

PRESS STATEMENT

Dr. Anna Nielson-Williams

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Acute Adult Mental Health Integrated Care Pathway

Thank-you Minister Wilson and good morning.

It is a privilege to share the results of the initial work undertaken on developing the Acute Adult Mental Health Integrated Care Pathway. The approach taken was thoughtfully developed and implemented to ensure the best possible outcome in the long-term for our community. The process itself, with the stakeholder workshops and interviews, cultivated a stronger level of collaboration between services. The overwhelming response to the public survey reflects a high level of interest in mental health. Importantly, the stakeholder workshops, interviews, and surveys also created the opportunity for the voices of those with lived experiences and their families to be directly heard and their feedback incorporated into the findings and recommendations. The importance of the learning that came out of this this cannot be overstated.

I don't think we initially appreciated how complex it was for people to initially enter and receive mental health services and support. In Bermuda, there are currently 21 different access points for people to enter the Care Pathway, which makes the coordination of care a challenge. Working together to create an integrated care pathway for acute adult mental health provided an opportunity to discuss the ways in which services should be better coordinated, with the patient and family's experience in mind. This exercise also helped point to important service gaps, mainly around prevention, community care and housing.

The unfortunate reality is that mental health carries with it a stigma... one that all too often acts as a barrier to those suffering with mental health challenges in seeking out the support they need. This was one of the two main barriers to accessing mental health care in Bermuda that were identified. The other was cost... the inability to cover copays within the primary care setting, or, in the case where an individual has no health insurance, the total cost of service and/or medication represents an overwhelming barrier to access in Bermuda. The prohibitive cost forces people to wait before they receive care. This can result in more acute health situations that require more intensive, in-patient treatment or services, which is both very costly and very difficult for patients.

Our work surfaced important service gaps in Bermuda that need to be addressed. For example, there are currently no public, early intervention mental health services available in the community. There is also a lack of adequate housing options for hospital discharge, which can lead to poor patient health outcomes.

The final report highlights seven priority areas for intervention, including:

- designing and implementing public preventive and early intervention services,
- expanding information about existing services,
- raising awareness around mental health and addressing issues of stigma,
- ensuring privacy of services,
- integrating mental health assessment and care into the community,
- improving insurance coverage for mental health-related expenses, and
- striving to provide culturally appropriate care.

Bermuda’s annual mental health expenditure per person is significantly higher than other jurisdictions. The 20 recommendations included in the final report represent opportunities to improve patient experience while in the care pathway, while also offering the much-needed cost-saving opportunities.

All are important; however, I would like to highlight the following three, which represent considerable opportunities for Bermuda to improve the health of its population.

It is recommended that:

- a public repository of mental health resources be created to ensure members of our community can easily find what mental health services are available and where,
- a national mental health strategy for Bermuda be developed, and
- a “one stop shop” club house be opened in Hamilton, which is community-based center designed to create a supportive and inclusive environment where people with mental health conditions can come together to socialise, learn skills, and access various services.

There has been increasing public sentiment about the need for mental health to become a key public health priority. This initial work on the Integrated Care Pathway for Acute Adult Mental Health is a recognition of the need for improved mental health care. It has provided a springboard and an initial way forward for all stakeholders to continue working together to strengthen this component of Bermuda’s overall health system.

Before I hand off the microphone to Minister Wilson, I would like to express my personal thanks to everyone who has been involved in this work to date, in particular those with lived experiences and their families. Without the willingness of all stakeholders to engage in transparent conversation and debate, we would not have been able to develop the future state care pathway and service map. It has been, and will continue to be, my privilege to work alongside both my fellow working group members, and the diverse group of stakeholders as we continue on this journey of strengthening mental health care in Bermuda.

Thank-you.

ABOUT THE BERMUDA HEALTH STRATEGY AND UNIVERSAL HEALTH COVERAGE:

The Bermuda Health Strategy 2022 – 2027 (“The Health Strategy”) was developed as the next phase of work for the Ministry of Health as it works to achieve the vision of *“healthy people in healthy communities”*. The Health Strategy provides the frame to shift Bermuda’s health system as it works to implement Universal Health Coverage and shift to a more people-centred approach to healthcare that focuses on delivering better care that meets the needs of individuals and families today and into the future. Bermuda’s Universal Health Coverage programme is a multi-year, multi-phased initiative that seeks to ensure *“all people have equitable access to needed informative, preventive, curative, rehabilitative and palliative essential health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services and critical medicines.”*

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