Bermuda Hospitals Board

Mental Health Plan

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I. Executive Summary

The Mental Health Plan outlined in this paper will allow the people of Bermuda to receive mental health services that are necessary, specialized, and coordinated. The Bermuda Hospital Board (BHB) Strategic Plan set out a Vision "To be the First Choice for Health and Wellness". This is not limited to the Acute Hospital at King Edward Memorial Hospital (KEMH), but also extends to Mid-Atlantic Wellness Institute (MWI). MWI must address the **Mental** Health and **Mental** Wellness of people of Bermudian to reach BHB's vision of "the First Choice."

MWI is the sole psychiatry hospital in Bermuda and provides hospital and community-based care in the following areas:

- Mental Health /Psychiatry
- Learning Disability
- Substance Abuse
- Child and Adolescence
- 'Graduate' Elderly

While MWI has made great progress in deinstitutionalizing the population with mental illness in Bermuda, much work remains to be done. The effort to provide care to the citizens with mental illness focuses too much of the resources toward institutionalization and not on a community-based approach. The result has been a 'revolving door' of clients being institutionalized and returning to the community to find too little support and then re-entering an institution.

MWI has devised an approach that focuses on patient-centered care in the community based on implementing recommendations provided by outside experts as well as following best practices and models of care from the US and UK respectively.

The Mental Health Plan can be broken into three main segments (each with supporting strategies) which overlap in some areas:

1.) Expand Community Based-Care Model
    a. Establishment of Home Treatment through Acute Crisis Resolution (ACR)
    b. Establishment of Assertive Outreach Team (AOT) with forensic capacity
    c. Re-provision of long term residential care from Devon Lodge
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II. Mental Health Services in Bermuda

Mental Health is fundamental to a nation's wellbeing. Approximately one fourth of Bermuda's population will develop a mental or behavioral disorder at some point during their lives[i]. The effects of mental illness are evident across the life span, among all ethnic, racial, and cultural groups, and among persons of every socioeconomic level[ii]. Mental illness often influences the onset, progression, and outcome of other illnesses and frequently correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity[iii].

Furthermore, some people with mental illness who are not identified or treated may be prone to engage in criminal activities, leading to confinement in correctional facilities. Current Bermuda Correctional Facilities data shows a prevalence rate of around 17% of inmates under care for mental illness (this rate may underreport due to the limited availability of mental health assessments and treatment options)[iv].

Treatment for mental disorders is available and effective. However, the majority of persons with diagnosed mental disorders do not receive appropriate and continued treatment. The challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services for all persons, particularly among populations that are disproportionately affected.

Delivery Model in Bermuda

Mid Atlantic Wellness Institute (MWI) is currently the only psychiatric facility in Bermuda that provides both inpatient and outpatient mental health services. MWI is organized into the following Mental Health specialties:

- Mental Health /Psychiatry
- Learning Disability
- Substance Abuse
- Child and Adolescence
- 'Graduate' Elderly

The Mental Health population can be viewed as institutionalized (living as inpatients at MWI) or community-based (living at one of numerous group facilities or at their homes with a caregiver).

Client Location Category	Location
Institutionalized	Mid Atlantic Wellness Institute (MWI)
Community	MWI Community Group Homes (15)
	Home (with Support of Caregivers)

The Psychiatry programme is composed of an inpatient and outpatient section. MWI consist of four inpatient units which routinely operate at 95% occupancy levels.

Inpatient Units

Inpatient Unit	Beds	Average Length of Stay
Acute Admissions -- Somers	19	21 days
Intensive Care -- Annex	4	14 days
Rehab /Long Stay -- Devon Lodge	18	2-20 years
Psycho – geriatrics – Reid	23	~10 years
Total	**64**	

Outpatient Services are offered through multidisciplinary teams providing clinic during normal business hours with 24 hour coverage from on-call Psychiatrists and Mental Welfare Officers to deal with any crisis interventions required.

