Acute Adult Mental Health Integrated Care Pathway

Final Report

October 2023

BERMUDA HEALTH STRATEGY

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Abstract

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Abstract

Objective

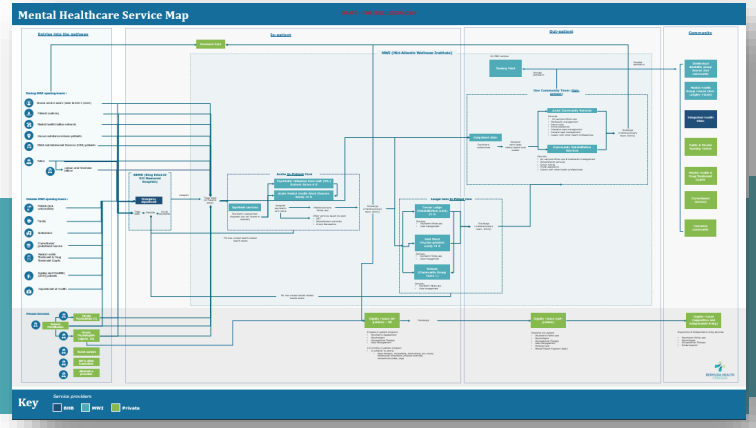
- This report presents the findings of a 16-week study conducted to **assess and map the existing acute adult mental health services** in Bermuda. It is an assessment of the entire system, not solely of services provided by the Mid-Atlantic Wellness Institute.
- While addressing the current state of mental health services in Bermuda will require systemic changes, this report emphasises a **range of policy actions** that can significantly **enhance the care pathway** for patients and their families.
- These actions, which can be implemented in the short, medium, and long term, aim to improve mental health outcomes and foster a healthier community.

Approach

- This study is the result of contributions and engagement from more than **60 stakeholders**, including patients, family members, clinicians, mental health experts, law enforcement agencies, judicial representatives, and community members. Their perspectives and insights helped define the current state of acute mental health services, identify the main challenges, and prioritise recommendations to enhance mental health services on the Island.
- Through an extensive literature review, **52 stakeholder interviews**, a community-wide survey with **348 respondents** providing **1,117 qualitative inputs**, and three workshops (including one with patients and families with lived experience), this study identifies **30 key challenges** along the Acute Adult Mental healthcare Pathway in Bermuda. Additionally, it proposes **seven priority policy themes** and offers **20 recommendations** to improve the Pathway.

The Case for Change

- **International best practices** have demonstrated that investing in prevention, early detection, and intervention through public care programmes, as well as transitioning acute care to patient-centred community settings, can simultaneously enhance mental health outcomes and reduce associated financial costs, both public and private.
- Bermuda currently **spends more than 27 times the European average on mental health care** per capita*, indicating room for substantial improvement in resource allocation to maximise benefits for Bermudian society as a whole. The current provision of mental health services requires a radical shift of resources to proactive interventions in the community.
- The **COVID-19 pandemic** has heightened discussions around mental health, presenting a window of opportunity to address enduring service gaps in acute mental healthcare services in Bermuda.



Bermuda Acute Adult Mental healthcare Pathway

"There is **no excuse for the current state of mental health services** in Bermuda. They are neglected to the extent that they are 100 years behind. There is a **revolution required in service provision** and in transforming the model of care. The Government needs to understand the urgency for things to change."

- Mental Healthcare Professional interviewed in the context of this study

*PAHO, 2019. This data reflects direct spending on mental health services only. In Bermuda, it is in part reflective of the high cost of healthcare provision and the in-hospital delivery model (as opposed to early intervention and rehabilitation community care services). For more details refer to p. 18 and 41 of the Report).

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Methodology

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Objectives and Scope of this Study

A care pathway mapping is a hands-on approach to delivering patient-centred improvement. The Project's objectives are:

Objectives:

1. **Better understand the current provision of acute mental healthcare services** in Bermuda
2. Better understand the **patient's experience of these services**
3. Identify the existing **challenges** along the Pathway, and the **opportunities** to allow for an efficient and effective, patient-centred care pathway reflecting best practices, thereby improving access to care and health outcomes

Key Lines of Enquiry:

1. **Service provider** roles and responsibilities
2. **Service touchpoints**, processes, and handovers of care between service providers
3. **Patient and family** experience and their care journey involvement
4. **Areas of overuse and/or duplication** or redundancy of services and inefficiencies in their provision
5. **Current state of mental health prevention**, promotion and wellness activities

Definition

In the context of this study, Mental healthcare is understood to include all services and care related to acute mental health conditions (such as major depressive and bipolar disorders, schizophrenia, and other psychological disorders). It excludes services pertaining to intellectual disability and substance abuse.

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A methodology of five main parts over 16 weeks

Literature review

20+

studies, reports, and databases

consulted for the current state scoping review[1]

Stakeholder interviews

50+

interviews

with patients, clinicians, families, and operational colleagues[2]

+10

meetings

with the Project's Clinical Lead

Workshops and group meetings

2

workshops

Engaging 30+ mental healthcare stakeholders on the Island

+1

workshop

for patients and family

Survey

348

respondents

1,117 feedback points

30

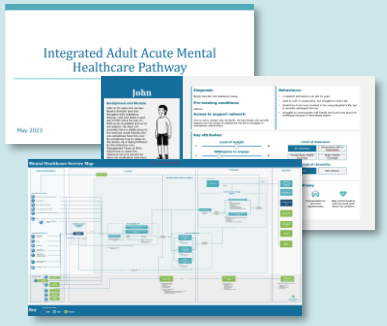
questions,

assessing the Community's perceived mental health needs and experience accessing mental health services on the Island[3]

Synthesis and validation

Final deliverables:

- Present report
- Patient journey map
- Service map
- Patient persona

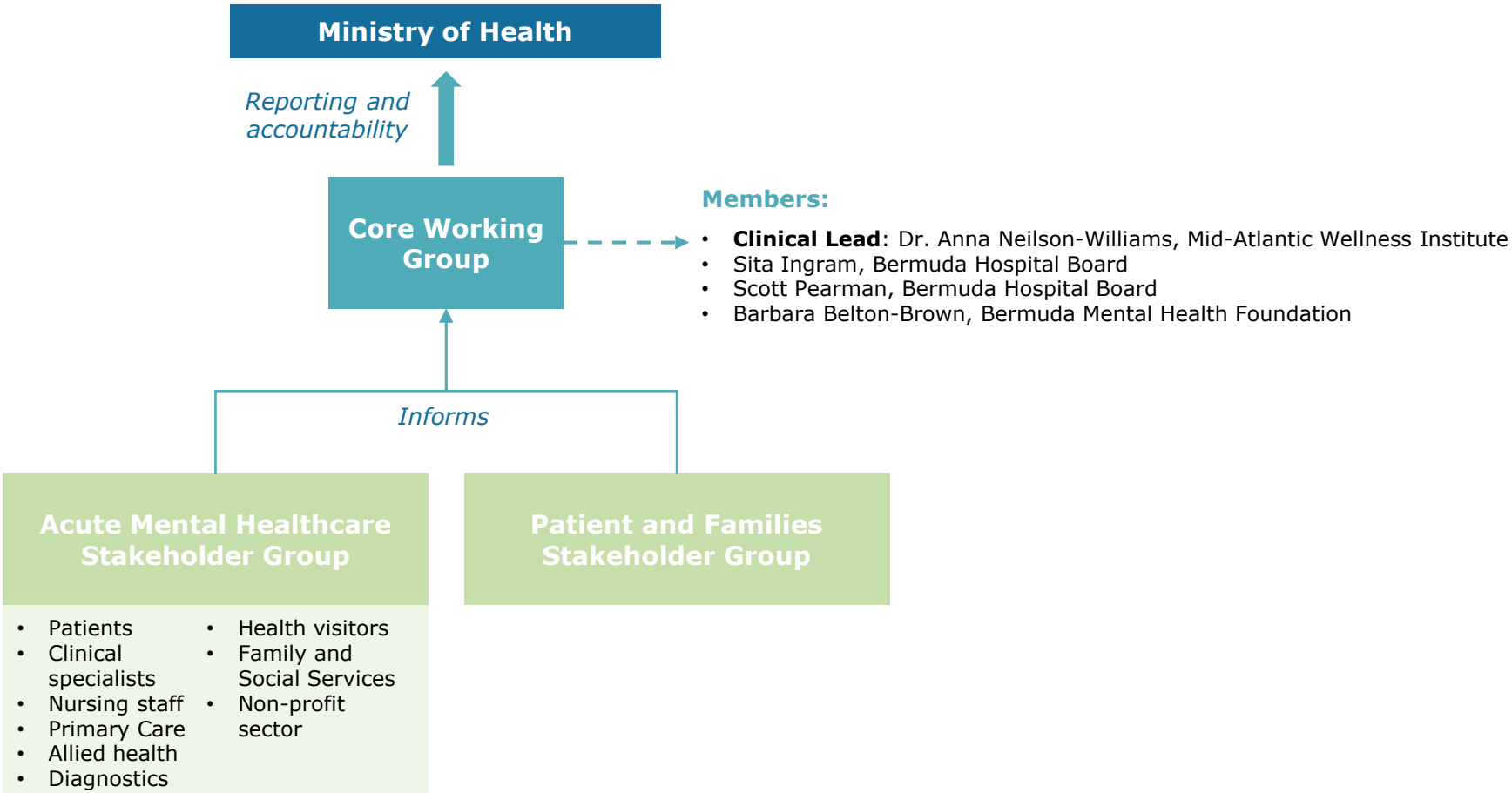


March 2023 → **Mid-June 2023**

1: See Appendix 1 for full literature review and current state scoping review.
2: See Appendix 2 for project stakeholders (except patients and families).
3: See Appendix 4 for detailed results.

A participatory initiative led by a multidisciplinary team

This project relied on the contribution and insights of more than 60 stakeholders and was steered by a core working group of four mental health professionals. All findings were communicated and reported to the Bermuda Ministry of Health.



Appendix 3 provides the detailed list of stakeholders (excluding patients and families for confidentiality reasons)

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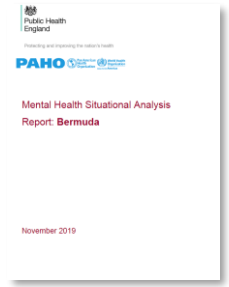
This study builds on previous work

The methodology used in this study relied on a thorough review of the available literature on the current state of mental health services in Bermuda.

Bermuda Health Strategy 2022-2027

- Recognises mental health as of equal importance to physical health
- Emphasis put on prevention
- Long-term ambition to extend healthcare coverage to include mental health



PAHO/PHE Situational Analysis

- Collaboration between PHE and PAHO to assess current mental health situation in Bermuda
- Provides overview of services and resources available.
- Calls for a mapping exercise

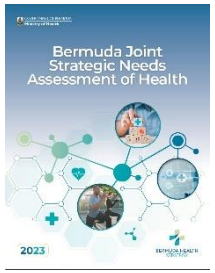
MWI Directorate Plan

- Strategic plan detailing MWI's improvements and developments planned for MWI services on the horizon 2021-2026
- Focuses on moving care into the community

Comparative Situational Analysis (2022)

International Journal of Mental Health Systems

- Situational analysis to support mental health system strengthening in 6 SIDS: Anguilla, Bermuda, BVI, Cayman Islands, Montserrat and Turks and Caicos Islands



Joint Strategic Needs Assessment (2023)

- A holistic and systematic assessment of the health needs in Bermuda
- Provides a high-level view of adult mental health conditions prevalence in Bermuda (based on insurance claims) and set of recommendations

Informed and led to

Appendix 1 summarises the results of the available literature on mental health in Bermuda.

3

Current State: Acute Adult Mental Health Care Pathway

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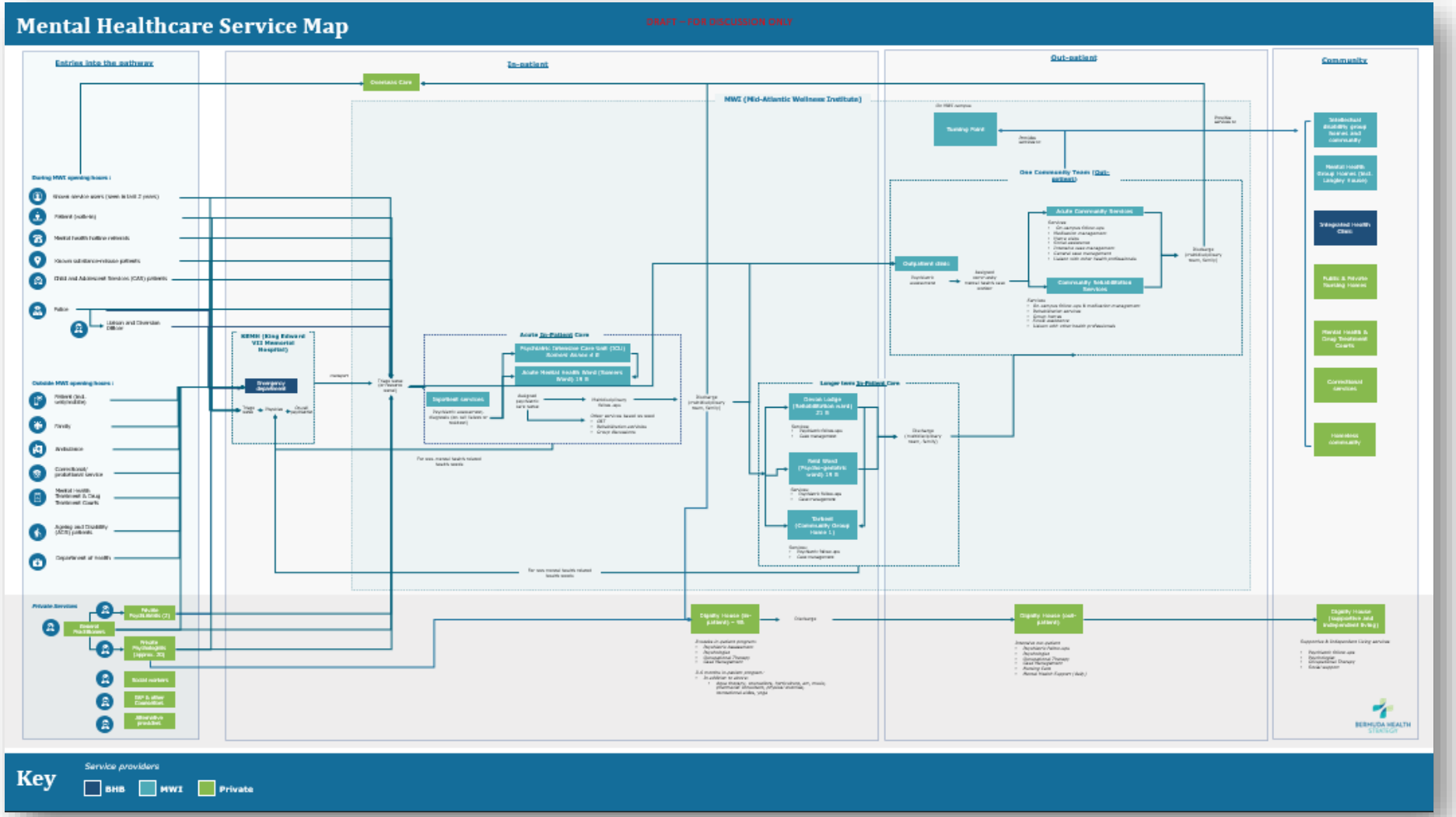
Acute Adult Mental Healthcare Service Map



Bermuda's Acute Adult Mental Health Care Pathway includes both public and private services.

Most in-patient services are provided by the psychiatric hospital, the Mid-Atlantic Wellness Institute ("MWI"), which is a part of the Bermuda Hospitals Boards ("BHB"). In addition to providing in-patient and out-patient mental health/psychiatric services, MWI also services patients with intellectual disability, substance abuse, child and adolescents, and elderly communities. MWI recently opened a residential rehabilitation facility for mental health patients and is in the process of opening a second to move care into the community.

One private clinic, Dignity House, also provides residential care with a rehabilitation focus as well as out-patient services, to a limited number of patients.

Two private psychiatrists provide mental health services in the community. According to the Public Register of Health Professionals, Bermuda also counts around 50 psychologists.

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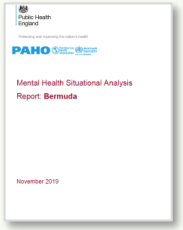
The need for mental health services in Bermuda is high.

The available data, though limited, places mental health as a top public health priority for Bermuda.

Mental health conditions are the **third most prevalent** health condition in Bermuda, at 14.35%.

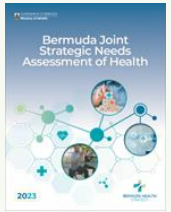


PAHO/PHE Mental Health Situation Analysis (2019)

Mental health was the **second most common** cause of hospitalisation in 2015.

Mental Health Review (2015)

Mental and behavioral conditions are the **fastest growing cause of mortality** in Bermuda*.



Joint Strategic Needs Assessment (2023)

For women, hospitalisations associated with mental health have the **longest length of stay** of any condition.

There is **no population-level data** on mental health conditions prevalence and burden of disease, making **evidence-based** and **needs-based** policymaking challenging.

*age-standardised mortality rates 2010-2019; three-year rolling average for leading cause of mortality

...and is believed to have increased since COVID-19.

A number of worrisome trends have been observed by medical professionals and community organisations alike.

- Based on testimonials from stakeholders, both the **KEMH Emergency Department** and the **court system** have been seeing more young adults presenting with **suicidal ideation and self-harm behaviors** since the Covid-19 Pandemic began.
- Survey respondents **aged 18 to 25 years old** rate their mental health at 5.96/10 on average, which is 17% lower than the average for the whole community.
- In a survey conducted by BHB in October 2022, **22% of respondents** felt their **mental health had declined** compared to before the Pandemic.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Pandemic-induced mental health issues on the rise

Jessie Moniz Hardy

Updated: May 04, 2022 07:55 AM

6 Comments

90 Shares | Share | Tweet | Share

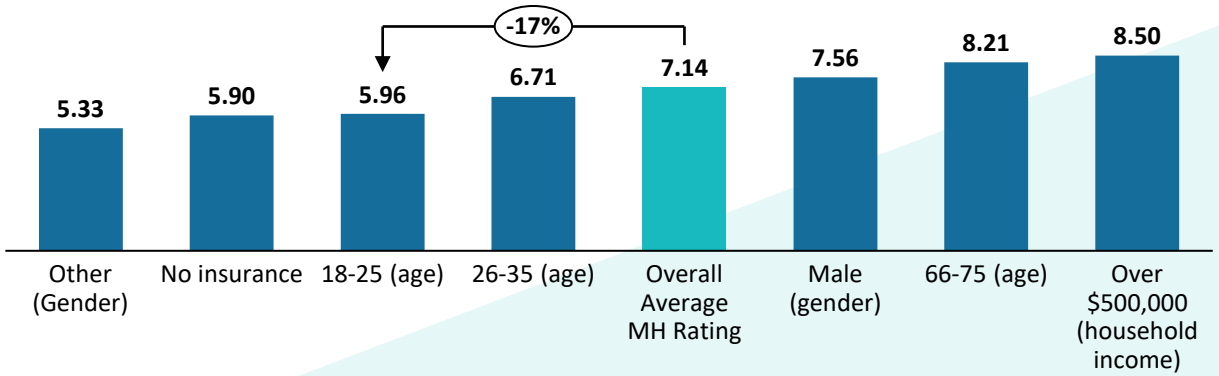
"We are seeing increasing instances of self-harm in kids and suicidal ideation in young people presenting to the court system, this situation is very worrisome."

- Puisne Judge Juan Wolffe

Average self-assessed mental health rating (out of 10) by key demographic characteristics (incl. age range, insurance status, gender, and income brackets), *N= 348*

18-25 was the only age group where **no one ranked their mental health at a 10**.

52% of total respondents rated their own mental health at 7 or lower



However, mental health has received little policy attention

There is no national mental health strategy in Bermuda.

Policy and Strategy

When compared with the Caribbean, Bermuda is the only island **without a mental health plan** or strategy.

Unlike 75% of countries in the Americas, Bermuda does not have **indicators to track** the implementation of mental health policies or initiatives.

There is **no adult protection legislation** in place for individuals aged 18-64 years old, whose mental health condition makes them at risk of abuse or neglect.

Workforce

As opposed to other jurisdictions, there is **no rolling programme of training** to support the mental health workforce.

Promotion and prevention

Even with high levels of stigma, there are no national **promotion or prevention** initiatives in Bermuda.

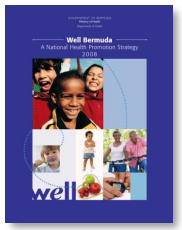
Information systems

Similar to other islands, there is an underdeveloped, **paper-based** system with only recent digitalising and no rigorous local mental health **research.**

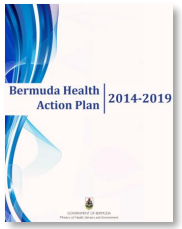
Data

Bermuda does not have **population-level data** on mental health conditions prevalence or burden of disease.

Other relevant health policies relevant to mental health in Bermuda include:

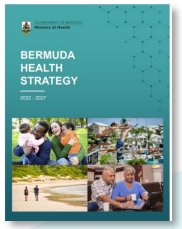


Well Bermuda Strategy (2008)
Includes **three objectives** around mental health.

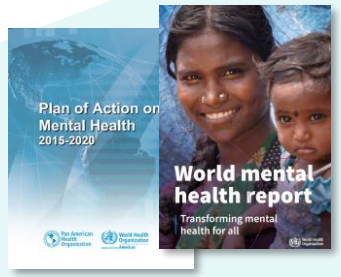


Bermuda Health Action Plan (2014-2019)
Includes one objective regarding access to mental health services.

