard 4</p> <p>Health and social care should work with early years settings, schools, workplaces and communities in the promotion and support of breastfeeding, healthy eating and physical activity to prevent obesity and assist in early detection and minimise the development of an eating disorder.</p>	<p>Percentage of people who have a BMI of above 25.</p> <p>Percentage of P1 Children who have been identified as being overweight and obese or underweight malnourished.</p> <p><i>Note: these PIs will be reviewed in light of the forthcoming obesity strategy.</i></p>	

Standard 5

A person accessing or availing of mental health services in any setting that is identified as being inactive* should be provided with advice and support to accumulate a minimum of 30 minutes of moderate activity** on 5 days of the week or more.

*inactive refers to all people who do not meet the recommended level of physical activity.

**walking briskly, walking downstairs, dancing, biking, swimming, gardening, housework e.g. washing floors.
<http://www.paho.org/English/HPP/HPN/whn2002-factsheet2.pdf>

Percentage of people being asked and advised about their physical activity.

Percentage of people advised who achieve the recommended level of physical activity.

<p>Standard 6</p> <p>Primary care professionals should identify people who consume hazardous/harmful amounts of alcohol or who misuse drugs (illicit or prescribed), make them aware of the associated dangers, advise them to reduce or stop and provide information and signposting to specialist services if appropriate.</p>	<p>Percentage of people who receive Brief Intervention in Primary Care to reduce alcohol related risk.</p> <p>Percentage of young people who were assessed using the Regional Initial Assessment Tool (RIAT).</p>	
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<p>Standard 7</p> <p>Health and social care professionals should identify children across the wider age spectrum and their parents or carers, who require additional services to help promote the child’s development and should address the needs of the children, parents and/or carers by commissioning services, where appropriate, to meet their individual needs.</p>	<p>Percentage of parents / carers identified as requiring additional support who are offered evidence based parenting programmes.</p> <p>Percentage of referrals to Child and Adolescent Mental Health Services (CAMHS) for attachment / parenting / control problems.</p> <p>Review of early intervention, prevention activities formally commissioned in each Trust area (to include perinatal and infant mental health).</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – All HSC Trusts</p>
<p>Standard 8</p> <p>Health and social care organisations should implement the Health and Safety Executive’s Management Standards to reduce work related stress among staff.</p>	<p>Implementation of the Health and Safety Executive Management Standards.</p>	<p>March 2013 – All HSC organisations</p>

<p>Standard 9</p> <p>Older people (adults aged 65 years and older) living independently with or without support, or in residential care should have opportunity to access individual or group health promotion sessions including healthy eating and physical activity programmes.</p>	<p>Percentage of older people known to health and social services who are in receipt of individual or group health promotion sessions.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>
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Improving the Experience of the Service Users and Carers

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 10 A person who uses mental health services should be actively involved in planning, delivery and monitoring of their treatment and care in a recovery focused service. Users should also be involved in planning, development and monitoring of mental health services.</p>	<p>Evidence of Health and Social Care Organisational Strategies for Person and Public Involvement.</p> <p>Evidence of systematic involvement and participation of mental health users in service planning, delivery and monitoring across Health and Social Care Trusts.</p> <p>Evidence of user involvement in their care and treatment</p> <p>Percentage of users who have received support from a mental health worker to help with their recovery</p>	<p>March 2013 – All HSC Organisations</p> <p>March 2013 – All HSC Trusts</p> <p>March 2013 – All HSC Trusts</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

<p>Standard 11</p> <p>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.</p>	<p>Evidence of health and social care strategies for family and carers involvement.</p> <p>Percentage of carers, including children and young people, offered a carers assessment.</p> <p>Evidence of carer involvement</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – All HSC Trusts</p>
<p>Standard 12</p> <p>A person using specialist mental health services should have access to advocacy services in both community and hospital settings.</p>	<p>Percentage of people in contact with specialist mental health services who avail of timely and age appropriate advocacy services.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

<p>Standard 13</p> <p>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.</p>	<p>Evidence of arrangements to ensure safety, privacy and dignity of all age groups.</p>	<p>March 2013 – All HSC Trusts</p>
<p>Standard 14</p> <p>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.</p>	<p>Evidence of mental health and wellbeing information available from health and social care services.</p>	<p>March 2013 – All HSC organisations</p>