Outpatient Programs

Outpatient Programs	Current Clients	Description	FTEs
Acute Community Services	~400 Clients	Range of services which includes assessments, treatment and follow ups with psychotherapy, behavior therapy, medication and home visits	12
Community Rehabilitation Services	~300 Clients 15 Mental Health Group Homes	Provides daily services for clients needing longer term rehabilitation for their enduring mental illness	22

The other MWI programmes are summarized here:

Programme	Description	Clients/Beds	Staff
Learning Disability	Services are provided to clients of all ages with moderate or severe disabilities. Day Care Services, Inpatient assessments, treatments and respite services. Residential group home living is provided through thirteen group homes. Project 100 a charitable organization was instrumental in securing three group homes specifically for clients with learning disability.	60 clients in group home living 17 inpatient beds for severely disabled clients	105 staff
Substance Abuse	Programme consists of three services: • Inpatient Unit is responsible for acute detoxification of addictions ranging from opiates to alcohol. The unit runs at 70% occupancy on average with an ALOS of 14 days • Outpatient services - Turning Point offers assessments treatment and follow ups for psychotherapy behavior modification and medication. Recently services have been made available for gambling and smoking cessations. A three week education services is offered to clients and their families. • Methadone clinic is daily dispensing methadone to 140 clients on a daily basis	8 Bed Inpatient Unit 400 open files	26 staff
Child and Adolescents (CAS)	Programme consists of three services: • The inpatient unit opened in 2007 and has had 36 admissions thus far. This population is the under 19 population with mental health disorders. Average length of stay is 14 days. Common diagnoses are Depression, Conduct Disorders and Psychosis. • Day Care Services with an emphasis on educational supplement service is provided for up to 10 clients in keeping with the school year calendar. In addition special summer day camps are offered to children with ADHD and Autism. • The Outpatient services offer clinic staffed by a multidisciplinary team	4 Inpatient Beds 400 open files	20 Staff

MWI is the sole provider of inpatient services for Mental Health, however for outpatient services the population is served by a limited network of community services both public and private entities. While private stakeholders do exist, MWI plays a leading role in organizing and managing the services for mental health population. Currently, a commission has formed to look at some of the more than 60 organizations, both public and private, and how they can better work with one another to support the population with mental illness.

Service Category	Management	Type of Service
Community at large Wellness Options	Several Ministries / Private Organizations	Different service lines and private psychiatrist and psychologists services
MH Assessments and treatment and follow ups, crisis intervention over 24hr , Residential Homes	Bermuda Hospitals Board / Private entities	MWI / Private entities
Police Prison Courts Education	Ministry of Safety	TLC /West Gate and Coed
	Ministry of Rehabilitation Hospitals Board	NDC /BAR /MWI / SA/ CS
	Ministry of Health	MWI
	Ministry of Education	Child & Adolescent

Challenges in Current Model

Various agencies in Bermuda have commissioned reports and expert reviews of the state of mental health care in Bermuda. Much of the focus has centered on people with mental illness who receive a "revolving door" pattern of care. These patients spend varying amounts of time in institutional care, sometimes within the Mid-Atlantic Wellness Institute and often within Westgate Correctional Facility if they are found to be criminal offenders. This institutional care is interspersed with brief periods of time spent within the community. This "revolving door syndrome" is typically associated with deterioration in mental health often precipitated by social crises and the potential for repeat criminal offenses, sometimes of a very serious nature[v].

The model of care in Bermuda reflects that of a bygone era in the U.K. and U.S. before those countries largely under the influence of the human rights movement moved away from care models that focused on institutionalization and towards an approach that focused on patient-centered care. MWI has made many strides in moving away from the institutional approach over the past decade, but must further its reach into the community.

Much of the "revolving door" is caused by a lack of community-based resources available to the mentally ill. Mental Health care provided to people while incarcerated is lacking as a result of a lack of resources. Further, this environment is not appropriate for many offenders who should be in a clinical setting for inpatient care or a more secure forensic unit. Transfer mechanisms between MWI and the BDOC have been pressured due to lack of bed availability and insufficient security at MWI over the years. Bermuda also lacks more secure forensic units dedicated to offenders with mental illness.