Ministry of Health Roadmap (2020)
Few mentions of mental health.



Health Strategy (2022-2027)
Recognises mental and physical health's equal importance. Emphasises prevention. Intention to extend health coverage to include mental health.



Countries worldwide have signaled considering mental health as **equivalent to physical health**, committing to **meet global targets** for improved mental health.

Cost and stigma seem to be major barriers in accessing care.

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44% of the respondents to the Survey indicated having experienced barriers to accessing care. Results show the younger population has experienced more barriers to care, with 60% of respondents being 18-35 years old. Of the four main barriers below, cost ranked first and stigma second.

What are some of the barriers that you have experienced in seeking mental health services?

Cost

"Because if you don't have the money to pay, you have to **go through so much just to get help** or almost want to commit suicide just to seek help."

"**Cost is prohibitive** even after insurance, to pay $150 - $300 per session after insurance and no mental health challenge without multiple sessions. Choice is feed my family or get help for myself."

"I have to **choose between getting treatment for myself or for my child** and I choose the latter."

"Public healthcare (through MWI) was VERY poor. Limited access to ongoing services. My experience with my private therapist has been excellent. It is a shame people without access to private care are **not able to receive the same level of support**."

Stigma

"Because I feel **embarrassed and ashamed** about needing help."

"**Stigma**, a fear of being perceived as overreacting about things that have happened to me."

"**Stigma** - mental health never existed in our community. You had to "get over it.""

"**Stigma** associated with attending MAWI."

Privacy

"Knowing most of the care providers."

"I felt that I could not be completely open and honest. I am aware the Bermuda is a " small" place and hence **everyone knows everyone**."

"**Confidentiality is questionable** and the Island is too small so sorted out everything myself. This may not work for others that may have been in more dire need."

"Prefer mental health services off-island due to **lack of trust in the community** of professionals."

Awareness of the Pathway

"I was **not aware of the services** that exist to support me."

"**Not knowing where** to seek care outside of MWI."

"I almost gave my daughter up because I felt there was **nowhere for me to get the help I needed** as she deserved better."

"**Uncertainty of process** was the greatest barrier for me. It was hard to gain clarity during the low periods and my knowledge of resources grew as things settled without intervention."

"**Need a clear path** and **contacts documented** for resource availability and process when experiencing a mental health crisis."

80% of respondents with **no insurance** have said they have experienced barriers to accessing mental health care, compared to an average of 44% in the wider Community.

24% of respondents experienced **stigma** in accessing mental healthcare. This is highest among those aged 18-35, at an average 36.5%. Stigma is also significantly higher for those without insurance, **at 60%.**

There is no public, early-intervention mental healthcare services available in the community in Bermuda.

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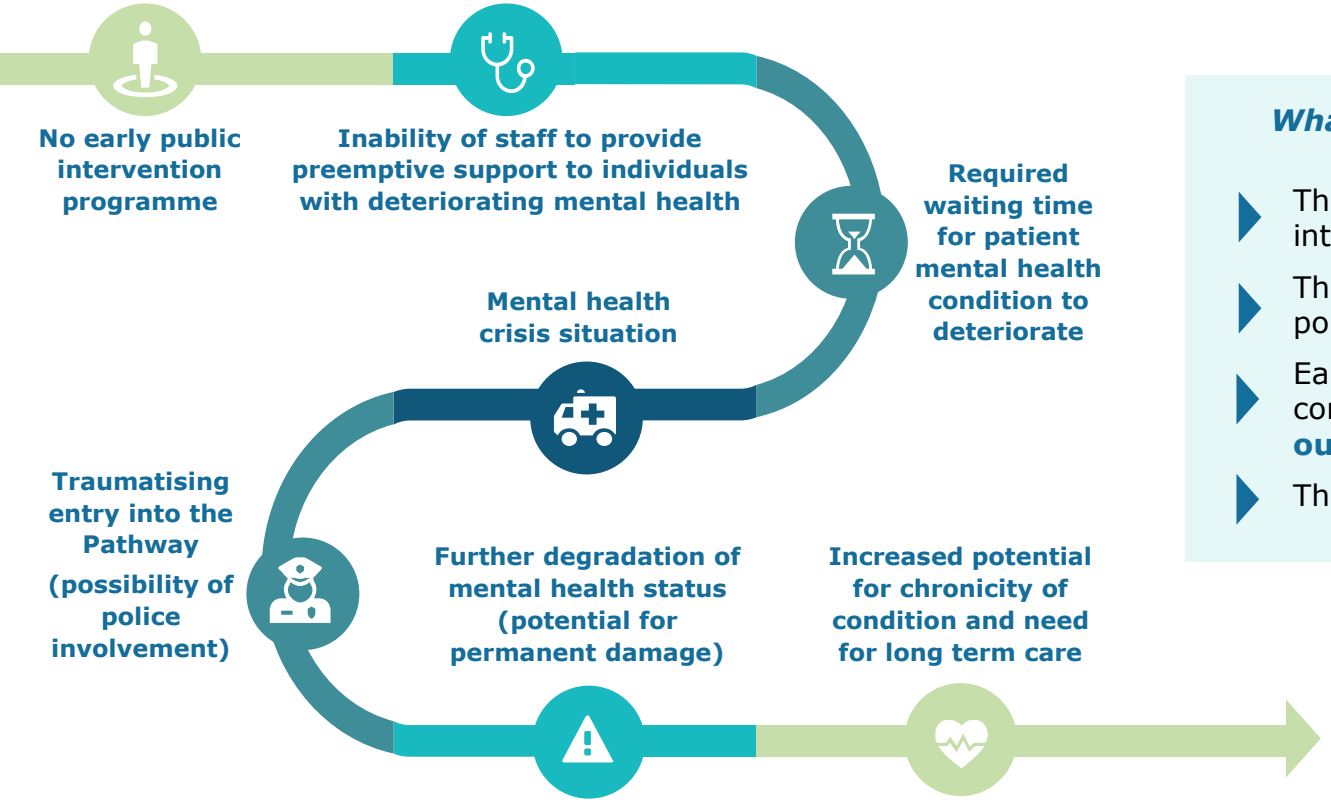
With current resource levels and legislations in place, public services are only accessible to the most acute patients, in a hospital setting. This has important consequences on patients' potential for recovery, patients' experience of the Pathway, as well on the financial cost associated with providing care.



What are Early Detection and Intervention Programmes for mental health?

- These programmes **detect and support** those at risk of mental health issues, intervening early to prevent or minimise conditions.
- They use **screening**, **assessment**, and targeted **interventions** for specific populations.
- Early identification and action aim to **prevent the impact** of mental health conditions, promoting recovery and well-being. It leads to improved **treatment outcomes**, reduced **hospitalisations**, and better **quality of life.**
- They are typically located **in the community (not in the hospital).**

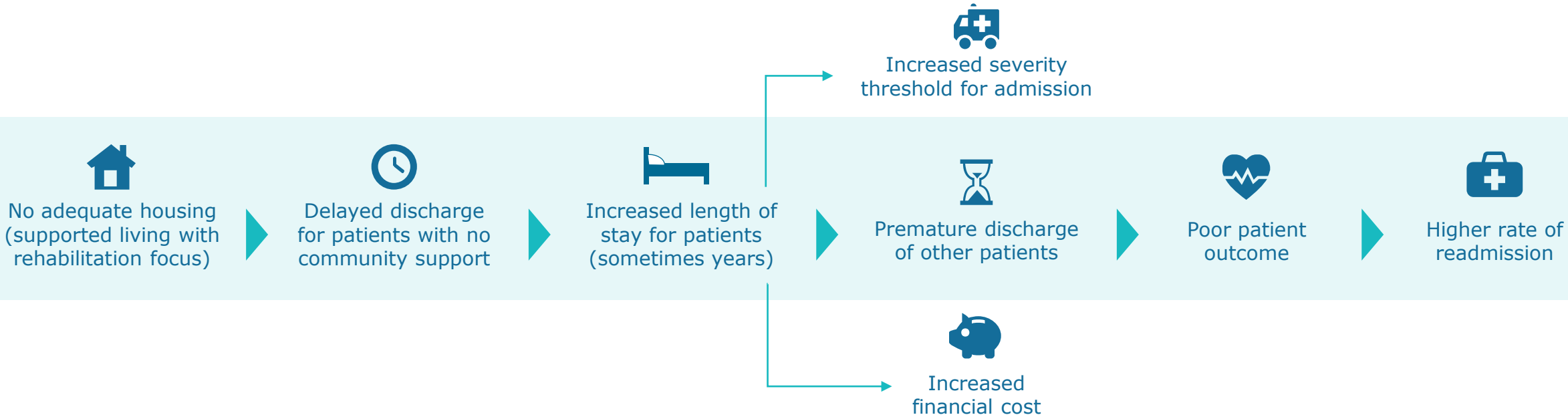
*"You have to **wait for patients to get so acute they are a danger to themselves or to others**, when it's basically too late to hope for a full recovery. It's **one of the most challenging things** I have had to do in my career and in my life."*

- Public mental health professional

In recent years, countries such as Australia, the United Kingdom, Norway, and Canada have invested considerably in early intervention mental health programs (see Appendix 1, page 67 for programme examples).

There is a lack of adequate housing options for hospital discharge.

Unlike in other jurisdictions, there are no stepdown houses in Bermuda, which has a cascading effect on care delivery and the patient experience of the Pathway.



*"The **lack of appropriate housing with a rehabilitation focus** prevents MWI from being able to discharge patients back into the community. It actually leads to the most acute patients being discharged first, as chronic patients take up beds. This creates a number of risks, both in the hospital and in the community."*
- Mental healthcare professional interviewed

*"When the hospital had to discharge (the patient) early and **I knew I couldn't take care of him at home** because his situation was still very bad, **I begged them to help me.** I told them it was like putting a gun to my head."*
- Family interviewed

Bermuda's current model of mental healthcare is financially unsustainable.

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High-cost Care Model

Whereas countries around the World are moving to a **de-institutionalised** model of care, psychiatric care, known for being high-cost, still accounts for a **large majority of expenditure** in Bermuda (76% in Bermuda vs. 67% globally).

Direct Spend

The direct spend on mental health conditions equals **0.95% of GDP** or **8 cents of every dollar** spent on healthcare, placing a substantial economic burden on Bermuda (excluding out-of-pocket expenses, social security, legal costs, in/direct losses in productivity, education losses, and early death). Direct spending on mental healthcare in Bermuda is particularly high because of the **inability to discharge patients from the hospital**, as services in the community are nonexistent.

Indirect cost

The Lancet estimates the global economic burden of mental health in 2022 to be USD 5 trillion, with regional losses between **4% of GDP** in sub-Saharan Africa to 8% in North America. At 4%, this would represent USD 291 million in Bermuda.

Service overuse

Mental health is a leading cause of **Emergency Department (ED) overuse** at BHB (see below).

Breakdown of the top 25 BHB superusers for ED, top 20 most frequent discharge diagnoses

ICD-10 Code	Diagnosis	Frequency
J45901	Unspecified asthma with (acute) exacerbation	28
J441	Chronic obstructive pulmonary disease with (acute) exacerbation	27
K7460	Unspecified cirrhosis of liver	23
O210	Mild hyperemesis gravidarum	20
D649	Anemia, unspecified	14
D5700	Hb-SS disease with crisis, unspecified	12
D66	Hereditary factor VIII deficiency	12
F419	Anxiety disorder, unspecified	11
Z431	Encounter for attention to gastrostomy	11
N390	Urinary tract infection, site not specified	11
K5900	Constipation, unspecified	9
R079	Chest pain, unspecified	7
F411	Generalized anxiety disorder	7
Z609	Problem related to social environment, unspecified	7
R1110	Vomiting, unspecified	6
K769	Liver disease, unspecified	5
D469	Myelodysplastic syndrome, unspecified	5
R188	Other ascites	5
R45851	Suicidal ideations	5
R109	Unspecified abdominal pain	5

Mental health conditions, when combined, account for at least **30 visits** made by top 25 superusers, ranking **1st in frequency** as cause of overuse

For the top 25 superusers of BHB Emergency Department, mental health may also be a **contributing factor in attendance** for other presentations

The following section details the **key challenges** identified throughout the Care Pathway.

4

Challenges and Pain Points

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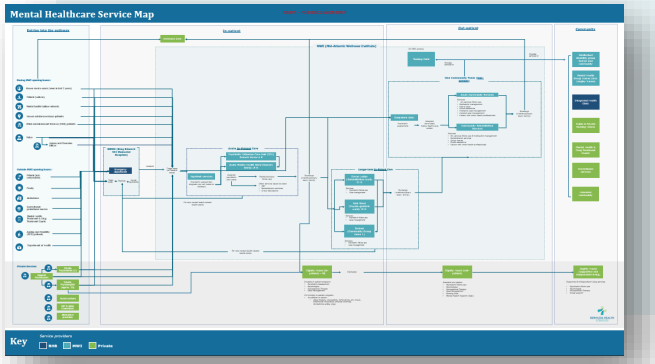
30 challenges have been identified along the Pathway.

1 Prevention

1. **No available data** on community needs for mental health services
2. **No public, early intervention** care or programme available (for non-acute mental health)
3. **Little public knowledge and awareness** of the Pathway (where to go to seek services & admission criteria for different services)
4. **Little population knowledge** of mental health and high **stigma**, particularly around MWI



2 Entry into the Pathway

5. **Multiple and unstandardised** entry points into the Pathway, leading to confusion for patients & medical professionals
6. **First responders & police with insufficient mental health training** (& consequence on patient experience)
7. **Multiple handovers** between Emergency Department and MWI mobilising resources (EMS, police, etc.)
8. **Issues in accessibility** for certain demographics (e.g., young adults, seniors, new mothers, under-insured non-acute patients, and mental health professionals) because of service gap, cost and admission criterial
9. **Location** of MWI for accessibility
10. **Delays in pathway entry** through commitment orders for the forensic community as a result of outdated regulations

3 In-patient

11. **In-patient wing** at MWI in need of **repairs and improvements** regarding the layout of the premises
12. **Safety issues at MWI** with mixed communities and needs on the acute wing – no purpose-built in-patient setting for the **forensic community**
13. **Medically centred model of care** with limited complementary treatment to medication management for admissible patients
14. **Little perceived patient and family involvement** in care plan development and no formal support provided to families
15. **Lack of residential care** for admissible patients

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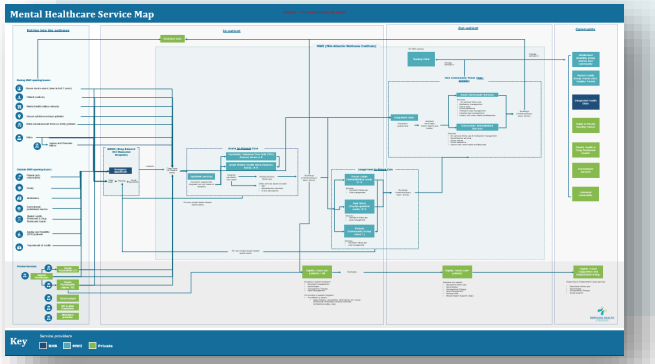
30 challenges have been identified along the Pathway.

4 Discharge

16. **Ward rounds** and discharge conversations are **intimidating** for patients at MWI
17. **Challenges in the communication** of care plan to patients and families upon discharge because of privacy policies at MWI
18. **Lack of bed flow: delayed discharges** for at-risk patients with no community support (results in prolonged stays on the acute wing) and **early discharges** because of in-patient unit overflow (and associated risks) at MWI



5 Out-patient

19. **Sustained staff shortages** at MWI
20. **Expansion of low-level severity** cases treated at MWI creating overflows
21. **Inaccessibility of MWI location** for follow-ups
22. **Decrease in rehabilitative services** offered with major impact on patient experience post-COVID-19 (MWI) and **no private alternative**
23. **Multiple handovers** in case management between different clinical colleagues at MWI
24. **Wait times** and **prohibitive costs**
25. **No tailored services** for young adults, new mothers, seniors, or mental health professionals

6 Care in the Community

26. **Need greatly exceeding the available offer** for acute patients' housing
27. **Low to no engagement with community organisations** around mental health services and awareness on the part of medical organisations (private clinics, MWI, KEMH)
28. **Unaddressed social needs** of clients (financial assistance, home setting, access to services, etc.)
29. **Lack of coordination** between private clinics, MWI, and KEMH around patient information and case management
30. **Revolving doors** for forensic clients between MWI and detention

The following pages detail each challenge.

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Challenges around prevention

1 No available **data on community needs** for mental health services

Bermuda does not have population-level data on mental health conditions prevalence and burden of disease, making needs-based policy making challenging.

2 No **public preventive** or **early intervention care** available

There is no publicly available preventive or early intervention care available for patients at risk of developing acute mental health conditions; only publicly available services are for acute and chronic case management (see page 16).

3 Little **public knowledge and awareness** of the Pathway

People in the community do not know where to go seek services and associated admission criteria. This applies to patients, families, and medical professionals alike.

4 Little population knowledge of mental health and **high stigma**, particularly around MWI

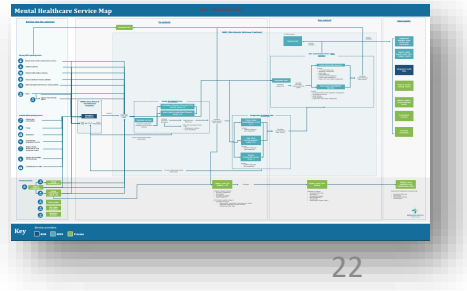
Knowledge of what mental health conditions are, how to recognise early signs of challenges, and the consequences of untreated mental health problems are very limited, leading to negative attitudes towards mental health and stigma.

*"There is **so much unaddressed need** in the community. People would rather stay sick than go to MWI."*
- Survey respondent

*"**No one could tell me** what to do or where to go before it was too late. No one would return my calls."*
- Patient interviewed

*"You **have to wait** for patients to get acute before you're able to see them."*
- *Mental healthcare Professional*

*"Care provided at MWI is **not well understood by the community** – no one knows what happens up there, and it fuels preconceived ideas."*
- Community Organisation interviewed



BERMUDA HEALTH STRATEGY

Challenges around entries into the Pathway

5 **Multiple** and **unstandardised** entry points into the Pathway

21 entries into the Pathway have been identified, making the orientation of patients and coordination of services highly unstandardised, and negatively impacting patients' and families' experience of the Pathway.

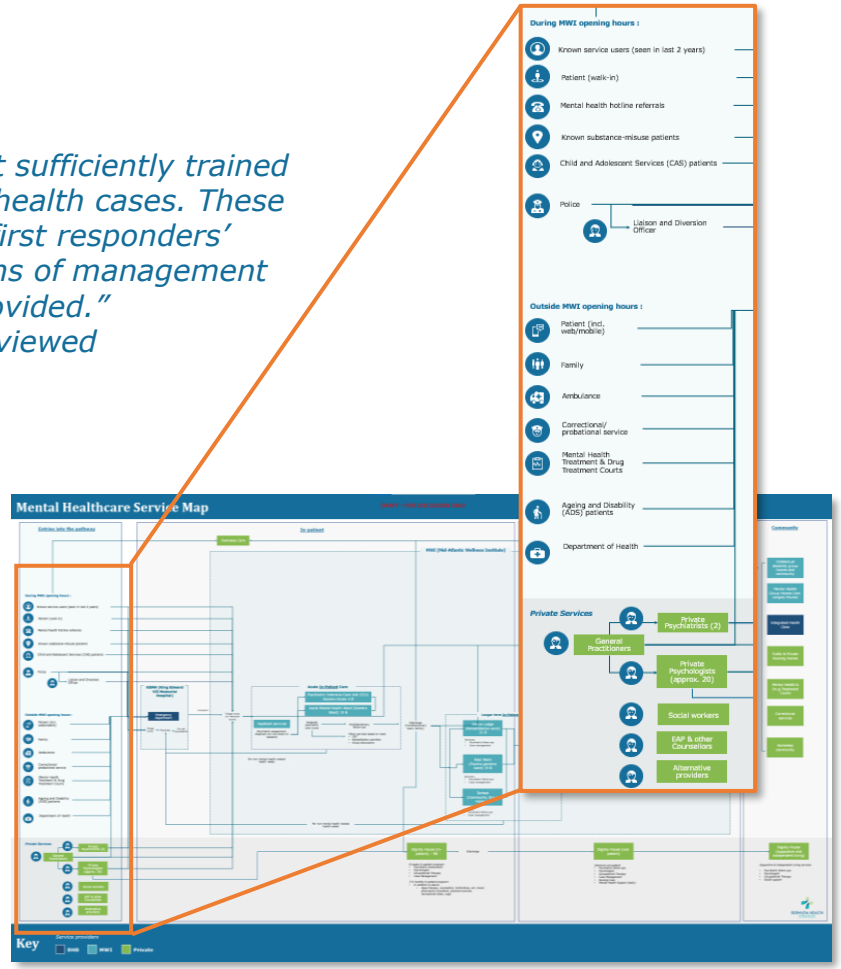
6 First responders & police with **insufficient mental health training**

First responders and police officials have very limited training in recognising and handling mental health clients, leading to poorly handled encounters and suboptimal care, which can contribute to patients' deteriorating mental health status.

7 **Multiple handovers** between Emergency Department and MWI, mobilising resources (EMS, police, etc.)

Patients can be sent back and forth between the Emergency Department and MWI multiple times, as neither location offers the full range of services necessary for mental health clients. This significantly increases the risk of medical errors. When the patient is accompanied by EMS or police officials, these resources have to be held at either location for long periods of time.

*"First responders are not sufficiently trained to handle acute mental health cases. These cases are currently first responders' **weakest point** in terms of management and care provided."*
- EMS interviewed



*"The **police are not equipped** to assess and appropriately handle clients with acute mental health conditions and can, without knowing, escalate situations and **leave "scars" on patients.**"*
- Interviewee

BERMUDA HEALTH STRATEGY

Challenges around entries into the Pathway

8 Issues in **accessibility** for certain demographics

Five demographics have been identified as experiencing particular challenges in accessing care: young adults, seniors, new mothers, under-insured non-acute patients, and mental health professionals. These challenges pertain to the cost of services, the lack of adapted services, and admission criteria.