<p>Standard 15</p> <p>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.</p>	<p>HSC organisational communication strategies that show evidence of direct user/family carer feedback as part of regular audit of their effectiveness.</p> <p>HSC organisational complaints reports should show evidence of action where communication is the primary factor.</p>	<p>March 2013 – All HSC organisations</p> <p>March 2013 – All HSC organisations</p>
<p>Standard 16</p> <p>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 with other agencies in line with agreed protocols.</p>	<p>HSC organisational communication strategies that show evidence of effective communication between mental health services, other organisations and professionals.</p> <p>HSC organisational complaints reports should show evidence of action where communication is the primary factor.</p>	<p>March 2013 – All HSC organisations</p> <p>March 2013 – All HSC organisations</p>

<p>Standard 17</p> <p>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 their physical and mental health needs.</p>	<p>Percentage of people with complex mental health needs being treated and supported in community settings including their own home.</p> <p>Percentage of people being treated for complex mental health problems whose physical needs have been assessed.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>
<p>Standard 18</p> <p>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.</p>	<p>Establish current level of service provision for mental health crises.</p> <p>Percentage of young people (under the age of 18) admitted to age appropriate inpatient beds.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

<p>Standard 19</p> <p>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.</p>	<p>Review the range of care pathways in place or being developed regionally or locally.</p> <p>Evidence of involvement of users, families, carers and advocates in the development of care pathways.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2013 – All HSC Trusts</p>
<p>Standard 20</p> <p>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 their children and family members).</p>	<p>Percentage of people receiving treatment and care in primary care and/or mental health services who have a care plan which they have contributed to and which is recovery focused</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

<p>Standard 21</p> <p>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.</p>	<p>Percentage of people with severe mental illness offered an occupational assessment.</p> <p>Percentage of places available for mental health vocational / rehabilitation / day support out of total.</p> <p>Number of individual support schemes and / or day support and vocational services in place</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>
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<p>Standard 22</p> <p>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.</p>	<p>Percentage of people who were given the opportunity to discuss their medication</p> <p>Number of people given sufficient information and support for decision making</p> <p>Percentage of people given a choice of treatments.</p> <p>Number of people accessing a specific medicines management support programme</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
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	<p>Number of medication related interventions</p> <p>Level of prescribing concordance with local and national guidelines.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
<p>Standard 23</p> <p>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.</p>	<p>Percentage of people with severe mental illness who have a documented physical health check.</p>	<p>March 2013 – To be determined</p>

<p>Standard 24</p> <p>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.</p>	<p>Percentage of people identified by primary care and health and social care as victims of violence, abuse and neglect.</p> <p>Percentage of staff who have training and refresher training in domestic violence and abuse</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>
<p>Standard 25</p> <p>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.</p>	<p>Percentage of people with mental health needs who have had their specific needs taken into account.</p>	

Standard 26 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.	Review of arrangements in acute general hospitals for accessing age appropriate mental health services.	March 2013 – All HSC Trusts
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Children and Young People – Conduct Disorders

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 27</p> <p>A young person presenting with features of Conduct Disorder should be offered an early assessment with an appropriate child and adolescent specialist knowledgeable in the area of conduct disorders and receive appropriate early interventions or onward referral as required. A standardised outcome measurement tool should be used from first assessment.</p>	<p>Regional review of supported interventions and therapeutic approaches.</p> <p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of children and young people being treated where outcome measurement shows improvement after 12 months.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p>

Children and Young People – Depression

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 28</p> <p>A young person experiencing mild depression should have a comprehensive assessment in primary care and onward referral, as required, to mental health specialists in order to identify their mental health needs and any co-morbidities to enable early interventions. Information and support for the young person and family should be offered including parent training / education management programme in accordance with NICE guidelines. A standardised outcome measurement tool should be used in treatment and care.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of children assessed and diagnosed with anxiety and depression that are involved in primary care and/or school initiatives.</p> <p>Percentage of children and young people who have received psychological interventions to treat their anxiety or depression and from whom they receive it.</p>	<p>March 2013– Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