Each clinical programme at MWI (except for the psycho-geriatric ward) was planned with outreach missions. However, overall success in this area has varied. Acute services and rehabilitation outreach services have developed however even these have limited treatment capacity. Increasing outreach capacity through enhanced training and personnel would move the services closer to best practices in today's world.

Institutionalization

The default strategy for dealing with many of the mentally ill in Bermuda has been institutionalization. MWI's persistently high occupancy levels demonstrate this. This strategy is largely a byproduct of family rejection, limited community accommodation and staff shortages in outpatient areas that would support community-based care. The existing arrangements do not allow the development of an acute crisis resolution capacity to provide home treatment as an alternative to admission and to shorten length of stay.

Another pressure on the acute wards is the lack of alternative treatments for people with sub-acute problems who require a longer period of intensive engagement with a degree of security. The necessity to nurse such people on acute wards (Somers' Ward and Somers' Annex) interferes with the treatment of those with shorter-term acute problems.

A lack of pro-active and systematic service for the engagement and education of younger people experiencing their first episode of psychosis is also a driver of institutionalization. Recent advances in mental health worldwide suggest that some of the accumulating handicaps of psychotic illness can be prevented by intensive multidisciplinary work at an early stage of the illness.

Addiction Treatment

Alcohol and drug addiction are growing problems. 'Turning Point' (TP) at MWI provides several levels of care in substance abuse treatment. While TP has increased its level of resources, gaps in care remain. Prominently, TP has found the abrupt transition from Inpatient Detox to Turning Point aftercare/outpatient services has left a void in the middle. The recidivism rate shortly after Inpatient Detox ends suggests that a more gradual step-down must be implemented to allow this group to fully shift to community-based care and remain being treated.

Geriatric Care

As elsewhere in the world, there are growing numbers of elderly in Bermuda, many of whom have unmet needs. The services for severely distressed elderly in Bermuda are in crisis. The new legislation on elder abuse will not provide services, and could result in a higher demand.

The Consultant Physician in Geriatric Medicine left BHB early in 2007 and there has been no specialized Psycho-geriatric service since 1982. The result has been a service gap to this growing and vulnerable population.

Recruitment and Retention

Underlying these challenges is a looming mental health labor shortage. The age distribution of the nursing force at MWI suggests there is an impending crisis in staffing because of expected retirements. Furthermore, difficulties in recruitment and retention of clinical staff, both Bermudian and expatriate, portends no easy mechanism for backfilling this coming shortage.

III. Mental Health Plan Components

The Bermuda Government and BHB believe that hospitals should be places for treatment and not confinement, and should no longer be offered as an alternative to proper housing for any who can safely live in the community or with their families. The attitude of "out of sight and out of mind" sets up and sustains a system of prejudice that is no longer acceptable.

Most mental illness can be treated in a primary care setting, while more acute cases may require further resources provided by psychiatric outpatient services. On both sides of the Atlantic, acute treatment can now be provided in people's own homes or in a crisis house. Recent experience in the US and UK has shown such alternatives to hospital treatment to be safe, viable and preferred by most people and their families.