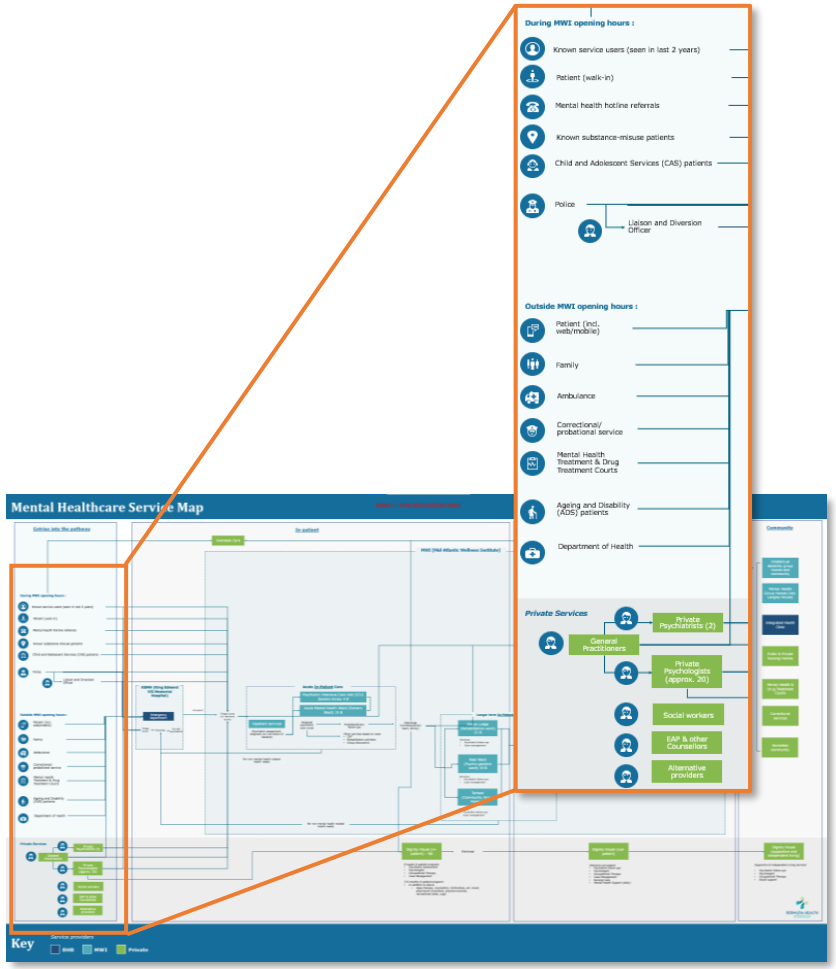
9 **Location** of MWI for accessibility

MWI is not easily accessible by public transport, which deters people from seeking services. There is only one bus running to MWI.

10 **Delays in pathway entry** through commitment orders for the forensic community

The current legislation dictates burdensome administrative processes that delay patients receiving care and pose a security risk in the context of forensic clients.

*"The process of entering in the Pathway was **terrifying**, especially in the condition I was in at the time."*
- Patient interviewed



BERMUDA HEALTH STRATEGY

Challenges around in-patient care

11 MWI in-patient wing in **need of repairs and improvements** regarding the layout of the MWI premises

The MWI building is decrepit and uninviting to patients. Lack of resources means the use of non-electronic tools for patient management (whiteboards), with a very minimal degree of patient files digitisation, increasing the possibility of errors in handovers.

12 **Safety issues** with mixed communities and needs on the acute wing of MWI

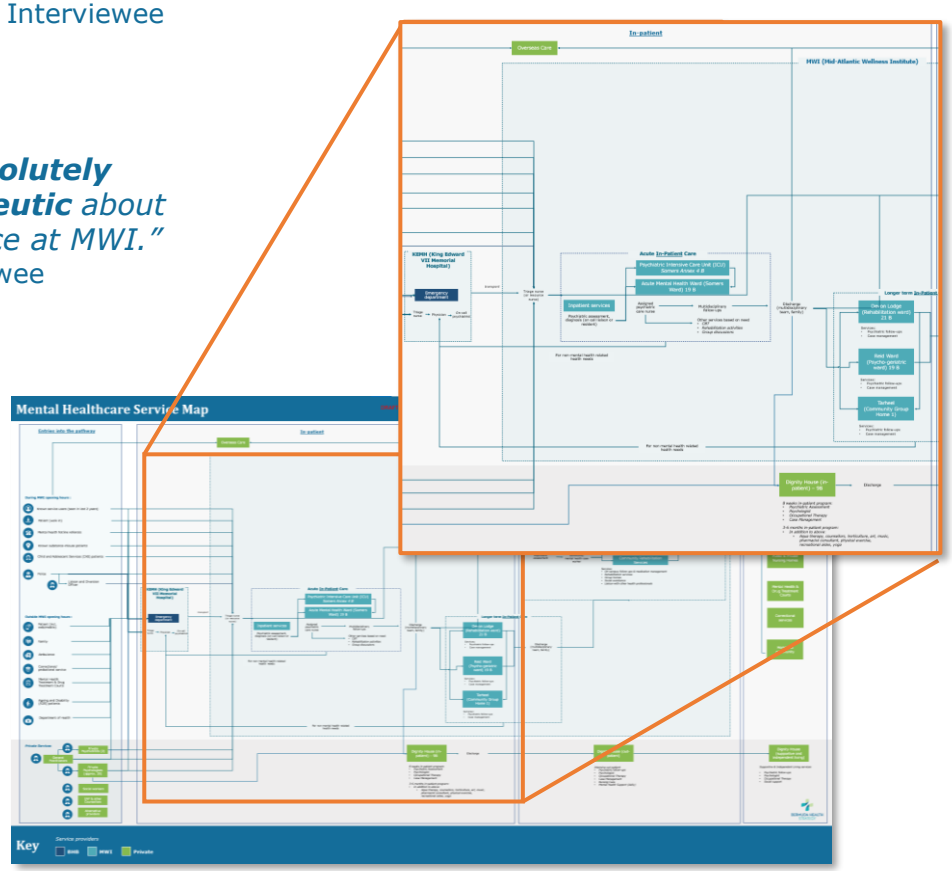
The current layout of the in-patient premises at MWI is inadequate in ensuring patients' security, especially women. There are no dedicated spaces for different patients' needs; forensic community, acute long-term patients, or patients on suicide watch all share a common space.

13 Medically-centred model of care with **limited complementary treatment** to medication management for admissible patients

The limited resources available do not allow for a comprehensive set of services to be provided to patients beyond medication management, including psychological support, vocational activities, and supportive services. Some private clinics are able to provide such range of services, but at great cost to patients.

*"The staff at MWI is really **doing their best**, it's just a dire need for more resources that are creating this whole situation."*
- Interviewee

*"There is **absolutely nothing therapeutic** about the physical space at MWI."*
- Interviewee



*"90% of the things that go on at MWI are **not mental health.**"*
- Interviewee

BERMUDA HEALTH STRATEGY

Challenges around in-patient care

14 Little perceived **patient and family involvement** in care plan development at MWI

Patients and families have communicated feeling close to no involvement in developing care plans and choosing care modalities. Mental healthcare professionals must balance family involvement with matters of privacy.

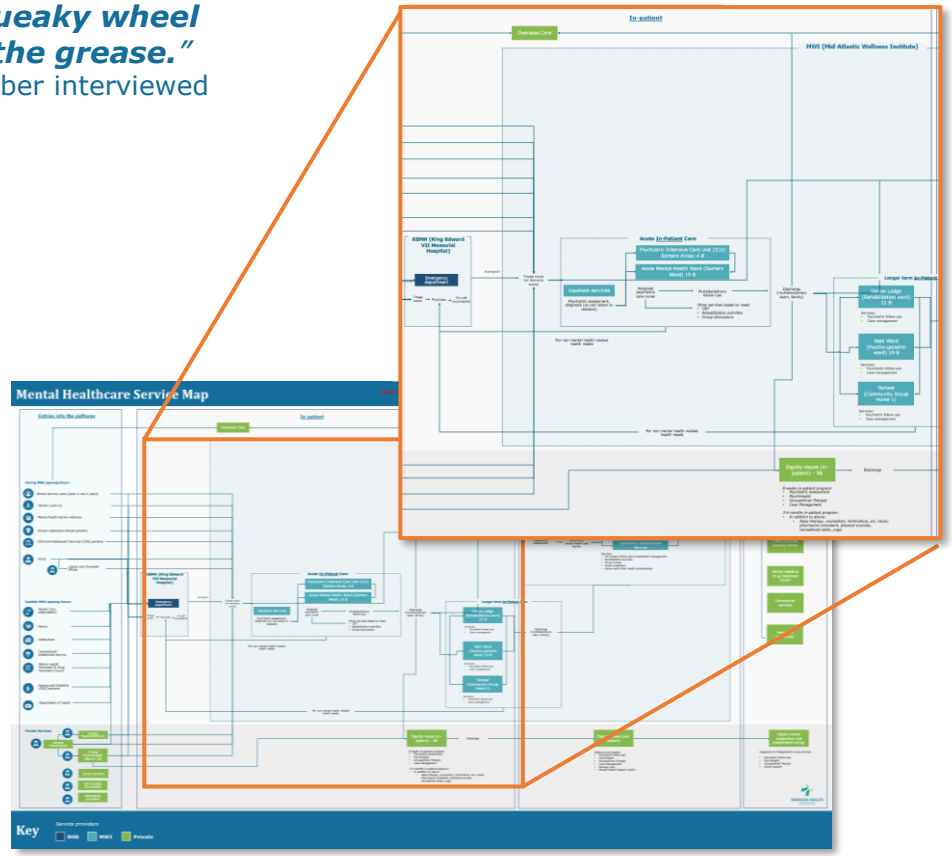
15 Lack of **residential care** for admissible patients

Only one facility (private) currently offers residential care with a rehabilitation focus on the Island, which is insufficient to meet the community's needs. This prevents MWI from being able to discharge patients from an in-patient setting. This also forces clients with the financial means to seek care abroad, at great expense.

*"The care patients receive **should not depend on whether or not they have family** fighting for them. People that don't have their family to advocate for them are **just dumped at the Hospital.**"*
- Family member interviewed

*"You have to **chase for days** to speak to someone and **beg for information.**"*
- Family member interviewed

*"It's the **squeaky wheel that gets the grease.**"*
- Family member interviewed



BERMUDA HEALTH STRATEGY

Challenges around discharge

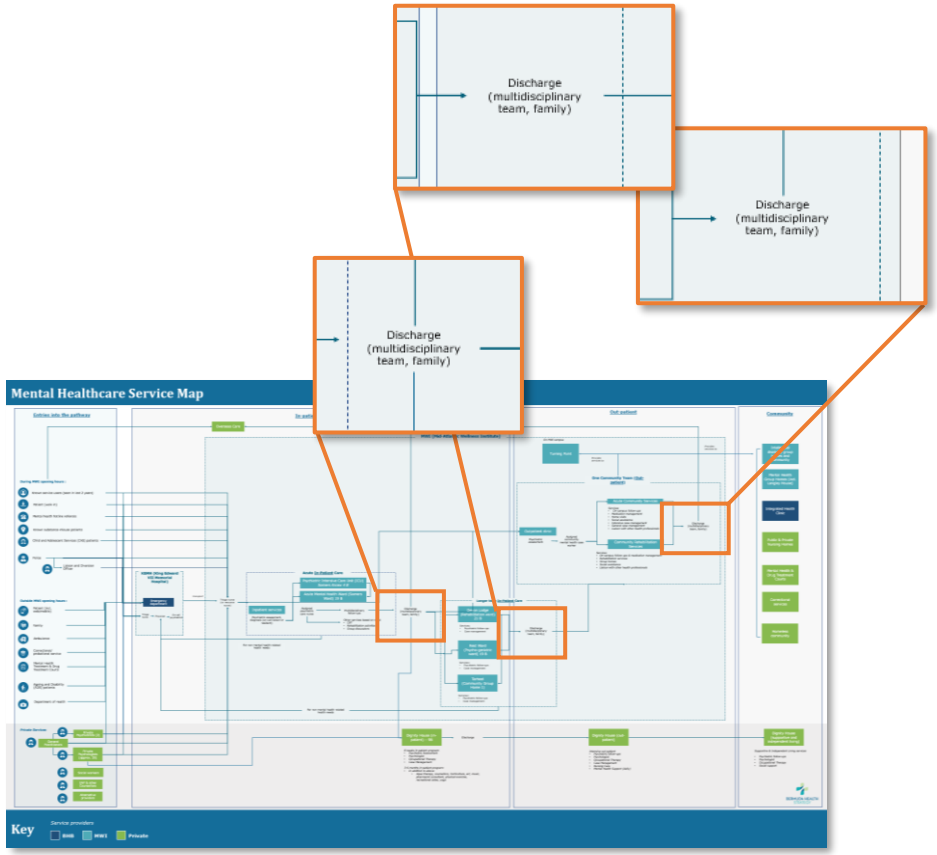
16 Ward rounds and discharge conversations are **intimidating** experiences for MWI patients.

Patients recall discharge conversations that include a multi-disciplinary panel of mental health professionals, as threatening, and not fully understanding their purpose.

17 Challenges in the **communication of care plan** to patients and families upon discharge because of privacy policies at MWI

Patients and families have communicated receiving very little information and guidance on care plans following discharge. In the case of uncooperative adult patients, the Hospital is unable to share care plans and medication regimens with families or other medical professionals for privacy reasons.

*"We were left with a bag of pills, **I still didn't know what I had** and I was sent home. Thankfully, I had a friend who was a doctor and could explain to me what I needed to take and why."*
- Patient interviewed



BERMUDA HEALTH STRATEGY

Challenges around discharge

18

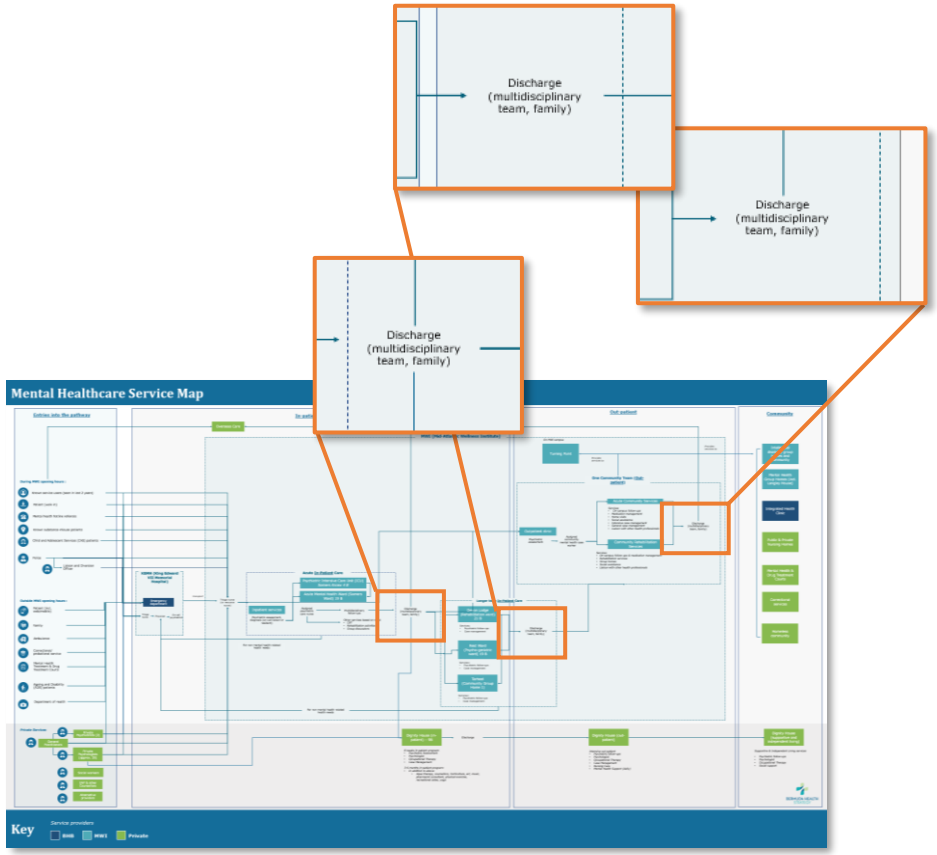
Lack of appropriate housing for discharge from MWI creating bed blocks: delayed discharge for at-risk patients with no community support results in very long in-patient stays in the acute wing. In-patient unit overflow then results in early discharge for some patients, with associated risks.

The lack of community-based care options and adequate resources results in delayed discharges and increased length of stay for some patients (sometimes years).

This, in turn, leads to an increased illness severity threshold for admission, higher involuntary admissions, and premature discharges for other patients, resulting in high rates of readmission and poor patient outcomes.

*"The **lack of appropriate housing with a rehabilitation focus**, prevents MWI from being able to discharge patients back into the community. It actually leads to the most acute patients being discharged first, as chronic patients take up beds. This creates a number of risks, both in the Hospital and in the community."*

- Mental healthcare professional interviewed



BERMUDA HEALTH STRATEGY

Challenges around out-patient care

19 Sustained MWI staff **shortages**

Approximately 50% of the staff positions are currently vacant at MWI and high turnover has been experienced in the last two years. MWI struggles to retain existing staff because of burnout delays service delivery. Long delays in receiving follow-ups from psychiatrists.

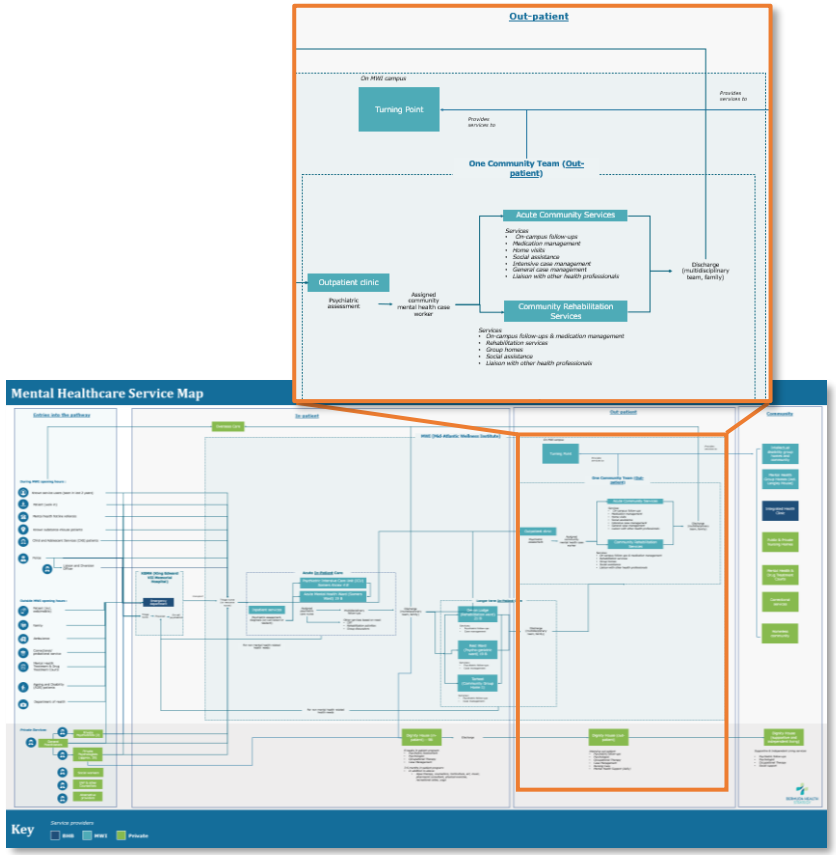
20 Expansion of low-level severity cases treated at MWI creating **overflows in caseloads**

The lack of non-acute, preventive, or early intervention public programmes in Bermuda forces MWI to serve non-acute patients. Out-patient case managers at MWI have caseloads between 80 and 100 patients, compared to international best practices of around 20-30.

21 **Inaccessibility of MWI location** for follow-ups

MWI is not easily accessible by car or public transport and has opening hours between 8:30 AM and 4:30 PM, making it challenging for patients to go to their follow-up appointments. The stigma associated with the physical location of MWI also contributes to the high level of no-shows to follow-up appointments.

"I really feel for the Mental Health Community Team at MWI, they've had so much turnover. The workload is not sustainable, and not safe for patients (…) some patients are bound to fall through the cracks and get readmitted to hospital because you can't keep up with them as outpatients."
- Interviewee



BERMUDA HEALTH STRATEGY

Challenges around out-patient care

22 Decrease in **rehabilitative services** offered with major impact on patient experience post-COVID-19 at MWI and no private alternative

Rehabilitation services (day activities, vocational rehabilitation, social events, etc.) offered by Allied Health have not resumed since COVID-19, leaving patients without daily socialisation opportunities and support. These activities were a key element of patient rehabilitation journeys. There are no private alternatives to these services.