<p>Standard 29</p> <p>A young person experiencing persistent symptoms of moderate to severe depression should be offered specific psychological therapy which may include Cognitive Behavioural Therapy (CBT), Interpersonal Therapy or shorter term Family Therapy, provided by therapists trained in Child and Adolescent Mental Health. Anti-depressant medication should not be offered, except in a combination with psychological interventions in accordance with the NICE guidelines for Depression in Children and Young People. A standardised outcome measurement tool should be used in treatment and care.</p>	<p>Percentage of children and young people presenting with moderate to severe depression to primary care/CAMHS in receipt of medication without psychological therapy.</p> <p>Percentage of children and young people receiving a combination of medication and psychological therapies for moderate depression.</p> <p>Agree and implement standardised outcome measurement tool.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 - All HSC Trusts</p>
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Children and Young People – Attention Deficit Hyperactivity Disorder (ADHD)

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 30</p> <p>A young person with suspected ADHD, their families and carers should be offered an early comprehensive assessment of their needs by an appropriate child and adolescent specialist knowledgeable in the area of ADHD and receive appropriate care and treatment or onward referral as appropriate to age appropriate specialist mental health services for further assessment and care. A standardised outcome measurement tool should be used in treatment and care.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of young people referred for assessment and early intervention of ADHD to Paediatrics or CAMHS.</p> <p>Percentage of families offered and in receipt of parent education training programme.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

Children and Young People – Transition to Adult Services

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 31</p> <p>A young person approaching their 18th birthday (between 3–6 months) receiving treatment and care for a significant mental health problem from CAMHS or a Paediatric service should be assessed, their need for services identified and where appropriate, arrangements should be made for a planned and coordinated transition to adult services and reviewed until successful. These arrangements should be made in partnership with the young person and their family/carers.</p>	<p>Percentage of young people with ongoing needs successfully moving to adult services.</p> <p>Evidence of transitional arrangements in place for young people who are transferring to adult mental health services.</p> <p>Percentage of young people in CAMHS/Paediatric services with ongoing needs who attend adult services after their 18th birthday.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 - All HSC Trusts</p> <p>March 2013 - Establish baseline Performance levels to be determined once baseline established</p>

Adults - Anxiety Depression

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 32</p> <p>A person experiencing mild to moderate anxiety and/or depression should have an early assessment of their psychological, physical, clinical and social care needs at primary care level using a validated assessment tool in line with NICE Guidelines and, if appropriate, offered low intensity short term interventions.</p>	<p>Percentage of patients with a new diagnosis of depression who have had an assessment of severity at the outset of treatment.</p> <p>Percentage of people referred to low intensity short term interventions (Level 1 & 2 – Stepped Care Model).</p> <p>Percentage of people referred to low intensity short term interventions who complete them.</p>	<p>March 2013 – To be determined</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

<p>Standard 33</p> <p>A person experiencing moderate to severe depression should have an assessment, early intervention and ongoing care in line with NICE Guidelines. This should include an assessment of their psychological, physical, clinical and social care needs including a risk assessment undertaken by a mental health specialist(s) using a recognised outcome measurement tool.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcome measurement shows improvement after 12 months.</p> <p>Percentage of people being offered a choice of medications and psychological interventions.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
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Adults - First Episode Psychosis – Early Interventions in Psychosis

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 34</p> <p>A person experiencing early signs of psychosis should have an assessment of their psychological, physical, clinical and social needs including an assessment of risk undertaken by a mental health specialist(s) using an appropriate outcome measurement tool to aid diagnosis and age appropriate onward referral.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcome measurement shows improvement after 12 months.</p> <p>Percentage of young people (Under 18 years) receiving early intervention services provided by a psychosis team working jointly with CAMHS.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

Adults – Schizophrenia and other psychoses

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 35</p> <p>A person with either newly diagnosed or established schizophrenia should, following referral from primary care have assessment (including a risk assessment), early intervention, treatment (including psychotropic medication and psychological therapies as appropriate) and ongoing care (including a yearly physical health check) in line with NICE guidelines. A standardised outcome measurement tool should be used to aid monitoring of treatment and care.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcome measurement shows improvement after 12 months.</p> <p>Percentage of people being offered a choice of medications and psychological interventions.</p> <p>Percentage of people receiving psychological and social interventions.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