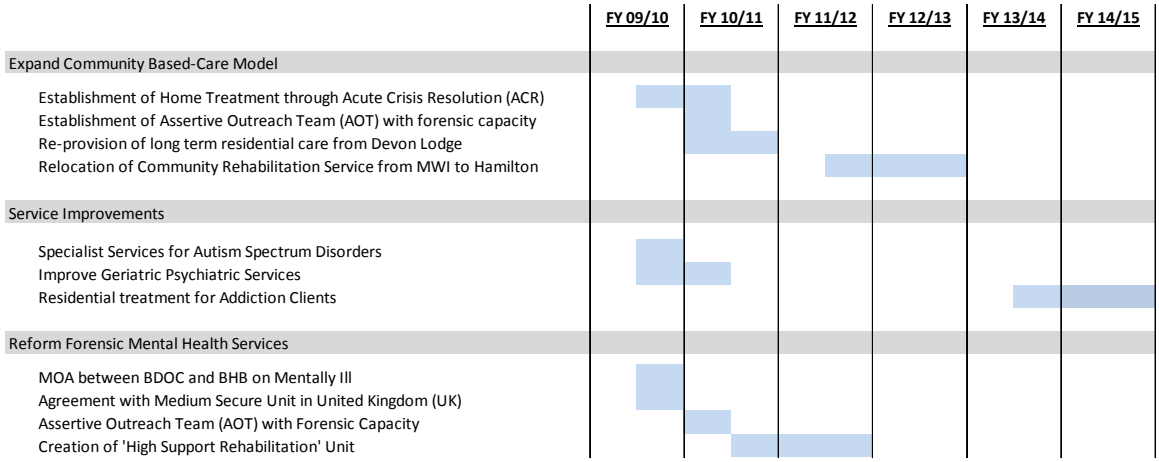
The plan brought forth is in accordance with best practices set out in the UK's 'National Service Framework for Mental Health: Modern Standards and Service Models.[vi] MWI has also consulted with the U.S. National Institutes of Mental Health's (NIMH) research on best practice and care models to ensure Bermuda will have a Mental Health System that meets internationally accepted care practices[vii]. This will allow implementation of all American Psychiatric Association (APA) guidelines which present services do not[viii]. The appendix contains reviews of this plan from U.K. based Norfolk and Waveney Mental Health NHS Foundation Trust and U.S. based Hope Health Systems, Inc. who reviewed aspects of the Mental Health System in Bermuda and set forth a series of recommendations (these reviews were limited in scope, while the Mental Health Strategy is more inclusive) (See ***Appendix I & II***).

The Mental Health Plan can be broken into three main segments, which overlap in some areas:

1.) Expand the Community-Based Care Model
2.) Service Improvements for Current Gaps
3.) Reform Forensic Mental Health Services for Bermuda

The breadth and depth of this plan suggests that an attempt to implement all new services simultaneously is not feasible. BHB will stagger the implementation of these services to ensure management time can be concentrated on successfully implementing individual programs and to break up the extra funding requirements over the five years. Those areas that do not require additional funding and can be implemented with relative ease will be implemented as soon as possible, while those requiring more resources and planning will be implemented during future years.

Mental Health Implementation Timeline



Expand Community Based-Care Model

The community-based care model focuses on supplying the resources in the community to stop the "revolving door" of institutionalization and support people with mental health problems and their families through acute crisis and continuing rehabilitation. The goal is to migrate resources from inpatient care at MWI to community-based services which should improve the clinical outcomes of the people with mental illness and eventually reduce the total expense spent on inpatient care.

Establishment of Home Treatment through Acute Crisis Resolution (ACR) capacity

An Acute Crisis Resolution (ACR) capacity will be added to the existing acute outpatient and case management service. Four new FTE's with a multi-disciplinary focus will augment the existing team. These new posts will also focus on developing case management services for younger adults experiencing first break psychotic symptoms. International evidence shows this may improve the long term outcomes in these young people. Education on early symptoms will be offered to General Practitioners (GPs). Additionally, an experienced team leader will be required for the first three years to establish the new treatment protocols and provide training, including mentoring a future Bermudian Team Leader. They will work with other community nurses to provide 24/7 crisis resolution cover. This should also reduce the existing chronic pressure on the acute wards. Physician coverage will be as at present.

Staffing Requirements for ACR

Staff	FTEs
Psychiatrists	Existing
Mental Welfare Officer (MWO)	1
Community Psychiatry Nurse (CPN)	2
Community Support Worker (CSW)	2

Assertive Outreach Team

A team of professionals whose backgrounds and training include social work, rehabilitation, counseling, nursing and psychiatry provide Assertive Community Treatment services. Among the services AOT provide are: case management, initial and ongoing assessments; psychiatric services; employment and housing assistance; family support and education; substance abuse services; and other services and supports critical to an individual's ability to live successfully in the community. AOT services are available 24 hours per day, 365 days per year.