23 **Multiple handovers** in case management between different clinical colleagues at MWI

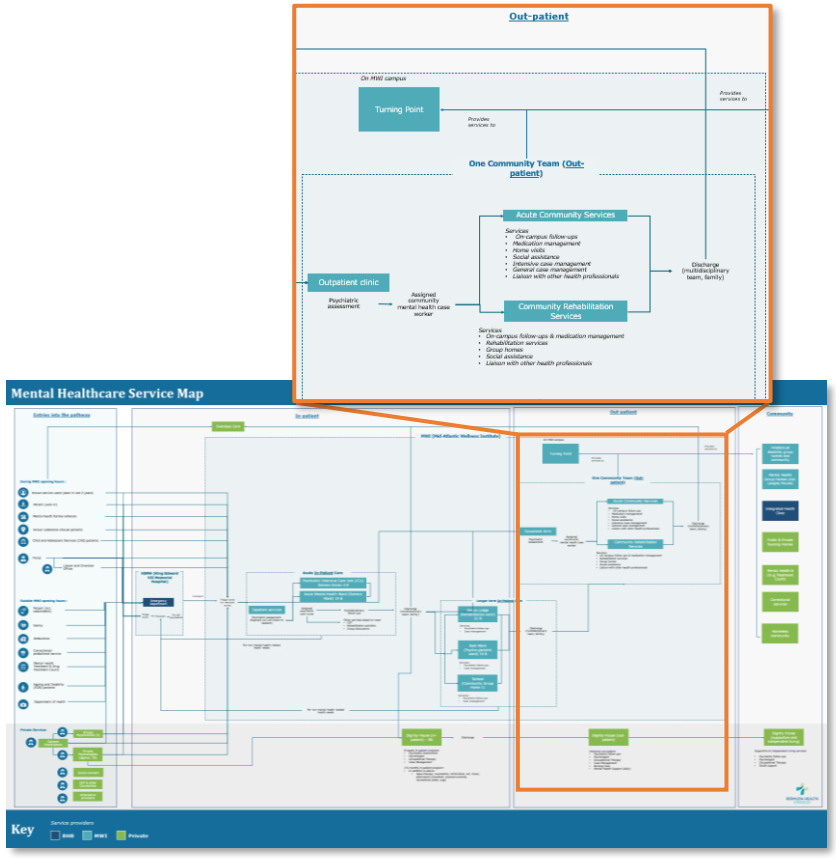
Staff shortages and internal team reorganisations have led to multiple case handovers between mental health professionals, leaving patients and families confused. The merge of the acute and rehabilitation teams into a single One Community Team has not been finalised.

24 **Wait times** and **prohibitive costs**

Private psychiatrists and psychologists have waiting lists ranging from three weeks to six months. Co-pays under the most generous private insurance packages still range from $100 to $300 per session. MWI specialists also have long wait times for access to services if not deemed a high or immediate risk (services technically outside of its remit).

25 No tailored services for **young adults, new mothers, seniors, or mental health professionals**

These demographics have specific mental health needs. There are currently no adapted services for them, which represents an important service gap.



BERMUDA HEALTH STRATEGY

Challenges around community care

26 Need **greatly exceeding the offer** in terms of housing for acute patients

Unlike in other jurisdictions, there are no stepdown houses in Bermuda, delaying patient discharge from MWIl. Patients and families have identified safe housing as a priority concern. Patients with acute mental health conditions often struggle to find stable housing, leaving them in precarious situations.

"Incidence of sexual abuse and multigenerational trauma remains unaddressed in Bermuda."
- Survey respondent

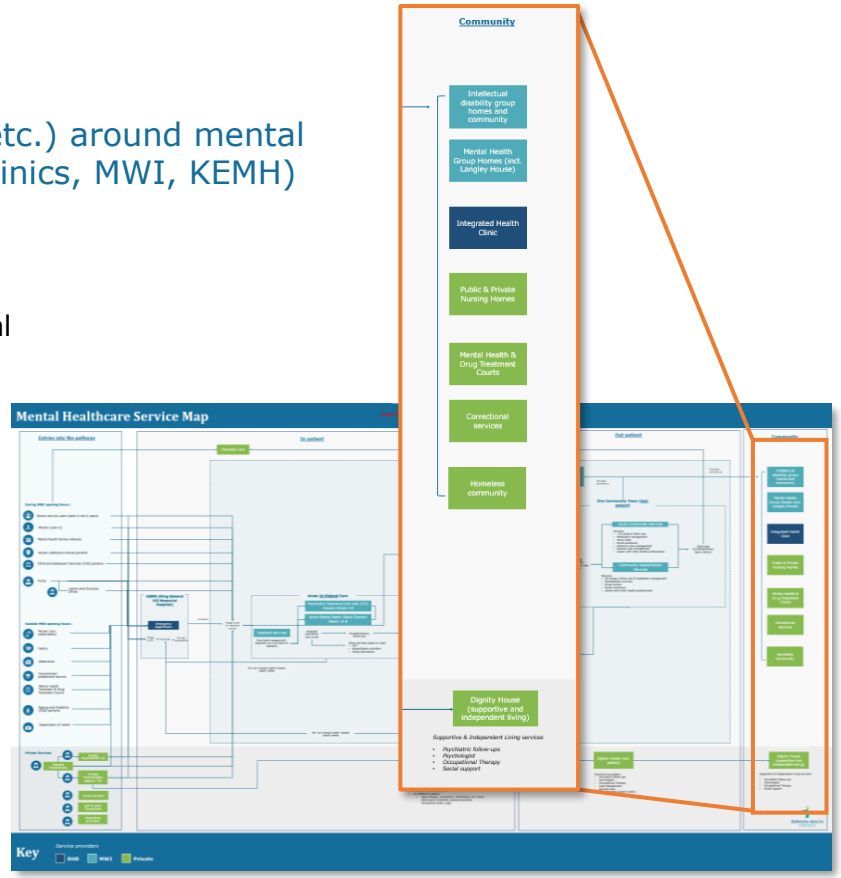
27 **Little to no engagement** with community organisations (e.g., Red Cross, BMHF, etc.) around mental health services and awareness on the part of medical organisations (e.g., private clinics, MWI, KEMH)

There is little to no collaboration on the part of the medical establishment with community organisations that either already provide some level of mental health services or would like to contribute to improving the Pathway. There are a number of missed opportunities to improve awareness of the Pathway in collaborating with such organisations, as well as provide additional rehabilitative and support services to patients that could be offered collaboratively.

28 **Unaddressed social needs** of clients (i.e., financial assistance, access to services, etc.)

High caseloads and lack of resources prevent mental health professionals from systematically providing a more holistic set of services, one addressing patients' social needs, such as their ability to find appropriate housing, apply for financial assistance, access various other social and health services in the community, etc. This has significant impact on patients' health outcomes.

"There is no attention put on the socioeconomic context in which people develop mental health conditions in Bermuda."
- Interviewee



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Challenges around community care

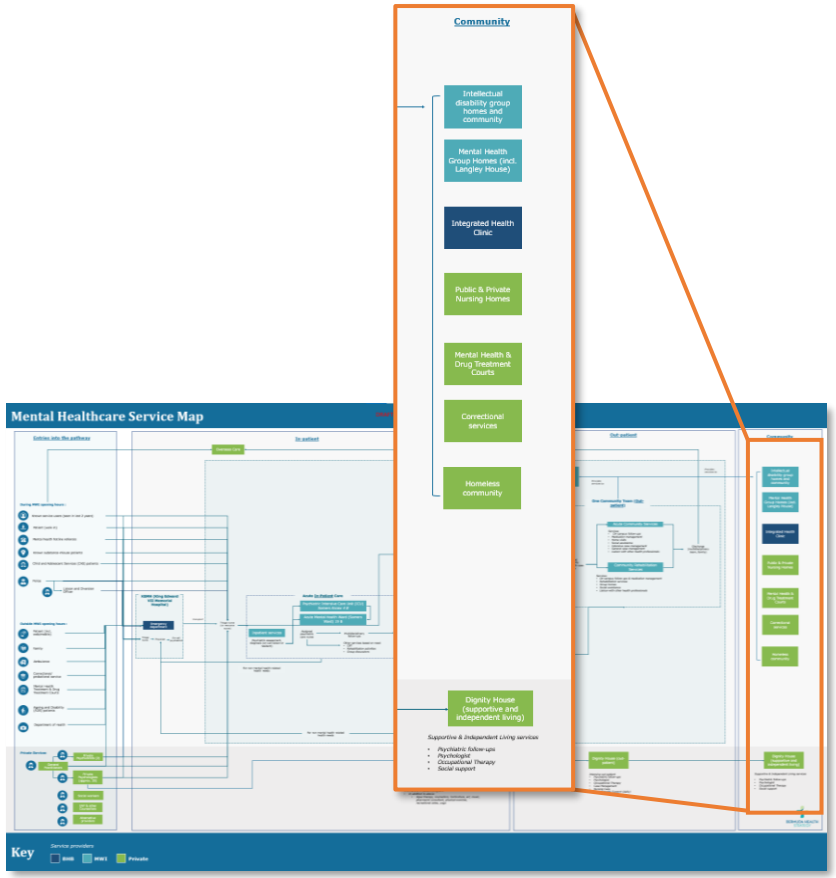
29 **Lack of coordination** between private clinics, MWI, and KEMH around patient information and case management

Two separate forms need to be completed by patients for MWI to be able to receive information from or send information to private clinics. This can be confusing for patients and families and delay communication. Patients are sometimes not made aware of these forms.

30 **Revolving doors** for forensic clients between hospital and detention

Unaddressed medical and social needs often lead acute mental health patients with forensic backgrounds to be in and out of both the MWI and detention repeatedly. There is little awareness by the judiciary, Department of Public Prosecution, or the community more generally about the co-location of forensic patients with other patients at MWI. This co-location has important impacts on patients' and medical personnel's security and experience of the Pathway. The lack of a purpose-built environment to care for the special needs of forensic patients is an important contributing factor.

"There are organisations that are seeking to connect the dots for people, but no one talks to each other."
- Community organisation interviewed



5

Opportunities & Recommendations

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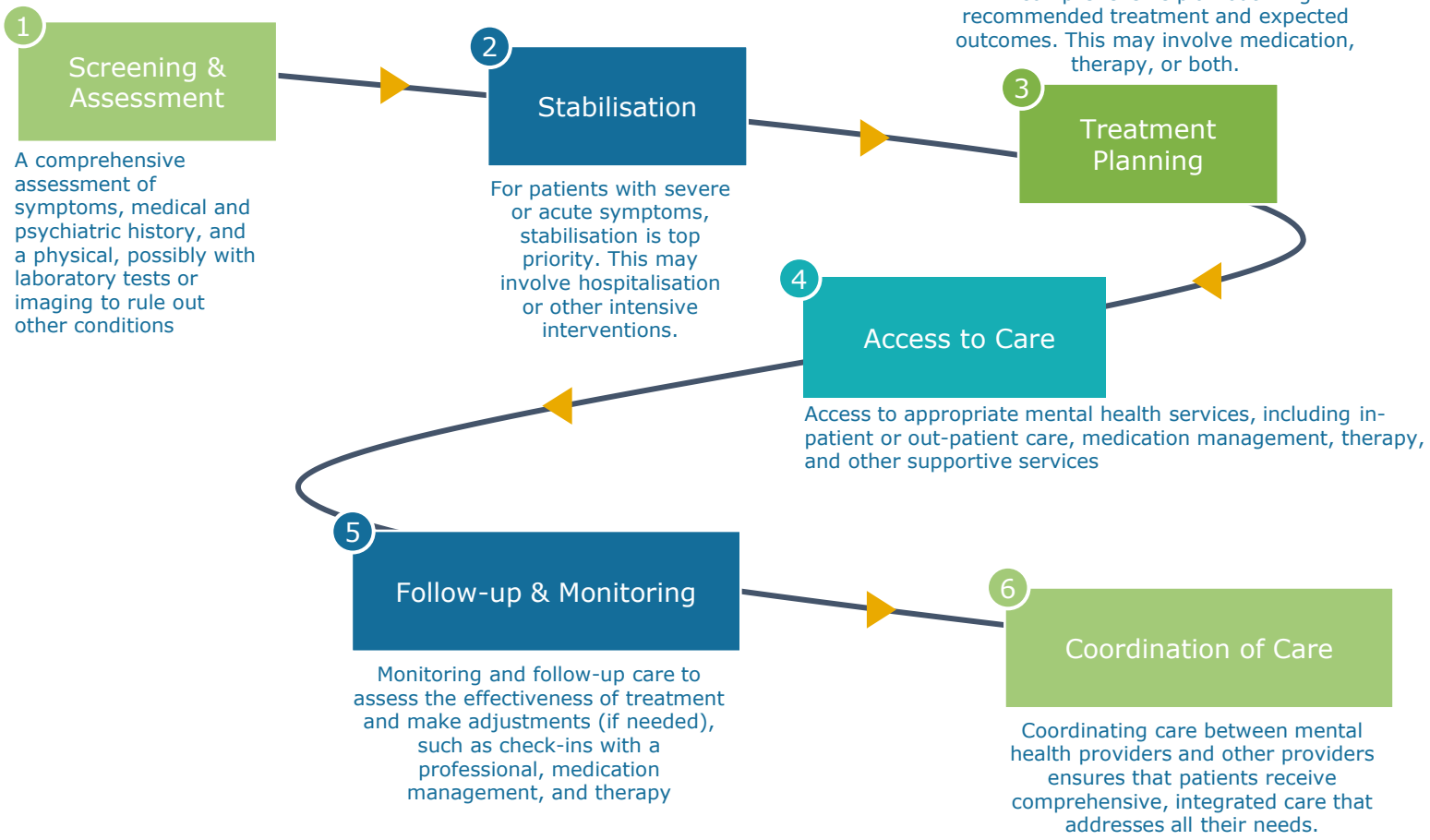
Critical elements of a future mental health pathway

International best practices put forward a number of key care elements and principles to inform the transition to a new model of care for acute mental health treatment.

Care Elements



Principles to Follow

Early Intervention: emphasises early detection, assessment, and treatment of individuals experiencing their first symptoms. This has been shown to improve outcomes and reduce hospitalisations and relapses.

Community-Based Care: developing community mental health centres that provide a range of services, including crisis intervention, outpatient care, and support for individuals transitioning from hospital to community-based care.

Patient-Centred Care: or a "user involvement" approach to mental healthcare that involves partnering with patients and families to develop individualised care plans and involving them in decisions about their treatment.

Stigma Reduction: reduce stigma and improve public awareness of mental health issues through a national campaign or other programmes to encourage discussion and reduce stigma surrounding mental health conditions.

The survey and workshops helped quantitatively prioritise seven policy intervention themes.

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1,117 feedback points from respondents, 52 interviews, and three workshops with stakeholders have helped prioritise the ways in which the Bermuda community would like to see policy address some of the aforementioned challenges.

1. **Design and implement public preventive & early intervention services**
2. **Expand information about existing services**
3. **Raise awareness around mental health and stigma**
4. **Ensure privacy of services**
5. **Integrate mental health assessment and care into the community**
6. **Improve insurance coverage to cover for mental health-related expenses**
7. **Strive to provide culturally appropriate care**

The 20 proposed recommendations detailed in the following slides offer tangible ways to address these policy priorities.

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20 action points are suggested to improve the Pathway.

The current state of mental health services in Bermuda calls for systemic changes. However, in line with the seven policy intervention themes, a number of actions have the potential to considerably improve patient experience of the Pathway and health outcomes in the short- and medium-term.

Short-term

1. Mental Health Forum
2. Alliance for Mental Health Advocates
3. Mental Health Service Repository & Booklet
4. Mental Health Coordination Unit
5. Mental Health Awareness & Prevention Campaign
6. Mental Health Screenings
7. Public Early Detection and Intervention Programme
8. Mental Health First Aid Training

Medium-term

9. Mental Health Needs Assessment
10. Bermuda National Mental Health Strategy & Roadmap
11. Expansion of Integrated Mental Healthcare Pilot Programme
12. Mental Health Services for Mental Health Professionals
13. Patient and Family Support Group
14. Financial Assistance Support
15. Partnerships with Community Organisation

Long-term

16. Business Case for Purpose-Built Central Rehabilitation Environment (Clubhouse)
17. Inclusion in Universal Health Coverage Core Benefits Package.
18. Mental Health Act & Mental Capacity Act
19. Mental Health Patient Council
20. Collaborative Forensic Pilot Programme

6 months — **1 year** — **2 years +**

The opportunities and recommendations to improve the Pathway will call on a wide range of stakeholders to collaborate including Government, patients and families, and clinicians, etc.

● *Actions prioritised by stakeholders*

The following pages detail these opportunities.

Short-term action points to improve the Pathway

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Short-term

1. Establish a **Mental Health Forum** (out of the stakeholder workshop) — regular meetings between all mental health stakeholders (MWI, private clinicians, police, non-profit sector organisations & groups) to share issues, best practices, and provide a forum for MWI to communicate practical details of its plans to move care into the community.
2. Launch the **Alliance for Mental Health Advocates** (patients & families) — an advocacy group aiming to raise awareness about the importance of mental health in the community and advocate for patients and their families.
3. Publish a **Repository** of all available mental health services (taken from Mental Health Service Map, with an associated **Service booklet** — to communicate existing available services (and admission criteria) to the general public and medical professionals.
4. Put in place a **Mental Health Coordination Unit** to create a single point of entry into the Pathway, where a multidisciplinary team of clinicians and operational colleagues are able to point people into the direction of appropriate services (EAP, private clinics, MWI, KEMH, etc.)
5. Launch a public mental health **Awareness and Prevention Campaign** addressing knowledge gaps around mental health conditions and their impact on patients' and families' lives, consequences of stigma, etc.
6. Integrate mental health into primary care by making **Mental Health Screenings** part of annual health screenings conducted by General Practitioners (using existing, free diagnostic tools).
7. Fund a **Public Early Detection and Intervention Programme** - in collaboration with General Practitioners, public clinics, and the Department of Health, design a programme to identify and provide early support to individuals who may be at risk of experiencing early signs of mental health issues (including psychological support, psychiatric care, social support, vocational assistance, etc.)
8. Offer and promote consolidated **Mental Health First Aid Training,** leveraging existing training by the Red Cross, BMHF, and MWI, and promoting the training to first responders, teachers, churches, and public service as a priority.

● *Actions prioritised by stakeholders*

Medium-term action points to improve the Pathway

Medium-term

9. Conduct a **Mental Health Needs Assessment** to ensure resources and services are based on a current assessment of needs in the community and remediate the lack of data on mental health conditions prevalence.

10. Establish the **Bermuda National Mental Health Strategy and Roadmap** through collaboration with all relevant stakeholders, to signal the move towards a patient-centric and community-based recovery model of mental healthcare. The Strategy should be accompanied by key performance indicators (KPIs) to clearly measure progress.

11. Expand the **Integrated Mental Healthcare Pilot Programme** where initial intake for acute mental health services is done at KEMH and follow-ups at the Department of Health.

12. Offer **Mental Health Services for Mental Health Professionals** with particular attention to the privacy of services (telemedicine or abroad care to be considered).

13. Bring back and improve the **Patient and Family Support Group** where people with lived experience (patients or families) are called to support patients and families going through the Pathway themselves.

14. Formalise **Financial Assistance Support** — invite the Government Department of Financial Assistance to hold office hours at the Integrated Health Clinic, where patients and families can have their questions answered and adapted support can be provided.

15. Enable **Partnerships for Services** with community organisations — collaborate with community organisations keen to get involved with mental health services and promotion (e.g., Red Cross, Salvation Army, Bermuda Mental Health Foundation, etc.) and to reintroduce rehabilitation services at MWI.

● *Actions prioritised by stakeholders*

Long-term action points to improve the Pathway

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Long-term

16 Establish the **Business Case** for a purpose-built out-patient clinic in Hamilton to deliver preventive and rehabilitative services **(Clubhouse model)** — a psychosocial rehabilitation approach that provides patients with a supportive and empowering environment for recovery in the community. The centre could serve to provide the community with preventive care (e.g., nurses to provide Early Detection and Intervention Programme), as well as rehabilitative services (e.g., vocational rehabilitation, day activities, events, etc.). This space would complement the planned residential rehabilitation facilities and help finalise the move to community care, help with safe hospital discharge, and reduce in-patient (re)admission.

17 Include preventive mental health services as part of **Core Benefits Package under UHC** — conduct a costing analysis of the current pathway and suggest the inclusion of key mental health benefits under the Core Benefits Package.

18 Update the **Mental Health Act** and introduce a **Mental Capacity Act** to ensure that regulation adequately protects patients with mental health conditions and enables timely management of patients, especially acute forensic patients.

19 Reintroduce the **Mental Health Patient Council** to involve patients in clinical discussions and overall operational decisions at MWI, improving patient experience and outcomes.

20 Expand interface between Corrections and MWI beyond the current monthly forum (ex: Corrections Clinics), for example, a **Collaborative Forensic Pilot Programme** between MWI and Westgate to ensure forensic patients are cared for in the most appropriate environment.

● *Actions prioritised by stakeholders*

The 20 recommendations align with the WHO Health System Building Blocks.

BERMUDA HEALTH STRATEGY

By implementing the 20 recommendations and by improving mental health services, Bermuda could strengthen its health system and meaningfully address the WHO's six health system building blocks.

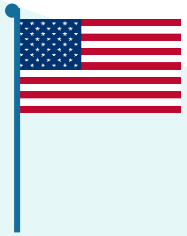
Word Health Organisation's Health System Building Blocks	Description	Recommendations
Stewardship & Governance	Ensuring the existence of policy frameworks combined with effective oversight, coalition building, regulation, attention to system design, and accountability	1, 2, 4, 10, 13, 18, 19
Service Delivery	Deliver effective, safe, quality personal and non-personal health interventions to those that need them, when and where needed, with minimum waste of resources	6, 7, 11, 12, 15, 20
Healthcare Financing	System raises adequate funds for health in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with payment	14, 16, 17
Health Workforce	One that works in responsive ways, and is fair and efficient to achieve the best health outcomes possible, given available resources and circumstances	8
Information Systems	One that ensures the production, analysis, dissemination, and use of reliable and timely information on health determinants, health system performance and health status	3, 5, 9
Access to Essential Medicines	Access to essential medicines of assured quality, safety, efficacy, and cost-effectiveness, with scientifically sound and cost-effective use	14

Supporting a transition in the model of care could offer important cost-saving opportunities.

The current resource allocation around mental healthcare in Bermuda could be substantially improved to minimise costs, while maximising benefits for the whole of Bermudian society.