	Percentage of young people who receive education and/or whose inpatient treatment involves the potential (depending on health) for at least 25% of their week (Monday – Friday) in educational activities.	March 2013 – Establish baseline Performance levels to be determined once baseline established
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Adults - Obsessive Compulsive Disorder

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 36</p> <p>A person who presents with psychological problems should be screened by age appropriate specialist mental health services using a recognised assessment tool (including assessment of risk) to identify the presence of obsessions and compulsions and possibly associated functional impairment. A standardised outcomes measurement tool should be used to monitor progress following assessment. Treatment and care should be based on the person’s level of functional impairment in line with NICE Guidelines.</p>	<p>Agreement and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcome measurement shows improvement after 12 months.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p>

Adults - Bipolar Disorder

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 37</p> <p>A person with suspected, newly diagnosed or established bi-polar disorder should have an assessment (including an assessment of risk), early intervention, treatment and ongoing care in line with NICE guidelines.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcomes measurement shows improvement after 12 months.</p> <p>Percentage of people being offered a choice of medications and psychological interventions.</p> <p>Percentage of people receiving psychological and social interventions.</p> <p>Percentage of young people who receive education and/or whose inpatient treatment involves the potential (depending on health) for at least 25% of their week (Monday – Friday) in educational activities.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

Adults - Addictions and Substance Misuse

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 38</p> <p>A person with difficulties/concerns about their drug or alcohol misuse should have an initial assessment when first presenting to services in primary care or any acute or community setting and should be encouraged to fully participate in their assessment and onward referral, if necessary. Any person presenting either a risk to themselves or others should be offered and assessed by mental health specialist(s) in a timely manner.</p>	<p>Percentage of people presenting offered an assessment</p> <p>Percentage of people who participated in their assessment and ongoing referral.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

<p>Standard 39</p> <p>A person requiring early intervention, treatment and ongoing care in relation to their substance misuse should have a comprehensive assessment by substance misuse services using a standardised outcome measurement tool, have access to an appropriate range of evidence based treatment and care including residential treatment and specialist medical treatments and services, if required, in line with NICE guidelines.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcomes measurement shows improvement after 12 months.</p> <p>Percentage of people being offered a choice of medications and psychological interventions</p> <p>Percentage of people receiving psychological and social interventions</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
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Adults - Eating Disorders

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 40</p> <p>A person with eating concerns/difficulties should have an initial assessment of their needs at primary care level and onward referral to age appropriate mental health specialist services if required. A standardised outcome measurement tool should be used in the assessment in accordance with the Northern Ireland Care Pathway for Eating Disorders and NICE guidelines.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where outcome measurement shows improvement after 12 months.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p>

<p>Standard 41</p> <p>A person with an eating concern/difficulty should have prompt access to therapeutic and medical interventions appropriate to their individual need to include medical monitoring, initial supportive management, psychological therapies, dietetics, occupational therapy and physiotherapy in line with NICE guidelines and the Northern Ireland Eating Disorder Pathway.</p>	<p>Percentage of people (young people and adults) assessed as requiring treatment in:</p> <ul style="list-style-type: none"> • Special Teams • Co-working with Community Teams • Other services • By length of time from assessment to treatment. <p>Percentage of people with eating disorders requiring medical and psychiatric admissions by:</p> <ul style="list-style-type: none"> • Length of stay • Re-admission. <p>Percentage of people referred to specialist eating disorder services who have had appropriate initial assessment and referral in primary care in the past 12 months</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Interim report Performance levels to be determined after interim report</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
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Adults – The Mental Health Aspect of Asperger Syndrome

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 42</p> <p>A person showing clinical features of Asperger Syndrome should be referred, following initial assessment in primary care, to specialist services for assessment, diagnosis, intervention, care and support as outlined in the Northern Ireland Care Pathway for Autistic Spectrum Disorder (ASD).</p>	<p>Percentage of people referred to specialist services for assessment, diagnosis, intervention and support.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