Services are provided within community settings, such as a person's own home and neighborhood, local restaurants, parks and nearby stores. Treatment plans, developed in collaboration with the client, are based on individual strengths and needs, hopes and desires. The plans are modified as needed through an ongoing assessment and goal setting process. AOT's are pro-active with clients, assisting them to participate in and continue treatment, live independently, and recover from disability. AOT services are intended to be long-term due to the severe impairments often associated with serious and persistent mental illness. The process of recovery often takes many years. The team encourages all clients to participate in community employment and provides many vocational rehabilitation services directly.

Similar to the ACR team, an experienced team leader will be appointed to foster the program at the onset and provide training. The team will work closely with clinical staff from BDOC and with professionals from the Probation Service to identify and actively manage those in need.

New Staffing Requirements for AOT

Staff	FTEs
Nurse (Team Lead)	1
Community Psychiatry Nurse	2
Community Support Worker	3

Re-provision of Long-Term Residential Care from Devon Lodge

The Bermuda Mental Health Foundation (BMHF) has committed to bringing 16 units on line in a housing project in Somerset to be ready by December 2010. This would complete the de-institutionalization of mentally ill Bermudians. Additional staff will be required to cover for this facility on a 24/7 basis, so that people with physical frailty may be supported. Most of the support will continue to be peripatetic from the community rehab service. This means some of the Devon Lodge staff will be available for the High Support Rehabilitation Unit below.

New Staffing Requirements for Long Term Residential

Staff	FTEs
Nurse	6
Aides	6
Occupational / Recreational Therapist	2

Although the BMHF will bring the facilities online, MWI will need to furnish and equip the facilities. MWI will also incur rental and additional transportation costs.

Relocation of Community Rehabilitation Service from MWI to Hamilton

Transitioning the current Community Rehabilitation center will move the service closer to its clients. The existing service located on MWI's campus is inconvenient for most of the potential clients. Potential lies in placing the center in the back of Hamilton, which could benefit the community by providing a central resource for many of the people with mental illness who have become homeless, as well as for others where their situation in the community is tenuous. Previously, a group from Community Rehab provided a service at the back of town. This met with some considerable success and a letter was received from the then Mayor of Hamilton praising the problem solving that resulted. There was less presence of homeless people with mental disorders on Front Street. Eventually the project became unsustainable because not enough resources could be devoted to it.

Currently, no site has been identified for this facility. MWI will investigate opportunities to create a facility for this purpose (e.g. Purchase, Lease, Land Purchased and Facility Built, Repurpose existing Government Building). Discussions regarding how to arrange for this facility can be discussed further with Government.

The current Community Rehab staff will transition to the new facility (along with additional staff who can improve existing programs). The new facility will require new resources to provide facilities and housekeeping services and dietary as it is offsite from MWI's main campus (many of these services can be outsourced). Some of these services can be provided by the clients themselves. The Centre Manager will provide oversight of the facility's operations.

New Staffing Community Rehabilitation Center

Staff	FTEs
Centre Manager (Non-Clinical)	1
Occupational / Recreational Therapist	2
Rehabilitation Therapist	1
Occupational Therapy Aides	3

Service Improvements for Current Gaps

Specialist Services for Autism Spectrum Disorders
Bermuda has the need for on-island specialist services for Autism Spectrum Disorders. The Assessment and Monitoring Clinic for Autism will be a new service in the Child and Adolescent Services (CAS) directorate that will provide on-island care for the approximately 200 people in Bermuda with autism. The new service will bring an internationally known expert to Bermuda on a regular visitation schedule. This will obviate the necessity for the families of such children to travel for insurance funded assessments that are often unsatisfactory and not related to service available on the island. The service is cost-neutral do to the elimination of travel expenses. The initiative has been welcomed by the Bermuda Autism Support and Education Society.

Improve Geriatric Psychiatric Services
Bermuda has a rapidly aging population and a complete lack of specialized psycho-geriatric services to care for this group. BHB is in the process of recruiting a clinical geriatrician. The Geriatrician will work with the consultant psychiatrist at MWI and others to develop a comprehensive, island wide mood and memory assessment, advice and treatment service.

The National Office for Seniors and the Physically Challenged (NOSPC) has been moved to the Ministry of Health and there is a proposal to move the Government Rest Homes from the Department of Health to the BHB. A well functioning integrated service for senior citizens will have positive effects on the functioning of both hospitals and help meet the needs of elderly people and their families in a more efficient manner.