With an annual public health expenditure per capita of $588 BMD, which is **more than 27 times that in Europe***, the current system requires a radical shifting of resources from hospital-based care to upstream intervention in the community.

Studies conducted in Bermuda reveal that moving acute care into the community could be **40 to 60% less costly** than in-patient Long-term Care and would enable the reallocation of finances toward outpatient services. Funds could also be reallocated to invest in preventive and early intervention care, further decreasing long-term costs for the system.

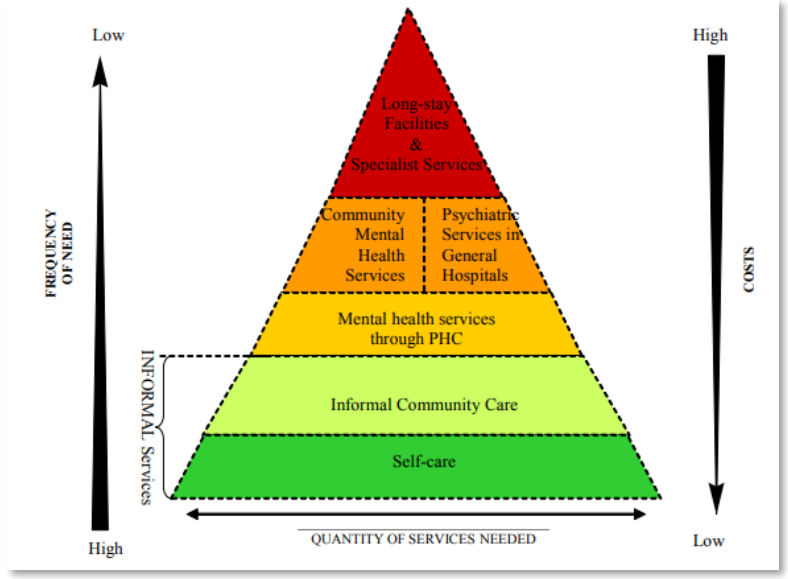


Cost-saving potential of preventive and early intervention mental healthcare:

- Reduced long-term costs
- Improved health outcomes
- Lower societal costs
- Prevention and comorbidities
- Long-term savings

International examples of cost-saving opportunities:

- USA: The Early Assessment and Support Alliance (EASA) programme found that **for every dollar invested** in early intervention services for psychosis, there was a return **of $2.70 in reduced hospitalisations.**
- Europe: The Early Detection and Intervention Programme for Psychoses (EDIPPP) demonstrated that early intervention in psychosis can result in reduced hospitalisations, lower medication costs, and improved social functioning, leading to cost savings ranging **from €4,000 to €13,000 per patient per year.**
- A study in the American Journal of Psychiatry estimated that early intervention in schizophrenia can lead to **cost savings of up to $49,000 per patient over five years** (reduced hospitalisations and increased employment rates).



"With an acute mental health pathway that is working, you end up getting a lot fewer chronic or forensic patients because you intervened earlier before people get to that state."
- Mental Health Professional interviewed

*PAHO, 2019. This data reflects direct spending on mental health services only. In Bermuda, it is in part reflective of the high cost of healthcare provision and the in-hospital delivery model (as opposed to early intervention and rehabilitation community care services). For more details refer to pgs. 18 and 41 of the Report).

6

Appendices

BERMUDA HEALTH STRATEGY

Appendices

1 – Initial Current State Scoping Review

BERMUDA HEALTH STRATEGY

BERMUDA HEALTH STRATEGY

Purpose of this document

This initial current state scoping review summarises available literature and data on the state of adult acute mental healthcare in Bermuda as of March 2023. It is intended to inform discussion with key stakeholders.

It was developed as part of the Acute Adult Mental Health Integrated Care Pathway exercise conducted by KPMG for the Ministry of Health. A care pathway mapping is a hands-on, MDT-driven approach to delivering patient-centred improvement. The project's objectives and lines of enquiries are:

Objectives:

1. **Map the acute adult mental health care pathway** by engaging stakeholders across the full continuum of care
2. **Identify key activity and performance data** compared to international benchmarks, highlighting data gaps and options for future best-practice metrics
3. **Propose a future state with suggested alternative**, people-centred design options for the Pathway, reflecting best-practice standard
4. **Identify any expected/projected efficiencies** to be achieved with the future state pathway (changes in patient outcomes, cost efficiencies, etc.)

Key Lines of Enquiry:

1. **Service prover** roles and responsibilities
2. **Service touchpoints**, processes, and handovers of care between service providers
3. **Patient and family** experience and their care journey involvement
4. **Areas of overuse and/or duplication** or redundancy of services and inefficiencies in their provision
5. **Current state of mental health prevention**, promotion, and wellness activities

Definition

In the context of the current mapping exercise, we understand Mental Healthcare to include all services and care related to acute mental health conditions (such as major depressive and bipolar disorders, schizophrenia and other psychological disorders). It excludes services pertaining to intellectual disability and substance abuse.

BERMUDA HEALTH STRATEGY

Literature and Data Reviewed

1 Understanding the current state:

Past studies and available data

- ✓ International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)
- ✓ PAHO/PHE Mental Health Situational Analysis Report: Bermuda (2019)
- ✓ Bermuda Joint Strategic Needs Assessment (2023) *Draft*
- ✓ Health in Review (2011 & 2014)
- ✓ Health Survey of Adults in Bermuda, Ministry of Health, Government of Bermuda (2011)

Existing policies, plans and strategies

- ✓ Well Bermuda Strategy (2008); Bermuda Health Action Plan (2014-2019); Bermuda Health Strategy; Ministry of Health Roadmap (2020)
- ✓ MWI Directorate
- ✓ MWI Directorate KPI exercise

2 Informing the future state:

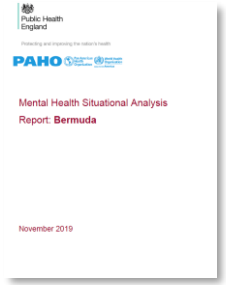
Guidelines and best practices

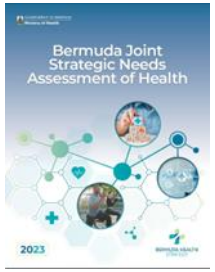
- ✓ WHO Comprehensive Mental Health Action Plan 2013-2020
- ✓ PAHO Guidance on Community Mental Health Services: promoting person-centered and rights-based approaches
- ✓ PAHO Plan of Action on Mental Health (2015-2020)
- ✓ NICE Guidelines for Service user experience in adult mental health
- ✓ NHS Transformation Directorate – Mental Health Pathway and case studies
- ✓ WHO Mental Health Report: Transforming Mental Health for All
- ✓ NHS Mental Health Dashboard
- ✓ WHO Mental Health Policy Plans and Programme Guidelines
- ✓ OECD Mental health database

BERMUDA HEALTH STRATEGY

Findings overview

Our initial research identified five key pieces of work to help understand the current state of adult acute mental healthcare in Bermuda:





Bermuda Health Strategy 2022-2027	PAHO/PHE Situational Analysis	MWI Directorate Plan	Comparative Situational Analysis (2022) *International Journal of Mental Health Systems*	JSNA (2023)
• Recognises mental health as of equal importance to physical health • Emphasis put on prevention • Extend healthcare coverage to include mental health	• Collaboration between PHE and PAHO to assess current mental health situation in Bermuda. • Provides overview of services and resources available. • Calls for a mapping exercise	• Situational analysis to support mental health system strengthening in 6 SIDS: Anguilla, Bermuda, BVI, Cayman Islands, Montserrat and Turks and Caicos Islands	• Situational analysis to support mental health system strengthening in 6 SIDS: Anguilla, Bermuda, BVI, Cayman Islands, Montserrat and Turks and Caicos Islands	• A holistic and systematic assessment of the health needs in Bermuda. • Provides a high-level view of adult mental health conditions prevalence in Bermuda (based on insurance claims) and set of recommendations

Informed and led to

The following pages detail the key findings from these publications (amongst others)

Understanding the Current State

Past studies and available data

Existing policies, plans, and strategies

BERMUDA HEALTH STRATEGY

International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Background

A situational analysis was carried out to support mental health system strengthening in six SIDS: Anguilla, Bermuda, BVI, Cayman Islands, Montserrat, and Turks and Caicos Islands. Methodology included desk-based research and visits to each island, as well as consultation meetings with key stakeholders.

Findings

The analysis identified five key groups of findings across the six SIDS.

1 Context and burden

High social inequalities (even with high GDPs). No population-level data on mental health burden.

2 Leadership and governance

All SIDS have a mental health policy or plan, but implementation is limited due to lack of funds or staff. Minimal evidence of service user involvement in policy or service development. No country has a mental health authority. No SIDS with indicators to implement MH policy, unlike 75% of countries in the broader Americas region

3 Mental health services

All SIDS have a specialist, multi-disciplinary mental health workforce (Montserrat and Anguilla rely on visiting psychiatrists). A recovery-oriented ethos was not identified. None had clinical pathways to describe the optimum user journey. All implemented WHO's Gap Action Programme but none had ongoing training to support workforce.

4 Promotion and prevention

Mental illness stigma was prevalent in all SIDS. Promotion and prevention were objectives of mental health strategies for all SIDS, however activities tended to be sporadic.

5 Information systems

Generally underdeveloped, with paper based systems in three SIDS. There has been no rigorous local mental health research.

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

International Journal of Mental Health Systems : Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Recommendations

- All SIDS are recommended to develop mental health action plans with clear KPIs
- Initiatives to facilitate community surveys are necessary to indicate the prevalence of mental health concerns in the community
- Exploration of task-sharing approaches to increase individuals' access to primary health care
- SIDS are encouraged to develop programmes of mental health promotion and prevention

Flagged best practices

- In the Cayman Islands, people with lived experience are represented in the **Mental Health Commission**, a body established in statute which makes recommendations to government and service providers on ways to improve local mental health systems.
- Turks & Caicos is the only SIDS with a stand-alone **suicide prevention strategy.**

Bermuda-specific Findings

Only country studied with **no mental health policy** or plan (except MWI Directorate).

Rising demand for **child and adolescent** services. Accessibility and quality of support differed between private and public schools.

Bermuda has a **crisis intervention service** available 24/7.

Bermuda offers structured day programmes of **occupational activities** for inpatients, those in the community, or both.

Attendance at the inpatient facility is highly **stigmatised** in the community (Gazette articles).

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Leadership and Governance

Indicator	Anguilla	Bermuda	BVI	Cayman Islands	Montserrat	TCI
Mental health policy/ strategy	Yes 2013	No	Yes 2013	Yes 2017	Yes 2015–18	Yes 2015
Mental health action plan	Yes 2013	Yes 2010	Yes (draft) 2016	No	Yes 2015–18	No
Policy/ plan in line with international human rights	Yes	Yes	Yes	Yes	Yes	Yes
Policy/ plan implementation	No	Limited	Limited	Limited	No	Limited
Inclusion of mental health in broader health policies	Partial- national health framework 2013	Yes- Well Bermuda (health promotion) strategy	No	No	No	Yes- Disaster Management Plan and Health Sector Plan
Involvement of people with lived experience	No	No	No	Partial	No	No
Mental health legislation	Yes 2006	Yes MH Amendment Act 2019. Mental Health Act Code of Practice 2021	Yes 2014	Yes 2013	Yes 2013	Yes 2016
Involuntary treatment included in mental health legislation	In hospital—yes In community—no	In hospital—yes In community—yes	In hospital—yes In community—yes	In hospital—yes In community—yes	In hospital—yes In community—no	In hospital—yes In community—no
Health service financing	Government finance, voluntary health insurance, out-of-pocket expenditure	Government finance, compulsory/ voluntary health insurance, out-of-pocket expenditure and donor financial assistance	Government spending, compulsory/voluntary health insurance, out-of-pocket expenditure and donor financial assistance	Government finance, compulsory/voluntary health insurance, out-of-pocket expenditure	Government finance (free at point of care)	National health insurance (free at point of care)

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Mental Healthcare Services

Indicator	Anguilla	Bermuda	BVI	Cayman Islands	Montserrat	TCI
Services						
Psychiatric inpatient acute unit	Yes (10 beds)	Yes (23 beds)	Yes (10 beds)	Yes (8 beds)	No	No
Outpatient clinics	Yes	Yes	Yes	Yes	Yes	Yes
Community Mental Health Team	No	Yes	Yes	Yes	Yes	Yes
Child and adolescent mental health services	No	Yes	No	Yes	No	No
Dedicated MH crisis service	No	Yes	No	No	No	No
Talking therapies	Yes (public and private)	Yes (public and private)	Yes (public and private)	Yes (public and private)	Yes (public)	Yes (public and private)
Rehabilitation services	No	Occupational therapy day programme	Occupational therapy day programme	Occupational therapy day programme Long stay facility under construction in 2021	No	No
Human Resources						
Psychiatrists	Visiting (1 week/month)	5 consultants and 5 psychiatric residents	2 psychiatrists	4 consultant psychiatrists	Visiting (1 week/2 months)	2 psychiatrists
Psychologists	1 clinical psychologist (community)	6 clinical psychologists	1 clinical psychologist	3 clinical psychologists	1 psychologist	2 clinical psychologists
Psychiatric nurses (inpatient)	12	23	7	10	none	none
Psychiatric nurses (community)	none	12	3	3	2	3
Mental Health Officers	None	6	2	None	1	None
Mental Health Social Workers	None	6	1	None (recruiting)	None	1
Psychiatric aides/Support workers in community	None	6	4	5 inpatient psychiatric aides	None	None
Primary Care clinicians trained in mental health (eg mhGAP)	1 GP (out of six) and 1 nurse	0	4 GPs, 3 nurses	18 GPs (8 public, 10 private)	2 GPs	9 GPs
Treatment coverage	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown
Intersectoral involvement in mental health	Police respond to mental health crises in the community					

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Mental Health Promotion and Prevention

Indicator	Anguilla	Bermuda	BVI	Cayman Islands	Montserrat	TCI
Mental health literacy	Low	Low	Low	Low in some parts of population	Low	Low
Attitudes towards mental illness	High levels of stigma	High levels of stigma	High levels of stigma	Some stigma, reducing	High levels of stigma	High levels of stigma
Suicide prevention strategy	No	No	No	No	No	Yes, 2018
Promotion & prevention in overall mental health strategy	Yes—objectives on suicide prevention, mental health promotion & community participation	N/a	Yes—objectives on mental illness prevention & stigma reduction	Yes—objectives on mental health promotion & prevention	Yes—objectives on mental illness prevention, stigma reduction & intersectoral mental health promotion	Yes—objectives on mental health promotion and prevention
Mental health promotion in education	9 school counsellors, 1 educational psychologist, 1 substance misuse counsellor, 1 school health nurse UNICEF Return to Happiness (150 teachers trained)	Counselling services available Whole School, Whole Community, Whole Child programme promotes mental health and wellbeing	School counsellors UNICEF Return to Happiness has ongoing delivery	17 School counsellors Alex Panton Foundation delivers emotional literacy programme for children (Zippy programme)	School counsellors in secondary schools only UNICEF Return to Happiness	School counsellors UNICEF Return to Happiness
Other mental health promotion activities	None identified	World Mental Health Day activities (week long awareness raising) Annual art exhibition by service users	World Mental Health Day and Mental Health Month activities (awareness-raising talks in schools, information stand in hospital) Programme to increase individual and community resilience following disasters	World Mental Health Day activities (radio, social media, public information, theatre production in 2019) Mental Health First Aid training for over 180 persons in health service, government and private agencies	Weekly radio programme "Enhancing your Mental Health"	Ad hoc activities e.g. public service announcements, radio shows, Facebook posts
Mental health organisations	Red Cross	Bermuda Mental Health Foundation Family support group Salvation Army (drug addiction residential facility Harbour Light and emergency housing shelter) Red Cross	Alzheimer's Association Red cross	Loud Silent Voices and Alex Panton Foundation (service user organisations) Red Cross	Red Cross	Red Cross

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

International Journal of Mental Health Systems: Mental health systems in six Caribbean small island developing states: a comparative situational analysis (2022)

BERMUDA HEALTH STRATEGY

Information Systems, Evidence, and Research

Indicator	Anguilla	Bermuda	BVI	Cayman Islands	Montserrat	TCI
General Health Information systems	Paper-based system at the hospital manually inputted into database	Paper-based system in hospital soon to become electronic	Single electronic system across health system (CELLMA)	Electronic system in government hospital. Government health insurance scheme also holds information	Paper-based system across health system. Plans for electronic system exist	Electronic system in hospital. Not in primary care yet
Mental Health indicators for strategic monitoring	No	No	Some mental health data included in national health monitoring	Paper-based monitoring form used quarterly for limited number of indicators from public and private healthcare providers	No	No
Performance report of the mental healthcare services	No	No	Some mental health data included from primary care, although not as registers (which exist for diabetes, asthma etc.)	Reporting includes some mental health data	Mental health services produce annual report on activity	No
Local mental health research conducted	No	No	No	No	No	No

Source: Mental health systems in six Caribbean small island developing states: a comparative situational analysis | International Journal of Mental Health Systems | Full Text (biomedcentral.com))

PAHO/PHE Mental Health Situation Analysis Report (2019)

Product of a collaboration between PHE and PAHO to assess current mental health situation in Bermuda. Key conclusions are summarised below.

Key Conclusions/Challenges Identified

Mental Health Policy, Financing, and Plans

- No Mental Health Plan (MWI Directorate Plan)
- Per capita spending is very high
- Trend towards more expense for outpatient services
- Trend towards de-institutionalisation as seen in OECD countries
- Psychiatric care accounts for large majority of expenditure (76% vs. 67% globally)
- Estimation of economic burden: 0,95% GDP
- Estimation of prevalence: 14,35%; treatment gap 83,7% (Global Burden of Disease vs. 76%-85% globally). 3rd most important health condition in Bermuda (when acute mental healthcare + substance abuse + mental disorder and self-harm)

Health Services

- Overall good quality services
- Specialist mental health services available: adolescent, forensic, and geriatric
- Services available:
  - Crisis team: available 24/7 the Acute Community and Community Rehabilitation teams at MWI respond to crisis in the community and direct either to MWI or KEMH
  - Day care activities for patients in recovery (but not enough resources)
  - 2 Community Mental Health Teams, both based at MWI: Community Rehabilitation Services Team (CRS) and the Acute Community Services (ACS) servicing 200 and 800 patients in the community respectively
  - Seniors with dementia treated at KEMH
- Many challenges in the local care pathways for managing children with complex mental health and behavioral problems. Imminent need.
- No prevention and promotion, nor integration into primary care.
- Inequalities in prevalence and access to care : higher rate of hospitalszation among poor, black population
- Instability in the composition of staff: 82.4% of MH nursing staff come from outside Bermuda (compared to 79.5% for the rest of the nursing staff) (2017)
- Discharge process : often delayed, but follow a multi-disciplinary approach
- Patients experience: not enough rehab services, stigma, no attention to social determinants of mental illnesses

Community

- No community service provision
- No collaboration with housing, education, voluntary sector, and social care to address social determinants of health. Lack of transitional housing is key issue
- No sustained prevention and promotion programme. Well Bermuda strategy proposed such a programme but it was not implemented
- Interest from multiple stakeholders to get involved
- No consistent and reliable referral and communication between different services points. No collaboration between stakeholders
- Mental health court refers individuals to MWI and Salvation Army (that provides emergency housing and feeding programme)

Information System

- No population-level data on mental health conditions prevalence
- No data management system (paper-based, currently transitioning towards digitisation)

WHO-recommended optimal mix of services

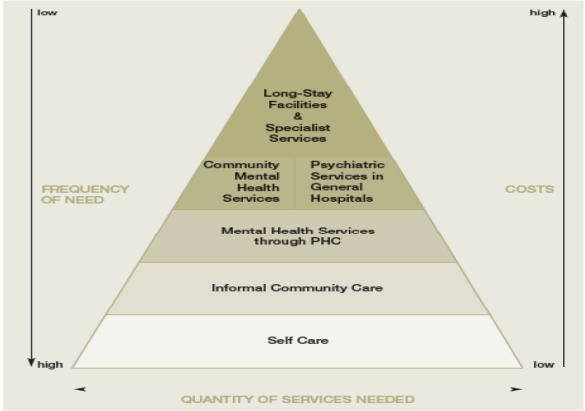


Figure 10 World Health Organization recommended optimal mix of services

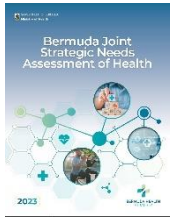
The situation analysis report also formulates **19 recommendations** to improve mental health outcomes in Bermuda (see p. 14 on MWI Directorate)

Source: PHE, PAHO, Mental Health Situational Analysis Report (no public link available).

BERMUDA HEALTH STRATEGY

Available local data on mental health

There is virtually no local data on mental health prevalence, morbidity, and mortality; and very little mention of mental health in most recent local health surveys.

Publication	Available data	Key facts
 **Health in review** Presents the most recent available data and trends on key indicators of health in Bermuda as compared to 35 OECD countries. Lack of local data prevents from international benchmarking on mental health metrics.	**Health Status** (broken down by gender) 2006-2015 • causes of mortality ranked by percent of death • Cause of premature mortality ranked by average number of potential years of lost per 100,000 (est.) **Healthcare Utilization and Quality** • Reasons for hospitalization ranked by percent of discharge • Cause of hospitalization ranked by average length of stay in hospital in days	Mental Health conditions was **the second cause of hospitalization in 2015**, and the first for females in terms of average length of stay
 **Bermuda Joint Strategic Needs Assessment of Health (JSNA)(2023)** A holistic and systematic assessment of the health needs in Bermuda.	**Bermuda Health Council's Cost and Utilisation Data** • Total insurance claims for leading cause of adult mental health burden • Total insurance claims paid for leading causes of adult mental health burden • Same information available for child mental health	Mental and behavioral conditions **are the fastest growing cause of death in Bermuda** (age-standardised mortality rates 2010-2019 three-year rolling average for leading cause of mortality)

Other publications

Health Survey of Adults (2011): some metrics on perceived mental health state. No mention of mental health in following Health Surveys (2014)

Steps to a Well Bermuda (2014): No mention of mental health

Source: https://www.gov.bm/sites/default/files/health_survey_of_adults_2011.pdf
https://www.gov.bm/sites/default/files/Health%20in%20Review%202017%20%2C%20%202nd%20Edition_0.pdf

Bermuda Joint Strategic Needs Assessment of Health

The JSNA (2023) provides a high-level view of adult mental health conditions prevalence in Bermuda (based on insurance claims data – see previous page) and set of six key recommendations.