Adults - Dementia

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 43</p> <p>A person who experiences a change in cognitive performance should have access to early diagnostic assessment, investigation, treatment and support.</p>	<p>Review of arrangements for early assessment, diagnosis, treatment and support for people who have change in cognitive performance.</p>	<p>March 2013 – All HSC Trusts</p>
<p>Standard 44</p> <p>A person with dementia, and their carer, should have access to information, education and support including a regular review of their physical and mental health needs. Alternatives to neuroleptic prescription should be offered in line with regional and national guidelines.</p>	<p>Percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months.</p>	<p>March 2013 – To be determined</p>

People with Specific Needs – Women in the perinatal period

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 45</p> <p>All women presenting to maternity service should be asked about past or present mental illness and treatment including at their first contact visit with primary care, health visitors completing the family health needs assessment, the booking visit, the 3rd trimester visit, during the post-natal contact period between 6-10 weeks and up to 1 year postnatal. Where appropriate, they should be referred to specialist mental health services that include access to psychological interventions, additional health visitor support and inpatient care as appropriate and in accordance with NICE guidelines.</p>	<p>Percentage of women assessed for mental health problems during pregnancy in past 12 months.</p> <p>Percentage of women who are in receipt of Specialist Mental Health Services including psychological interventions and additional health visitor support, appropriate to their needs.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

Older Peoples' Mental Health

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 46</p> <p>A person with severe and enduring mental illness who are approaching the age of 65 years should have a review to assess whether their needs are best met in existing adult mental health services or older people mental health services. This should take into account the views of the individual, their families and carers and should be reviewed on an annual basis thereafter.</p>	<p>Percentage of people in Adult Mental Health services between 64 and 65 years old who have had a review which incorporates transition planning in the previous 12 months.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

<p>Standard 47</p> <p>Older people (age 65 years and over) should have access to a comprehensive older people’s mental health service including mental health promotion, early detection and diagnosis, assessment and treatment and support for carers. Any older person experiencing mental health problems should have access to appropriate physiological investigation and screening by Primary Care to rule out potential physical conditions and to inform referral decisions. Following any initial diagnosis they should have an early comprehensive assessment using an appropriate assessment tool, followed by appropriate interventions and/or onward referral to specialist mental health services and/or other services as appropriate.</p>	<p>Establish current level of service provision</p> <p>Percentage of older people who have access to the full range of older people’s mental health services.</p> <p>Percentage of older people in receipt of services who have had a holistic review including mental health assessment.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>
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People with Specific Needs – Post Traumatic Stress Disorders

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 48</p> <p>A person with a confirmed diagnosis of post traumatic stress disorder should have access to timely psychological and social interventions, medication and treatment appropriate to their needs, delivered by suitably qualified and supervised practitioners. A standardised outcome measurement tool should be used in treatment and care.</p>	<p>Agree and implement standardised outcome measurement tool.</p> <p>Percentage of people being treated where standardised outcomes measurement is used.</p>	<p>March 2013 – All HSC Trusts</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p>

People with Specific Needs – Personality Disorder

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 49</p> <p>A person presenting with clinically problematic personality disorder should have a comprehensive mental health assessment including an assessment of risk by mental health specialist using an appropriate assessment tool and be referred for specialist personality disorder assessment, if required. They should have access to a range of appropriate treatments and care according to their individual needs and access to education, advice, support and management delivered by a specialist, regional personality disorder service as appropriate.</p>	<p>Quality of Life Indicators. Social Performance Indicators – to be determined.</p>	<p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

People with Specific Needs – Self Harm and Suicide

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 50</p> <p>A person who is contemplating self harm/has self harmed or has expressed suicidal ideation should have access to a co-ordinated comprehensive range of age appropriate advice, information, counselling and support and other initiatives that can address their needs in relation to self harm and suicide. This should include accessible and appropriate information, for example regarding services and potential sources of help for the person and family, carer or friend.</p>	<p>Availability of information, support and initiatives.</p> <p>Percentage of people who are receiving appropriate services</p>	<p>March 2013 – In line with Protect Life</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>