Implement the recommendations contained in the 2019 Mental Health Situational Analysis Report, including creating a **national mental health policy** and establishing a **mental health advisory council.**

Ensure that there is a **parity of esteem** between mental health and physical health policy, programmes and services.

Develop **Integrated Care Pathways** for common mental health conditions using the biopsychosocial approach. Consider bundling these Integrated Care Pathways together into a common framework for mental health. Dementia should have top priority given its level of burden of disease.

Harness the **National Digital Health Strategy** to develop a better health information infrastructure for mental health. Consider the development of mental health disease registries to monitor outcomes.

Identify and address inequalities in physical health outcomes for patients also suffering from a mental health condition, using the **Unique Patient Identifier** (UPI) as a key enabler.

Conduct specialist **public health needs assessments** in public mental health, with considerable input from relevant specialists

Source: JSNA (not publicly available).

Understanding the Current State

Datasets and past studies

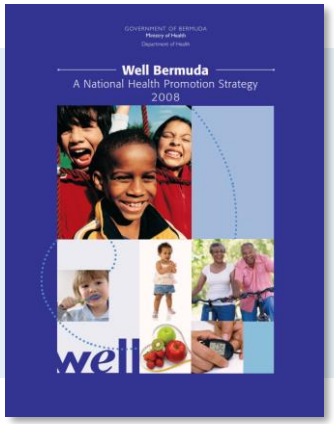
Existing policies, plans and strategies

BERMUDA HEALTH STRATEGY

BERMUDA HEALTH STRATEGY

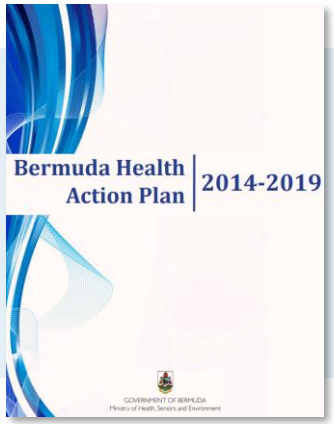
Current mental health strategies, policies, and plans

There is no national mental health strategy in Bermuda. Other relevant health policies relevant to mental health include:



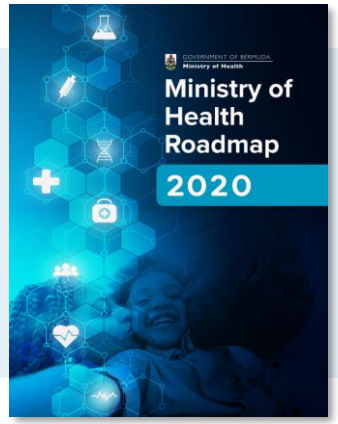
Well Bermuda Strategy (2008)
Includes **three objectives** around mental health

Mental Health Objectives	Baseline measure	Data source
Establish research to investigate the prevalence of mental health problems in the population	No data available	Not Applicable
Increase the proportion of children with mental health problems who receive assessment and intervention	No data available	Not Applicable
Increase the proportion of adults with mental disorders who receive assessment and intervention	No data available	Not Applicable

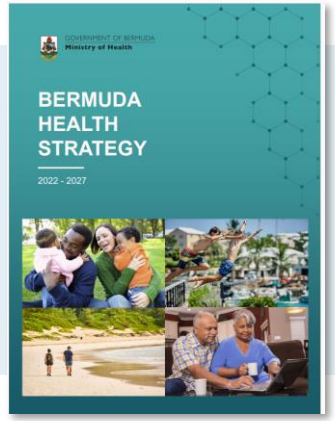


Bermuda Health Action Plan (2014-2019)
Includes one objective regarding access to mental health services

CARE ACCESS		
Priority actions	Responsible	Date
14. Increase access to cost effective, high quality, specialty medical care via clinical affiliation agreements with local and overseas providers	BHB	March 2018
15. Introduce HIP and FutureCare benefits to promote wellness, encourage self-management of health, enable aging in place, better manage chronic disease and direct care to cost-effective settings	HID	August 2017
16. Develop health financing reform model toward increasing national capacity for achieving coverage for all residents and increased access to mental health and primary care	BHeC	March 2016
17. Improve consistency in appropriate evidence-based screening, testing and treatment across the system to increase focus on neglected areas and reduce medically unnecessary interventions	BHeC	December 2015



Ministry of Health Roadmap (2020)
Few mentions of mental health.



Bermuda Health Strategy (2022-2027)
Recognises mental and physical health's equal importance. Emphasises prevention. Intention to extend health coverage to include mental health

Source: https://www.gov.bm/sites/default/files/WELL%20BERMUDA%20HEALTH%20SURVEY%202014_2%20Public%20Version_0.pdf
https://www.gov.bm/sites/default/files/steps_to_a_well_bermuda_fact_sheet_0_1.pdf
https://www.gov.bm/sites/default/files/well_bermuda___national_health_promotion_strategy_2008_0_1.pdf

BERMUDA HEALTH STRATEGY

MWI Directorate 2021-2026

The PAHO/PHE Mental Health Situation Analysis Report (see pg. 8) formulated 19 recommendations, that served to inform the MWI Directorate 2021-2026. Developed as part of the wider BHB Strategic Plan 2021-2026, the MWI Directorate represents the most comprehensive plan around mental health in Bermuda.

PAHO/PHE recommendations:

- A mental health policy should be drafted with the input of a cross-section of stakeholders, including mental health service-users and carers.
- Increase government contribution to healthcare financing
- Scale-up the coverage of both common and severe mental illness along with substance use disorders in the proposed single-payer Bermuda Health plan
- The proposed refresh of the Bermuda Health strategy 2020-2025 should support WHO's call for a five-by-five approach by explicitly including mental health in its plans to address the increasing burden of NCDs
- Integration of MH into primary healthcare along with broadening of mental health services with greater emphasis on issues of mental health prevention and promotion.
- Outpatient mental health services should be community-based
- Referral, discharge, and other transition processes should be streamlined along with scaling-up of rehabilitation to ensure continuity and support for service users.
- A clear strategy for mentally ill offenders and children with complex behavioral needs should be articulated in policy, definitively addressed and adhered to in a timely manner
- Identify and address health inequalities especially focussing on deprived communities or communities who find services challenging to access
- The government should foster a collaborative, multiagency, system-wide process to develop a life- course approach to Public Mental Health
- Mental health promotion should seek to improve mental health literacy, address the over-medicalisation of mental health treatment, reduce stigma, and place mental health on par with physical health.
- The mental health information system should be strengthened with appropriate research support to achieve a greater level of data-driven health planning.

MWI Directorate Key Outcomes

Outcome
A significant reduction in the level of services that are provided on, and from, the MWI site, with a clear plan to completely close the MWI site in its current location over the strategic time period of 2026-2031. Acute inpatient care (including IDU and CAS) will be delivered on the KEMH site and outpatient staff and services will be transferred to the community.
Patients and clients will be supported in ways that reflect the principles of the Recovery Model. They will be enabled to lead a fulfilling, meaningful and improved quality of life through services that are person-centred, empowering and supporting of self-determination. They will be involved in all aspects of their care and service delivery, including staff recruitment, policy development and staff training, reflecting the Recovery Model principles and improved client participation, utilising modern technology.
People with long-term needs, or who require residential rehabilitation, will be able to access a range of high-quality, community-based residential support, without the need for long-term care on the MWI site. There will be a tiered approach ranging from occasional community team support to 24-hour nursing home care.
More young people who have complex needs will receive skilled community-based residential support on island, reducing the need for overseas placements.
People who require vocational or occupational rehabilitation due to long-term mental health needs, intellectual disability or substance use, will be able to access a range of daytime opportunities in community settings including access to supported employment.
People who require access to outpatient services for mental illness, intellectual disability or substance use support can access effective, empathic, multi-disciplinary and multi-agency support in the community that is close to home, easily accessible and responsive to their care needs, aligning with international best practice.
The provision of assertive community-based and multi-agency support for people with needs that cross traditional service boundaries (e.g. dual diagnosis, autism, offending etc.).
People will experience significantly reduced levels of stigma and discrimination that results from the pervasive attitudes towards individuals who have had contact with mental health, intellectual disability or substance use services or who have been diagnosed with a mental illness.
The development of resources, roles and skills of the MWI workforce to be able to deliver our aims and objectives

The MWI Directorate has four key aims:

1. Reduce the level of services provided on the current MWI site by transitioning outpatient care and long-term care into community settings, with the longer-term aim of closing the MWI site in its current form.
2. Provide support to people who need services in ways that ensure their active participation at all stages and involvement in the design and delivery of the service (through client participation and the recovery model).
3. Move away from delivering care solely on the basis of diagnostic groupings and develop an effective needs-based approach that ensures people receive the residential and community care they require from care providers with the most appropriate skills.
4. Ensure that our approaches will make significant contributions towards the Bermuda-wide care

Source: PHE, PAHO, Mental Health Situational Analysis Report (no public link available).
https://bermudahospitals.bm/wp-content/uploads/2022/04/MWI_Directorate-Plan-2021-2026-FINAL.pdf

Informing the Future State

Guidelines and Best Practices

BERMUDA HEALTH STRATEGY

WHO Action Plan 2013-2020 & PAHO 2015-2020

BERMUDA HEALTH STRATEGY

Provides clear actions for member countries to implement in order to improve mental health outcomes:

1 Effective leadership and governance for mental health

- Have a policy or plan for mental health with international and regional human rights instruments
- Have a law for mental health in line with international and regional human rights instruments

2 Provide comprehensive, integrated, and responsive mental health and social care services in community-based settings

- Increase coverage for mental health conditions
- Double the number of community-based health facilities
- Integrate mental health into primary health care

3 Implement strategies for promotion and prevention in mental health

- Two functioning national, multisectoral mental health promotion and prevention programmes
- Decrease the rate of suicide
- Put in place a system for mental health and psychosocial preparedness for emergencies and or disasters

4 Strengthen information systems, evidence and research for mental health

- Collect and report at least a core set of mental health indicators every two years through a national health and social information system
- Double the output of research on mental health

Six cross-cutting principles and approaches in reviewed literature:

- UHC
- Human Rights
- Evidence-based practice
- Life-course approach
- Multisectoral approach
- Empowerment of persons with mental disorders and psychosocial disabilities

Key performance metrics:

- Integration of mental health into primary healthcare (Y/N)
- Countries with MH policy (Y/N)
- Countries with MH prevention and promotion programmes (Y/N)
- Share of mental health budget spent on psychiatric services
- Time spent in the hospital
- Number of community-based mental health facilities
- Proportion of persons with X mental conditions who are using services over the past 12 months
- Suicide mortality rate (per 100 000 population)

Additional performance metrics proposed by the PAHO Action Plan 2015-2020

- Increase the rate of persons seen in outpatient mental health facilities above the regional average (975/100K)
- Reduce number of psychiatric beds by 15%
- No increase in suicide deaths per 100k population

Source: file:///C:/Users/charlottereboul/Downloads/9789240031029-eng%20(2).pdf
file:///C:/Users/charlottereboul/Downloads/9241546468.pdf
https://www3.paho.org/hq/dmdocuments/2015/plan-of-action-on-MH-2014.pdf

NICE Guidelines & NHS Mental Health Pathway Best Practices

The guidelines and best practices summarised below are more qualitative in nature.

NICE Guidelines – Step-by step guide for healthcare professionals to improve service user experience in adult mental health (2011)

- 1.1 Care and support across all points on the care pathway
- 1.2 Access to care
- 1.3 Assessment
- 1.4 Community care
- 1.5 Assessment and referral in a crisis
- 1.6 Hospital care
- 1.7 Discharge and transfer of care
- 1.8 Assessment and treatment under the Mental Health Act

Case study: Improving care in mental health services – implementation of an Acute Care Pathway in Harplands Hospital (NHS case study) (2019)

Impact:

- 10% reduction in patients' stay
- 60% reduction of patient related incidents
- Increase staff satisfaction and perceived effectiveness
- £660+ per day per patient saved

Changes implemented:

- Introduction of standardised initial discussion with all patients at the point of admission, carers invited to initial ward reviews and care coordinators invited to 72-hour reviews
- Introduction of agreed set of values, goals, and culture for staff
- Introduction of daily "rapid MDT handover" to improve collaboration and communication
- Adaptation of ward's patient review process and documentation templates
- Introduction of "ward literature" for patients, carers and families including all relevant information.
- Development of ward signage
- Increased supervision and support to staff and culture of reflective practice.

Conditions for success:

- Stakeholder engagement and buy-in

NHS Mental health pathway: a step-by-step guide to the mental health pathway + case studies (2022)

1. **Primary care/improving access to Psychological Therapies (IAPT):** Availability of mental health services and interventions in primary care to support patients at an early stage and to provide advice and guidance for people experiencing a relapse or needing to re-enter secondary services
2. **Referral management**: Provide advice and guidance and electronic referrals easily to support primary care professionals managing patients in the community
3. **Community/outpatients:** Community based multidisciplinary teams to provide coordinated care to patients
4. **Inpatient**: Use of innovative interventions and activities to ensure access to the right range of patient care to improve patient outcomes and experience in hospital
5. **Specialty specific services**: Ensuring patients have access to specialty-specific services and interventions that can meet the specific needs of people of all ages.
   - Online consultations in mental Health at Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
6. **Crisis services**: All populations have access to a range of crisis services that meets the diverse range of needs and preferences suitable to the level of urgency in a timely fashion
7. **Mental health in physical health settings**: Provision of integrated care and joined up care around individuals through shared care approaches and joint management arrangements
   - Integrating mental and physical healthcare at King's Health Partners
8. **Holistic management and self care: Providing accurate information and supporting people to manage their own condition to prevent worsening of disease and improve outcomes.**
   - Online platform for virtual working with patients and carers supports self-management and more personalised care
   - A peer support-based e-health system to improve care and recovery
   - A digital recovery platform for severe mental illness

Source: 1 Guidance | Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services | Guidance | NICE
https://www.england.nhs.uk/atlas_case_study/improving-care-in-mental-health-services-an-acute-care-pathway/

BERMUDA HEALTH STRATEGY

NHS Mental Health Dashboard

The Dashboard, first published in 2016, was implemented to monitor progress on the NHS commitments to transform mental health services. It provides key metrics and targets to improve mental health pathway and patient outcomes

Adult mental health: NHS Talking Therapies, for depression and anxiety (formerly IAPT services)							
IAPT(i.a)	NHS Talking Therapies access: number of people entering NHS funded treatment during reporting period ++	*Q2 2022/23*	292,561			▲	-2.5%
IAPT(i.b)	NHS Talking Therapies % of all referrals that are for older people 65+ ++	*Q2 2022/23*	6.3%	N/A		▲	0.5%
IAPT(ii.a)	NHS Talking Therapies recovery rate: % of people that attended at least 2 treatment contacts and are moving to recovery ++	*Q2 2022/23*	49.6%			▲	-0.7%
IAPT(ii.b)	NHS Talking Therapies recovery rate for Black, Asian or Minority Ethnic groups ++	*Q2 2022/23*	47.3%			▲	-2.1%
IAPT(iii.a)	NHS Talking Therapies % of people receiving first treatment appointment within 6 weeks of referral ++	*Q2 2022/23*	88.8%			▲	-3.0%
IAPT(iii.b)	NHS Talking Therapies % of people receiving first treatment appointment within 18 weeks of referral ++	*Q2 2022/23*	98.4%			▲	-0.4%
IAPT(iii.c)	NHS Talking Therapies % of in-treatment pathway waits over 90 days ++	*Q2 2022/23*	23.1%	N/A		▼	7.5%
IAPT(iv)	NHS Talking Therapies CCG spend	2022/23 planned	£816.8m	N/A		N/A	70.2%
Early intervention in psychosis (EIP)							
EIP(i)	% of people who started treatment within 2 weeks of referral - All ages +++	Q1 2022/23	67.8%			▲	2.5%
EIP(i.a)	% of CCG commissioned EIP services meeting NICE level 2 ++	2021/22	95.9%			▲	6.1%
EIP(i.b)	% of CCG commissioned EIP services meeting NICE level 3 or above ++	2021/22	44.2%			▲	15.0%
EIP(ii)	EIP CCG spend	2022/23 planned	£234.1m	N/A		N/A	42.3%
Employment support							
ES(i)	Number of people accessing Individual Placement Support services	Q1 2022/23	9,770			▲	33.8%
Physical Health Checks (SMI)							
PHSMI(i)	Number of people on GP SMI register receiving full physical health check in any setting ++++	*Q2 2022/23*	239,372	N/A		▲	52.8%

Key pathway-specific targets identified that could be relevant to Bermuda:

- Recovery rate: % of people that attended at least two talking therapies and are moving to recovery (50% target)
- % of people receiving first treatment appointment within six weeks of referral (target 75%; 95% within 18 weeks)
- % of in-treatment pathway waits over 90 days (target: 0)
- Referral: % of people who started treatment within two weeks of referral (target: 60%)
- % of services graded at level two in the annual EIP self-assessment of specialists EIP provision in line with NICE recommendations (target: 100%)
- % of CCG commissioned EIP services meeting NICE level three or above (target: 70%)

Source: https://www.england.nhs.uk/atlas_case_study/improving-care-in-mental-health-services-an-acute-care-pathway/

BERMUDA HEALTH STRATEGY

NHS Mental Health Dashboard

The Dashboard, first published in 2016, was implemented to monitor progress on the NHS commitments to transform mental health services. It provides key metrics and targets to improve mental health pathway and patient outcomes.

Crisis and acute care and use of the Mental Health Act (MHA)							
CR(i.a)	% Crisis services which are open access, including for self-referral	2020/21	100.0%	N/A	N/A	▲	
CR(i.b)	% Adult crisis services operating 24/7 including face to face response ✖	2020/21	97.6%	N/A	N/A	▲	
CR(i.c)	% Adult home treatment service staffed in line with recommended levels ✖	2020/21	85.0%	N/A	N/A	▲	
CR(i.d)	% Adult crisis services that respond to older adults ✖	2020/21	92.7%	N/A	N/A	▲	
CR(ii)	Adult Community crisis care spend	2022/23 planned	£667.4m	N/A		N/A	103.1%
CR(iii.a)	Total number of inappropriate Out of Area bed days	***Q2 2022/23***	54,865	N/A		▼	-6.9%
CR(iii.b)	Number of inappropriate Mental Health Out of Area Placements started in the period	***Q2 2022/23***	1,055	N/A		▼	-19.5%
CR(iv.a)	Number of detentions under the Mental Health Act	***2021/22***	53,337	N/A		▼	0.2%
CR(iv.b)	Standardised rate of detentions for people detained under the MHA from a White British ethnicity	***2021/22***	69.3	N/A		▼	-3.2%
CR(iv.c)	Standardised rate of detentions for people detained under the MHA from a Black or Black British ethnicity	***2021/22***	341.7	N/A		▼	-0.5%
CR(iv.d)	Number of Section 136 Place of Safety orders to hospital	***2021/22***	20,875	N/A		▼	3.6%
CR(v.a)	Number of Section 136 detentions taken to police cells as a place of safety	***2021/22***	254	N/A		▼	126.8%
CR(v.b)	Number of Section 136 detentions taken to police cells as a place of safety that are under 18	***2021/22***	1	N/A		▼	100.0%
CR(vii.a)	Adults in acute mental health beds Length of Stay rate (over 60 days)	Q1 2022/23	8.7	●		▼	1.2%
CR(vii.b)	Older Adults in acute mental health beds Length of Stay rate (over 90 days)	Q1 2022/23	10.9	●		▼	19.8%
CR(viii)	Proportion of discharges from hospital followed up within 72 hours ##	Q1 2022/23	74.9%	●		▲	-0.9%

Key pathway-specific targets identified that could be relevant to Bermuda:
- Proportion of discharges from hospital followed up within 72 hours (target: 80%)
- Number of adults in acute mental health beds length of stay rate over 60 days (target: 8 per 100 000)
- Number of older adults in acute mental health beds length of stay rate over 60 days (target: 8 per 100 000)

Source: https://www.england.nhs.uk/atlas_case_study/improving-care-in-mental-health-services-an-acute-care-pathway/

BERMUDA HEALTH STRATEGY

NHS Mental Health Dashboard

The Dashboard, first published in 2016, was implemented to monitor progress on the NHS commitments to transform mental health services. It provides key metrics and targets to improve mental health pathway and patient outcomes.

Acute hospital mental health liaison							
AC(i)	% of acute hospitals meeting the 'core 24' service standard	2018/19	35.3%			▲	2.2%
AC(i.a)	% of teams that are that are open/available 24/7	2018/19	77.6%	N/A	N/A	▲	
AC(ii)	Mental health liaison staffing levels	2018/19	2464.0	N/A		▲	6.4%
AC(iii)	A&E and Ward Liaison mental health spend	2022/23 planned	£297.2m	N/A		N/A	76.0%
Health & Justice							
HJ(i)	Number of mental health secure transfers within 2 weeks of acceptance under the MHA- Age:18+ #	Q4 2021/22	47	N/A		N/A	123.8%
HJ(ii.c)	Number of patient assessments in the adult prison estate, for MH issues, during the reporting period ##	Q3 2021/22	8,595	N/A		▲	64.8%
HJ(ii.d)	Number of patient treatments in the adult prison estate, for MH issues, during the reporting period ##	Q3 2021/22	36,082	N/A		▲	36.0%
Mental Health Service Backlog							
MHSB(i)	Number of referrals to community-based mental health and learning disability services, yet to receive their second contact (experimental analy	*End of Q1 position*	1,232,470	N/A		▼	
MHSB(ii)	Number of people with a severe mental illness (SMI) eligible but waiting for all 6 components of a physical health check in the last 12 months	***Q2 2022/23***	292,991	N/A		▼	-19.9%

Key pathway-specific targets identified that could be relevant to Bermuda:
- Number of referrals to community-based mental health and learning disability services, yet to receive their second contact

Source: https://www.england.nhs.uk/atlas_case_study/improving-care-in-mental-health-services-an-acute-care-pathway/

Example of Early Detection and Intervention Programmes

BERMUDA HEALTH STRATEGY

Early detection and intervention programmes for mental health are initiatives designed to identify and provide support to individuals who may be at risk of or experiencing early signs of mental health issues. The primary goal of these programmes is to intervene as early as possible to prevent or minimise the development and progression of mental health conditions, ultimately improving outcomes for individuals.

International examples of Early Detection and Intervention Programmes

Australia: The Headspace programme offers early intervention services and support for young people aged 12 to 25 who are experiencing mental health concerns. Headspace provides a range of services, including counseling, medical assistance, and vocational support.

United Kingdom: The United Kingdom's Early Intervention in Psychosis (EIP) aims to identify and treat psychosis in its early stages, providing comprehensive support to individuals experiencing their first episode of psychosis.

Norway: Norway's Early Detection and Intervention Team (EDIT) provides specialised services to young people experiencing psychosis and offers comprehensive assessment, treatment, and support.

New Zealand: New Zealand's Early Intervention Service (EIS) for psychosis provides assessment, treatment, and support to individuals experiencing their first episode of psychosis.

Canada: In Canada, Ontario's Early Psychosis Intervention Programme (EPIP) aims to provide timely assessment, intervention, and support to individuals experiencing early psychosis.

Key components of Early Detection and Intervention Programmes

1. **Education and Awareness**: increase awareness and understanding of mental health issues among the general public, healthcare professionals, educators, and other relevant stakeholders by providing information on early signs and symptoms of mental health problems.
2. **Screening and Assessment:** Often involve the use of validated screening tools to identify individuals who may be at risk of mental health issues. Following the screening, individuals may undergo comprehensive assessments conducted by trained professionals to determine the presence and severity of any mental health concerns.
3. **Timely Intervention:** Once individuals are identified as being at risk or experiencing early signs of mental health problems, early intervention strategies are implemented promptly. This may include counseling, psychotherapy, medication, or a combination of both.
4. **Holistic Support:** emphasise a comprehensive approach to support individuals' mental health, involving access to a range of services, including psychological support, psychiatric care, social support, vocational assistance, and education on coping strategies and self-care.
5. **Collaboration and Coordination:** involve collaboration among different stakeholders, including mental health professionals, primary care providers, schools, community organisations, and families.

Appendices

2 – Patient Persona

BERMUDA HEALTH STRATEGY

John

Background and lifestyle

John is 29 years old. He has bipolar disorder and also struggles with substance misuse. John has been in and out of MWI since he was 15, both as an in-patient and as an out-patient. He does not currently have a stable place to live and has made friends who can sometimes host him, but he sometimes has to sleep on the street. He is being followed by the Intensive Care Management Team at MWI, which tries to meet him wherever he is to ensure he takes his medication and stays compliant with his care plan. However, it has been challenging in recent times, following reorganisations of the out-patient team structure at MWI. John is worried about being readmitted as he prefers to stay out in the community than to be in the hospital.

He was referred to Turning Point for his misuse of substances but has never wanted to enroll in the six-month programme, as it sounded too daunting. John struggles to maintain a steady job. He used to work in construction but was let go after a number of incidents. He has a two-year-old daughter whom he has not seen in months. John would love to be more active in his daughter's life. He has never communicated with his ex-girlfriend about his struggles because he is afraid of how she might react.

Diagnosis:

Bipolar disorder and substance misuse

Pre-existing conditions:

Asthma

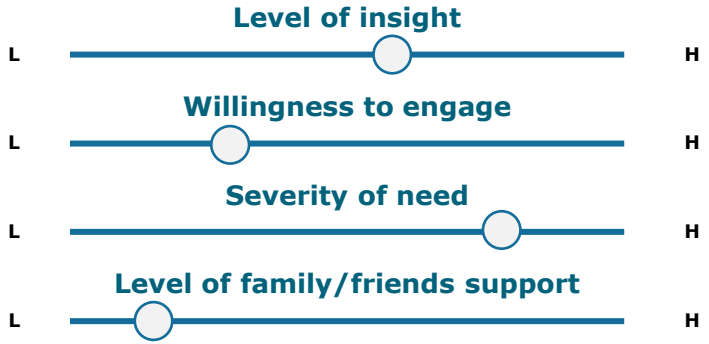
Access to support network:

John is not in contact with his family. He has friends who provide support, but his misuse of substances has led to struggles in maintaining relationships.

Behaviours:

- Two inpatient admissions over last 10 years
- Used to work in construction, but struggles to hold a job
- Would love to be more involved in his young daughter's life, but is currently estranged from her
- Struggles to communicate with friends and loved ones about his challenges because of internalised stigma

Key attributes:



Level of insurance

- No insurance
- Government HIP or FutureCare
- Private Basic Health Coverage
- Major Health Coverage

Level of chronicity

- Chronic
- Non-chronic

Key pain points:

- No fixed abode
- Limited social support
- Lack of willingness to engage in treatment for substance misuse
- Struggles to afford medication

What John needs from his pathway

- Treatment for his conditions that allows him to rebuild his relationship with his daughter
- Continued access to medication and care despite financial barriers
- Transportation to and from appointments
- Help communicating with his loved ones about his condition

Rachelle

Background and lifestyle

Rachelle is in her mid-40s. She has dissociative identity disorder and trauma-related symptoms and has struggled to find balance in her medication, so has had to be admitted a number of times at MWI.

Rachelle's family tried to get her to be followed by a private psychiatrist as they were worried about her deteriorating condition. Rachelle's family has also paid great expenses for Rachelle to be admitted to an in-patient facility in the US. However, due to a lack of funds, Rachelle has had to come back to Bermuda. Since then, her condition has greatly deteriorated, and her family feels hopeless.

Rachelle used to enjoy going to the vocational rehabilitation activities offered at MWI to socialise with other patients, but since the programme was stopped during COVID, she now spends a lot of time alone. Rachelle is very artistic and finds solace in her creative pursuits. She is concerned about being a burden on her family and hopes to find a part-time job to contribute to her care expenses. Her condition has been ongoing since adolescence and she struggles to know what the future may look like.

Diagnosis:

Dissociative identity disorder

Pre-existing conditions:

N/A

Access to support network:

Family has been a strong support for Rachelle, though she is worried about being a burden on her loved ones

Behaviours:

- Currently unemployed
- Enjoys painting and art, and finds it therapeutic
- Close with her family and would prefer to stay on island with them
- Suffers from trauma-related flashbacks

Key attributes:

Level of insight

L — H

Willingness to engage

L — H

Severity of need

L — H

Level of family/friends support

L — H

Level of insurance

No insurance	Government HIP or FutureCare
Private Basic Health Coverage	Major Health Coverage

Level of chronicity

Chronic	Non-chronic

Key pain points:

- Struggling to find right medications for her condition
- Few opportunities for socialising outside of her family
- Requires regular clinical support, which she has struggled to find at MWI or in the private sector due to cost

What Rachelle needs from her pathway

- Opportunities for socialisation
- Communication of treatment goals and expectations for the future
- Holistic support that involves her family and loved ones
- Treatments that incorporate her interests, such as art therapy

Paula

Background and lifestyle

Paula is in her late 30s and is suffering from depression and anxiety following the unexpected loss of her husband a year ago. Her anxiety has been disturbing her day-to-day life and ability to work. Paula has also begun to exhibit symptoms of obsessive-compulsive disorder, which have started to interfere with her personal and professional lives. Paula used to love her job, but now finds little enjoyment in it or anything else. She has limited insurance coverage and is not able to seek help in the private sector, though she would like to be able to talk to a psychologist or a therapist regularly about how she feels. Paula has paid co-pays to see a psychologist for a few sessions but is not able to keep going. Her condition has led her to withdraw from socialising and she is now quite uncomfortable leaving the house. She has been referred to MWI by her GP but has struggled to get an appointment with a psychiatrist because her case is not considered acute. Paula is aware that she needs help and she feels like her situation is deteriorating. She is worried that something bad could happen if she isn't able to see someone soon.

Diagnosis:

Depression, anxiety, and symptoms of OCD

Pre-existing conditions:

N/A

Access to support network:

Paula's relationships with friends have become strained as she has begun isolating herself socially. Her family lives abroad.

Behaviours:

- Has been working from home for a few months now and finds leaving the house very challenging
- Lost her husband in a car accident a year ago and is struggling to cope with her grief
- Would prefer to try talk therapy before pharmaceuticals, as she is not very comfortable with the idea of medication

Key attributes:

Level of insight

L  H

Willingness to engage

L  H

Severity of need

L  H

Level of family/friends support

L  H

Level of insurance

No insurance	Government HIP or FutureCare
Private Basic Health Coverage	Major Health Coverage

Level of chronicity

Chronic	**Non-chronic**

Key pain points:

- Increasing discomfort leaving the house
- Low severity of need has led to difficulties accessing care at MWI

What Paula needs from her pathway

Regular touchpoints with a professional to help her process her grief

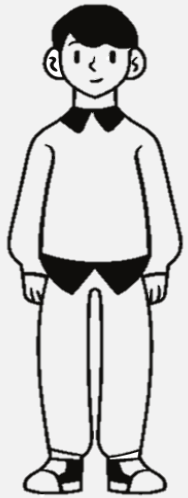
Respect for her preferences of trying other methods before medication

A clear plan to address the symptoms which have been affecting her ability to work

Social support from friends, coworkers, or other support groups for individuals who have experienced loss

Norman

Background and lifestyle



Norman is 60 years old. He has been diagnosed with borderline personality disorder and has psychotic episodes. Norman has tried to commit suicide a number of times. Norman has been living in the Sommers Annex at MWI for 15 years. Norman has a history of involvement with law enforcement. He does not have a support system and no family that could tend to his needs. Norman can get quite aggressive sometimes and medical professionals have struggled to keep him stable. There were a number of problematic encounters between him and other in-patients on the hospital wing.

Norman would like to be transferred to another in-patient setting where he could spend more time outside during the day. Medical professionals at MWI would also like to find an alternative option for him, one that would be safer for both Norman and the other inpatients.

Diagnosis:

Borderline personality disorder

Pre-existing conditions:

Diabetes

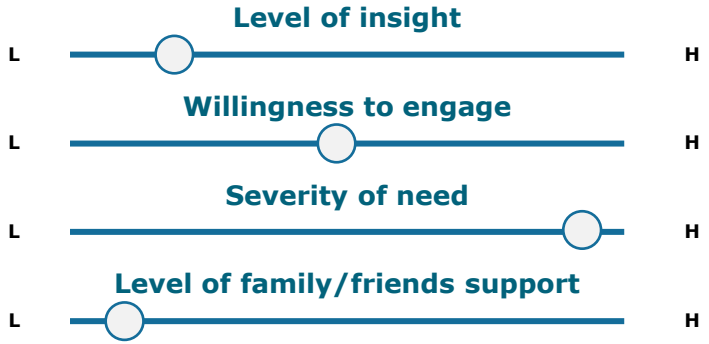
Access to support network:

No support system or family on island

Behaviours:

- Psychotic episodes leading to suicide threats and attempts
- History of involvement with law enforcement
- Enjoys being in nature
- Only shows interest in eating a narrow range of foods

Key attributes:



Level of insurance

- No insurance
- Government HIP or FutureCare
- Private Basic Health Coverage
- Major Health Coverage

Level of chronicity

- Chronic
- Non-chronic

Key pain points:

- History of aggressive behaviour towards clinicians and other patients
- Current setting of care, Somers Annex, is unsuitable

What Norman needs from his pathway

- Intensive care management and precise medication regiment
- Activities to occupy his time and give him a sense of purpose
- Ability to spend time in nature
- Appropriate location of care with a certain level of security

Appendices

3 – Consulted Stakeholder List

BERMUDA HEALTH STRATEGY

Consulted Stakeholders, excluding Patients and Family

Alex Rollin	Chief Inspector	Bermuda Police Service
Ali Ashragh	Community Psychiatric Nurse	Mid-Atlantic Wellness Institute
April Swan	Clinical Manager	Bermuda Hospitals Board
Captain & Pastor Dwayne		Salvation Army
Diane Gordon	Disaster Manager	Bermuda Red Cross
Dr. Anil Veera	Psychiatric Resident Medical Doctor	Mid-Atlantic Wellness Institute
Dr. Anna Neilson-Williams	Chief of Psychiatry	Mid-Atlantic Wellness Institute
Dr. Ayoola Oyinloya	Chief Medical Officer	Ministry of Health
Dr. Laura Murphy	General Practitioner	Somers Medical Services
Dr. Laura Robinson	Psychologist	
Dr. Sebastian Henegulph	Consultant Psychiatrist	Seaglass Clinical Consulting
Elaine Charles		Mental Health Tribunal
Estrick Ferguson	Community Psychiatric Nurse, Acute Community Mental Health Team	Mid-Atlantic Wellness Institute
Geraldine Smith	Court Liaison Officer	Mid-Atlantic Wellness Institute
Gerard Friday	Community Support Worker	Mid-Atlantic Wellness Institute
Gwen Creary		Bermuda Red Cross

Consulted Stakeholders, excluding Patients and Family

JaMae Smith	Programme Manager	Bermuda Health Council
Joshua Correia	PATI Officer	Ministry of Health
Juan Wolffe	Puisne Judge	Supreme Court of Bermuda
Karen Grant Simmons	Director of Mental Health Services	Bermuda Hospitals Board
Keeona Belboda	Manager, Aging & Disability Services	Ministry of Youth, Social Development and Seniors
Michelle Edwards	Social Worker	Mid-Atlantic Wellness Institute
Morrissa Rogers	Clinical Director	Mid-Atlantic Wellness Institute
Preston Swan	Acting Chief Operating Officer	Bermuda Hospitals Board
Rebecca Fisayo	Clinical Manager, Accute Community Health Team	Mid-Atlantic Wellness Institute
Sarah d'Alessio	Programme Manager	Aging & Disability Services
Scott Pearman	Chief Executive Officer	Bermuda Hospitals Board
Shirley Place	Clinical Director	Mid-Atlantic Wellness Institute
Sita Ingram	Director of Operations	Bermuda Hospitals Board
Stephen Buckley	Clinical Manager	Mid-Atlantic Wellness Institute
The Right Revd Nicholas Dill	Bishop of Bermuda	Anglican Church of Bermuda

Appendices

4 – Survey Results

BERMUDA HEALTH STRATEGY

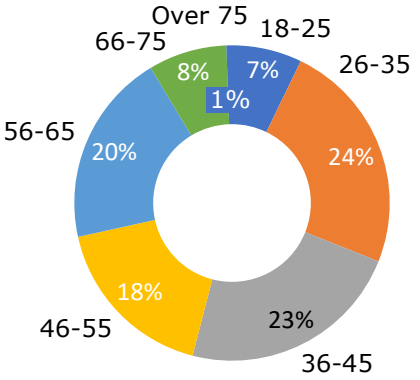
Mental Health Survey – Respondent demographics

348 individuals responded to the survey

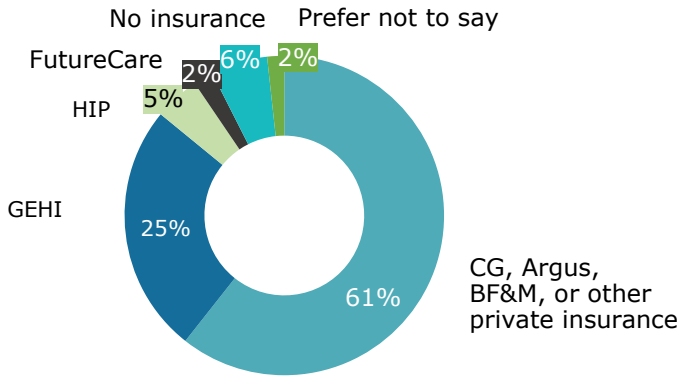
81% identified as women

73% were full-time employed

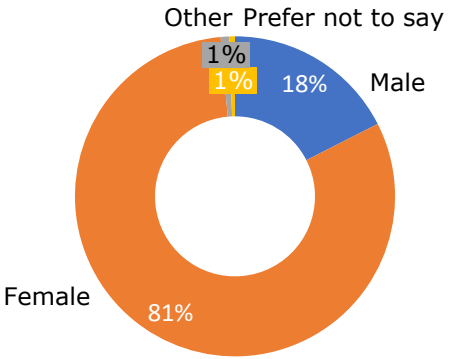
67% had completed tertiary education



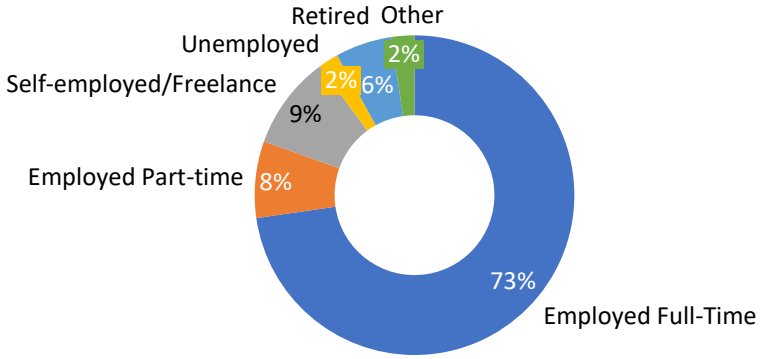
Age Group



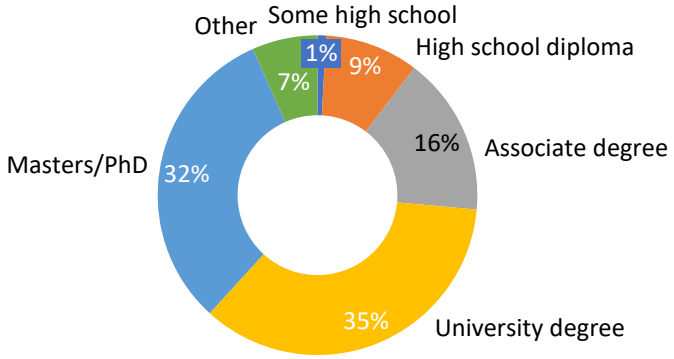
Insurance Type



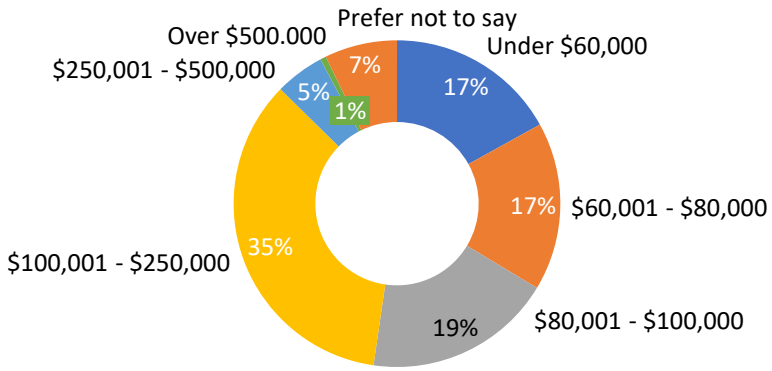
Gender



Employment



Education

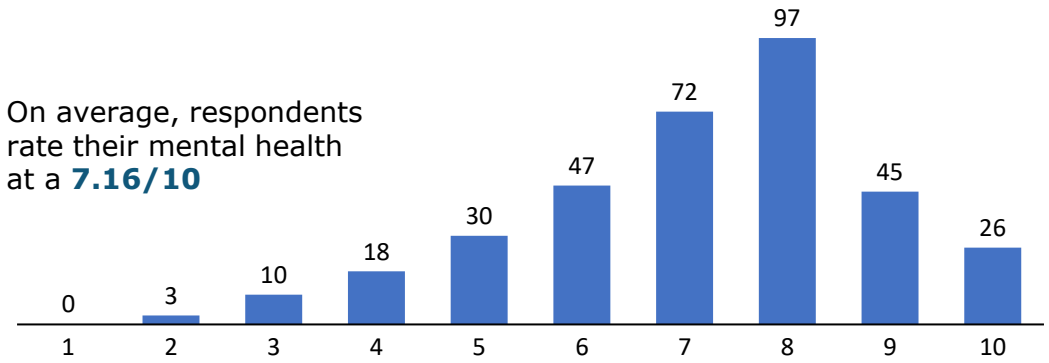


Annual Household Income

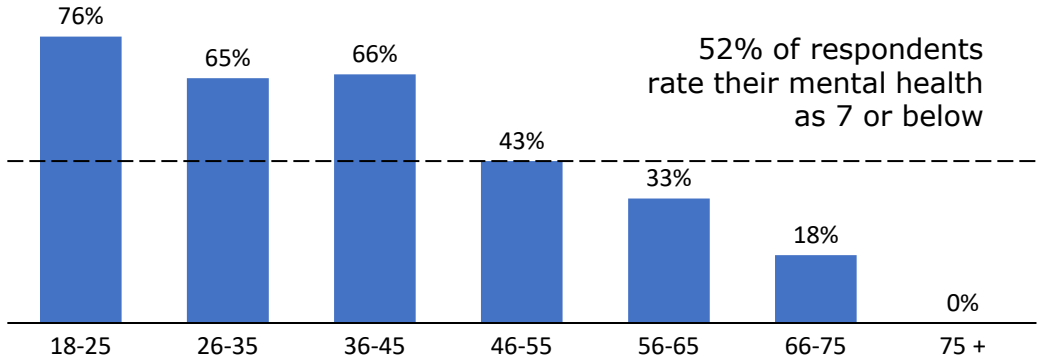
The survey shows a large spread of respondents across household income bands and age groups.