<p>Standard 51</p> <p>A person who has self harmed should have any physical injuries dealt with as a matter of urgency and be offered preliminary psychosocial assessment when first presenting to services. If presenting either a risk to themselves or others they should be referred and assessed by age appropriate specialist mental health services immediately in line with NICE guidelines.</p> <p>Anyone presenting to A&E who does not immediately require access to specialist services will be provided with a specific follow-up appointment scheduled within 7 days, i.e. Card Before You Leave scheme.</p>	<p>Percentage of people presenting with self harm who have had a preliminary psychosocial assessment.</p> <p>Percentage of young people presenting with self harm who have an assessment by CAMHS or other appropriate practitioner.</p> <p>Percentage of people who have a comprehensive assessment by an adult specialist practitioner.</p> <p>Percentage of people discharged in accordance with Trust A&E based Card Before You Leave scheme</p>	<p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance levels to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance levels to be determined once baseline established</p>
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People with Specific Needs – Brain Injury

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 52</p> <p>A person with a neurological or brain injury with mental health needs should have access to a full range of age appropriate mental health services for assessment, early intervention and a full range of age appropriate specialist treatment, care and support that include residential options and specialist inpatient mental health services staffed by a team of professionals with a range of skills and competencies offering rehabilitation in order to meet their continuing and changing needs.</p>	<p>Agree and implement local protocols and referral criteria for mental health services that demonstrate inclusion for people with Mental Health needs post brain injury.</p> <p>Percentage of people with brain injury who have been assessed and are in receipt of appropriate specialist treatment, care and support</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2014 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – Deaf People with Mental Health Needs

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 53</p> <p>A deaf person (of any age) with mental health needs and their carers should have access a full range of mental health provision including early assessment, treatment and ongoing care provided by specialist mental health services including access to key worker, inpatient care and out of hours services if required. Interventions should be focused on the person and the family and include a range of supports that facilitate communication within primary and secondary care.</p>	<p>Percentage of deaf children and young people / adults accessing Mental Health provision.</p> <p>Percentage of people being treated where outcomes measurement shows improvement after 12 months.</p> <p>Percentage of deaf people using mental health services that have a key worker.</p> <p>Evidence of arrangements and facilities for deaf people in mental health services.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – Gender Dysphoria

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 54</p> <p>A trans person should have hormone support as part of their care from a multi-disciplinary network using regionally agreed protocols including having access to an endocrinologist, to non-statutory peer support and mentoring, and to services that will, as part of their ongoing treatment and care, help them to improve their self-image.</p>	<p>Percentage of trans people accessing multidisciplinary assessment and screening prior to Hormone Therapy.</p> <p>Percentage of trans people who access peer support.</p> <p>Percentage of trans gender people within the gender identity service accessing services to improve their self image.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – Forensic Mental Health

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 55</p> <p>A person who is a mentally disordered offender (MDO) (young person or adult) should have access to the full range of services and interventions available those in the general population delivered in the appropriate environment by suitably trained staff.</p>	<p>Review of services and interventions available to any person within the criminal justice system.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – Learning Disability with mental health needs (See also draft Service Framework for Learning Disability)

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 56</p> <p>A learning disabled person with mental health needs should have access to appropriate mental health support for their needs.</p>	<p>Percentage of learning disabled people who are receiving appropriate mental health services.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – Black and Minority Ethnic (BME) Communities

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 57</p> <p>A person from a black or minority ethnic (BME) community should have access to a full range of mental health services that are sensitive to their specific cultural needs and have support to enable good communication.</p>	<p>Review of available services to support BME people</p> <p>Percentage of BME people who are in receipt of mental health services that are sensitive to their needs.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>

People with Specific Needs – The Homeless

	Key Performance Indicators	Anticipated Performance Level
<p>Standard 58</p> <p>Health and Social Care should work in partnership with statutory and voluntary agencies to ensure the delivery of a high quality, comprehensive service to individuals with mental health problems who are homeless.</p>	<p>Review partnership arrangements and programmes for people with mental health problems who are homeless.</p>	<p>March 2013 – Establish baseline Performance level to be determined once baseline established</p>