Self-Assessment of Current Mental Health Rating

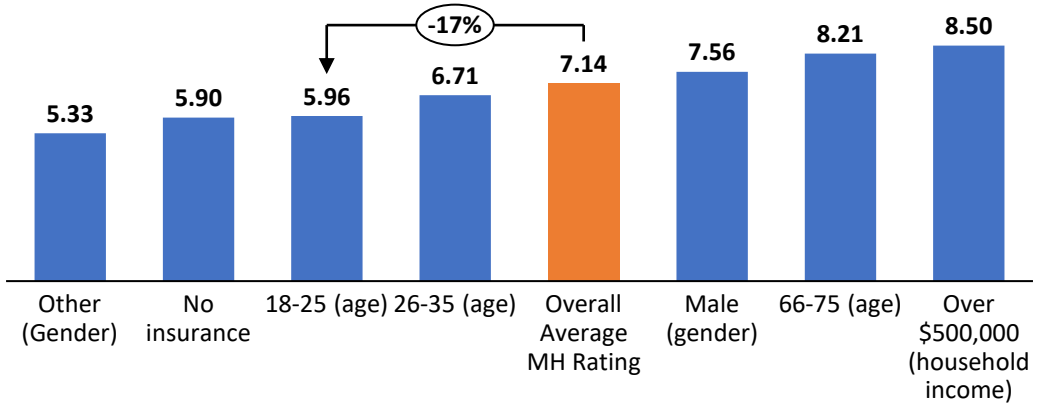
Number of respondents per **mental health rating (1 to 10)** and % of total, *N=348*



Share of respondents rating their mental health **7 or below, by age group**, *N= 348*



Average mental health rating by key demographic characteristics, *N=348*

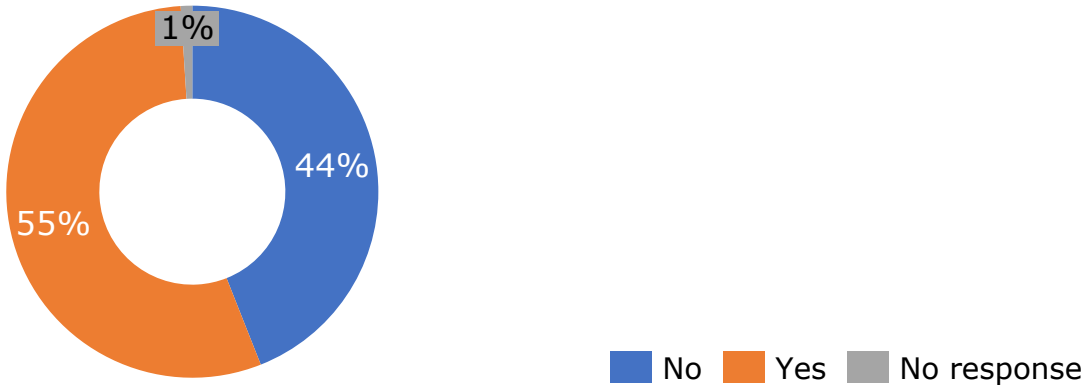


Key Take-Aways

- **52%** of respondents rated their own mental health at 7 or lower.
- 18-25 were the only age group where no one ranked their mental health at a 10.
- On average, respondents rated their mental health at 7.2/10. This average perceived mental health rating changes based on key demographic characteristics. For example, young people and people without insurance rate their mental health at **5.9/10 (-17%).**

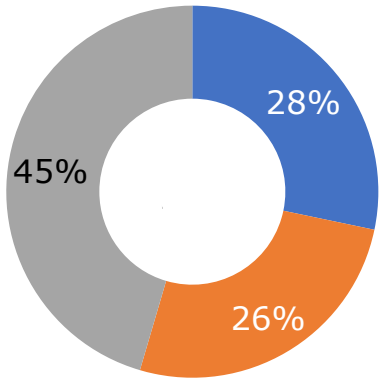
Use of Mental Health Services

Share of respondents having sought help for **mental health concerns**, *n= 348*



Mental Health Concerns

Share of respondents having sought help for **mental health crisis**, *n= 348*



Mental Health Crisis

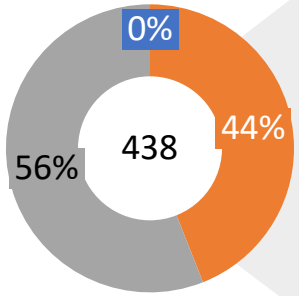
Key Take-aways

- **55%** of respondents sought help for mental health concerns.
- Age: Young people on average seek out services more, **with 60% of 18-25** having sought help for mental health concerns.
- Insurance status: only **29%** of people with FutureCare sought help for mental health concerns.

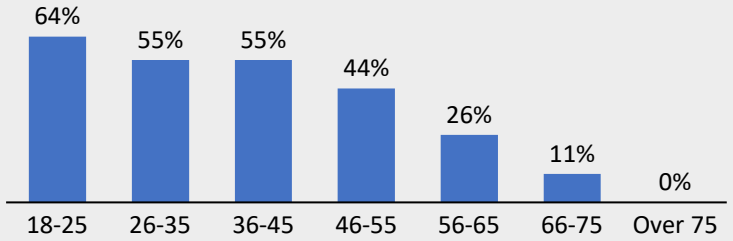
- **45%** of respondents did not feel comfortable enough to share whether they had ever sought help for a mental health crisis.
- Age: highest share of respondents seeking help for mental health crisis (or confident enough sharing) were 18-25 yrs and 26-35 yrs with **28%** and **30%** of respondents respectively.
- Insurance: respondents under HIP coverage were more likely to have sought help for a mental health crisis (or felt confident enough to share), with **38%** of respondents.

Barriers in Accessing Services

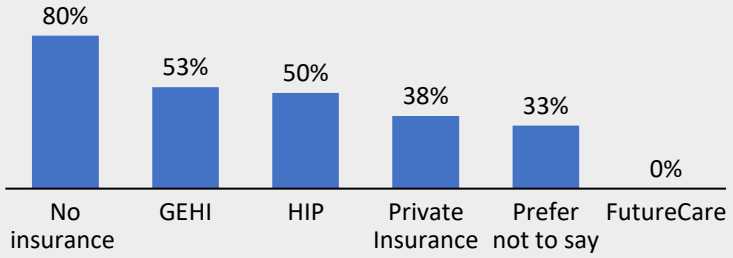
Share of respondents having experienced **barriers** in seeking mental health services, *n= 348*



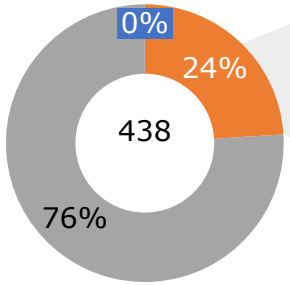
Share of respondents having experienced **barriers** in seeking mental health services, by age group, *n=348*



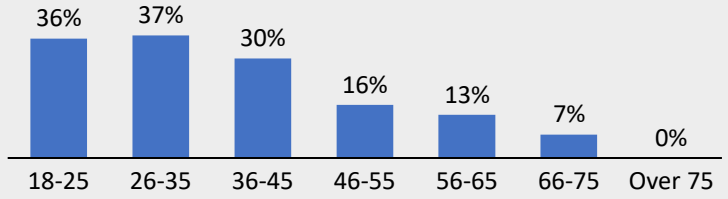
Share of respondents having experienced **barriers** in seeking mental health services, by insurance status, *n=348*



Share of respondents having experienced **stigma or discrimination** in relation to their mental health, *n= 348*



Share of respondents having experienced **stigma or discrimination** in relation to mental health, *n=348*

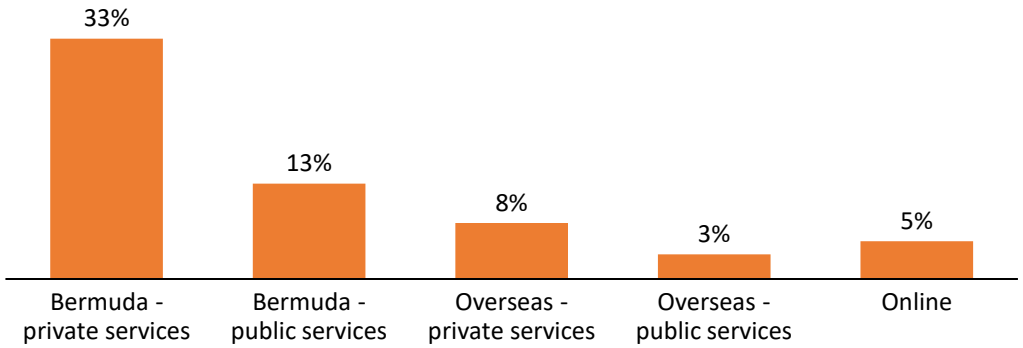


Key Take-aways

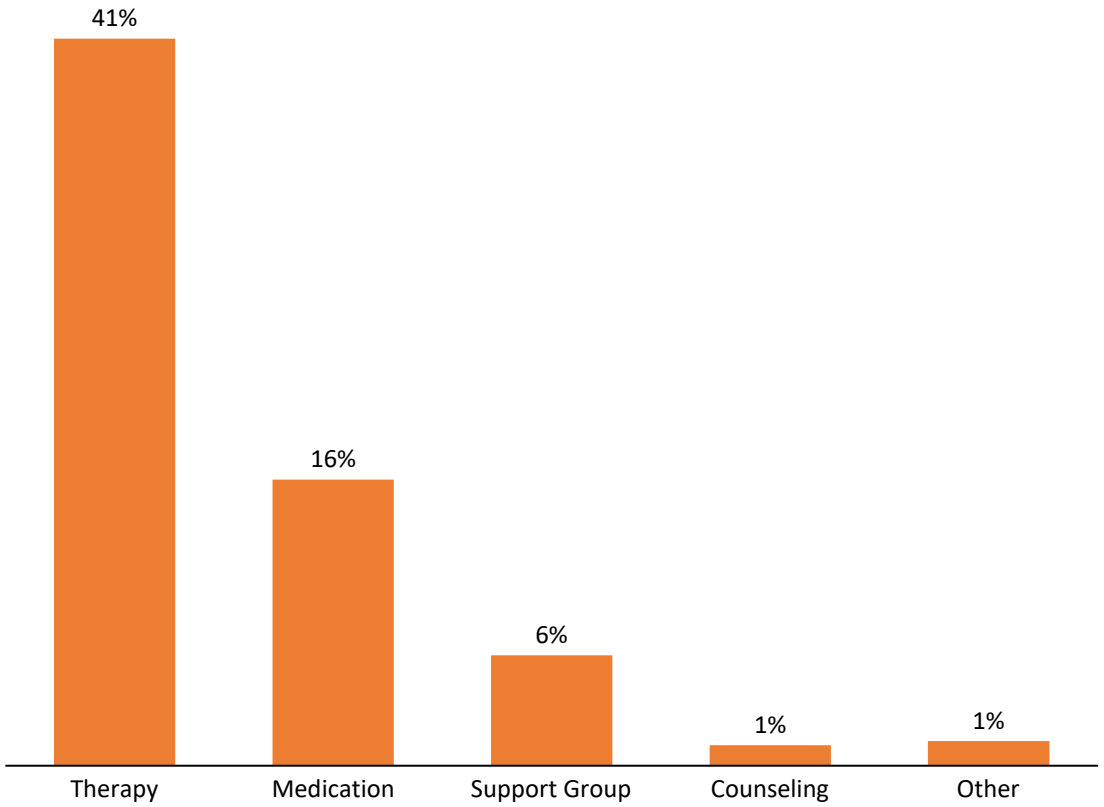
- **44%** of respondents experienced barriers in receiving care. Young people experienced significantly more barriers, with 64% of respondents (+20pp)
- **80%** of people with no insurance, **50%** of people covered by HIP and **53%** covered by GEHI said having experienced barriers to care vs. **38%** for people under private insurance.
- **51%** of respondents with a household income <$60,000 experienced barriers in receiving care.

Types of Services Accessed

Share of respondents by **locations** of mental health services received, *n= 348*



Types of mental health services received by respondents, *n= 348*



Key Take-aways

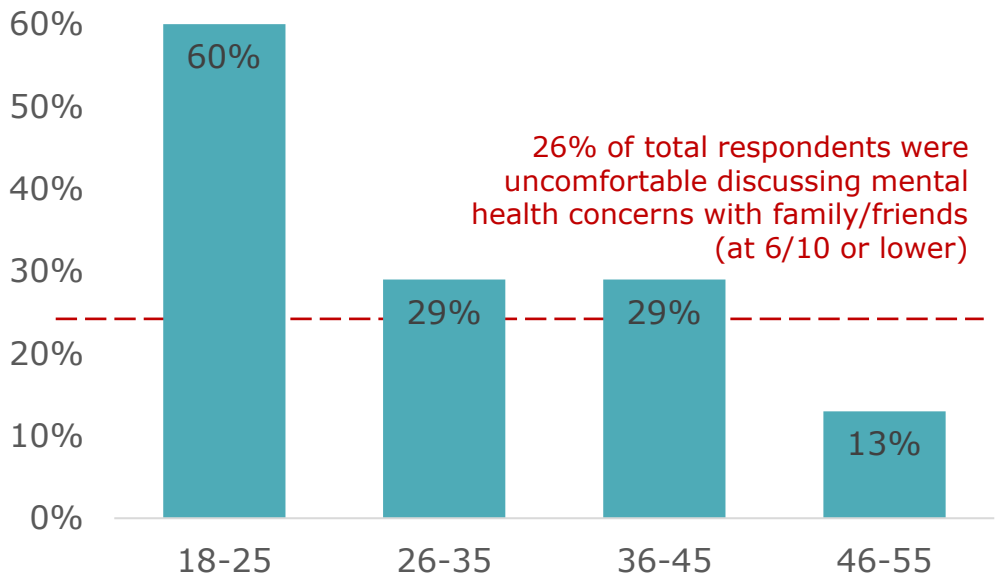
- **33%** of respondents received private mental health services in Bermuda, against 13% public services.
- For services received in Bermuda, respondents rated them at a **3.4/10.**
- The majority of respondents received therapy as a service, with **41% of respondents.**

Comfort in Discussing Mental Health Concerns

BERMUDA HEALTH STRATEGY

Comfort Discussing Mental Health Concerns with Family/Friends

Share of respondents ranking their comfort in discussing mental health concerns with friends and family at 6/10 or lower, *n= 348*



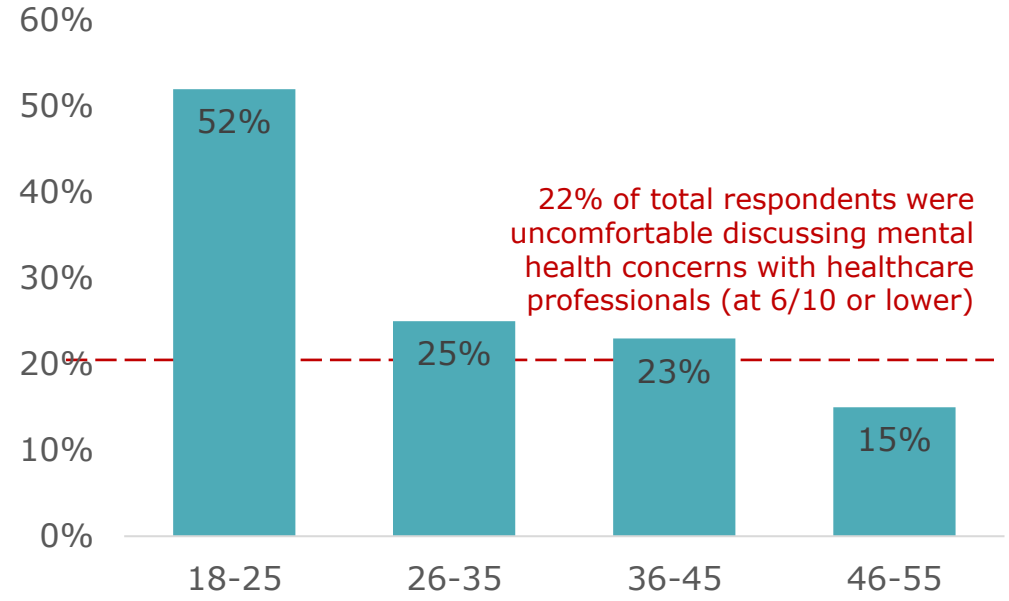
- **18-25 yrs** are more uncomfortable discussing with friends and family
- **42%** of individuals with household income below $60,000 rated their comfort at 6 or below compared to only **12%** of those in the over $250,000 bracket

vs.

Both questions had an approximately even split of attitudes from both men and women

Comfort Discussing Mental Health Concerns with Professionals

Share of respondents ranking their comfort in discussing mental health concerns with healthcare professionals at 6/10 or lower, *n= 348*



- 18-25 yrs are more uncomfortable discussing with healthcare professionals

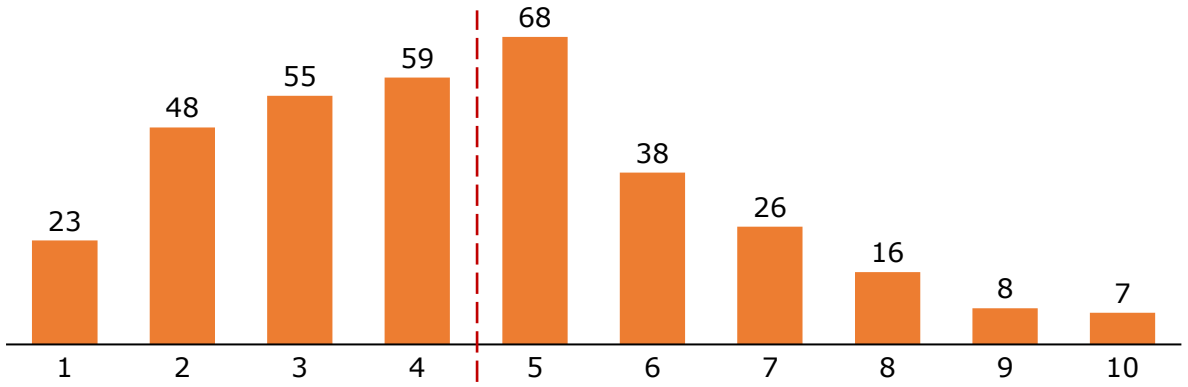
Availability of Information on Mental Health Issues and Services

Available Information on Mental Health Issues in Bermuda

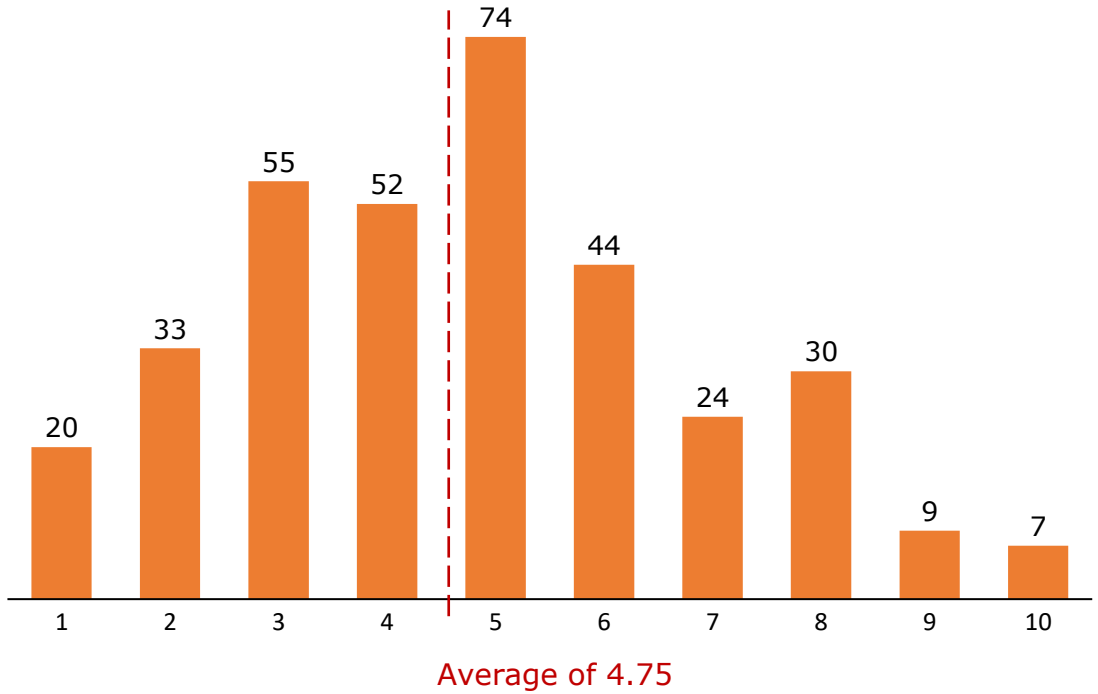
vs.

Available Information on Mental Health Services in Bermuda

Rating of Available Information on Mental Health Issues in Bermuda (1 to 10)
N= 348



Rating of Available Information on Mental Health Services in Bermuda (1 to 10)
N= 348



Key Take-Aways

- On average, respondents rate the availability of information about mental health issues in Bermuda at a **4.43/10.**
- On average, respondents rate the availability of information on mental health services in Bermuda at **4.75/10.**

Contact Us:

We'd love to hear from you! If you have any query or concern, reach out for a helping hand. Please find our contact details below:

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