Residential Addiction Treatment
Over the past year, Turning Point (TP) has provided services to approximately 400 clients (both inpatient and outpatient). Transitional housing/short-term residential is a service gap identified by the Turning Point Team. Research shows that although detoxification and outpatient counseling have a level of success as treatment options, some clients would benefit from short and/or long-term residential treatment as well. It should be a tiered system. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), more than ¼ of patients who participate in a detoxification protocol will be re-admitted within one year (other research has shown as high as 90%). Patients who are involved in comprehensive substance treatment within thirty days of completion of detoxification are less likely to relapse. They go on to state that although detoxification assists clients in ceasing their use of alcohol and drugs it is not treatment. "Comprehensive treatment entails rehabilitation and recovery services." Client services are individualized and therefore, each client must be treated on their own merits. For some outpatient services are sufficient but for others, a more intensive residential program would enable them to establish a strong foundation prior to re-entering society. A short-term residential facility would allow clients this option.

Residential programs can span anywhere from 30 days to one year. The time frame is client-specific. Just as addiction is progressive, so is recovery. Research has shown that a two to three year continuum of care is best for persons who desire to heal the whole person. Assessment and treatment planning determine the time frame.

Due to the progressive nature of recovery, many clients take months or years to work through these stages. Our current detoxification program meets the requirements of clients to begin the stabilization phase by minimizing the physical symptoms of withdrawal and also identifying underlying medical issues. The Early Recovery Stage is incorporated into the Intensive Outpatient Program by detox clients being involved in education sessions after being on the unit for 48 hours. This is only the beginning. A short-term residential facility, which could later add a long-term residential component, would enable clients who need more structure to work through stages three to five.

The program would add additional counselors and a team leader to support the residential aspects of treatment:

New Staffing Requirements for Residential Addiction Treatment

Staff	FTEs
Clinical Manager	1
Addiction Counselor	2
Counselor Assistant	2

Existing space exists in the old Hinson ward located on MWI's campus which can be remodeled to provide the necessary space for the program. The benefit of this renovation is Turning Point would remain consolidated in a single area, to allow for easy transition for clients and cross-coverage by staff.

See Financial Analysis section for comprehensive overview of implementation and operating costs.

Reform Forensic Mental Health Services

This objective is focused on ensuring mentally ill offenders are appropriately assessed and evaluated to ensure they are placed in an appropriate environment. Due to Bermuda's small size, some specialized forensic mental health services cannot be developed locally. BHB must determine when to allocate resources locally and when to seek alternatives off-island.

MOA between BDOC and BHB on Mentally Ill

The first step in reforming the needs of forensic mental health services is to develop and implement a Memorandum of Agreement (MOA) between Bermuda Department of Corrections (BDOC) and Bermuda Hospitals Board (BHB). The basic objective of the MOA is to ensure efficient and appropriate transfers between the two institutions (see ***Appendix III***). The basic agreement outlines the following:

- Identify key personnel from both organizations who will take responsibility for resolving transfer issues
- Include the criteria under which inmates should be evaluated for transfer
- Allow for the transfer of inmates with acute psychiatric symptoms to MWI for the provision of treatment that comports with Bermudian law
- Ensure timely access to acute critical care
- Contain a commitment from MWI for the prompt acceptance of patients from Westgate;

Agreement with Medium Secure Unit in United Kingdom (UK)

For those offenders whom BDOC facilities are inappropriate to care for their mental illness and require more secure accommodations than MWI can provide, BHB will forge an agreement with a Medium Secure Unit in the United Kingdom (UK). Outside evaluations of Bermuda's mental health system have agreed

that Bermuda does not require an on-island Medium Secure Unit due to the dearth of potential users (such facilities customarily service populations of over one million people). BHB is currently engaging in talks with the Reaside Clinic, Birmingham to formally explore a contractual arrangement. BHB will attempt negotiate a 'no refusal' policy that will allow MWI to immediately transfer offenders to this Medium Secure Unit if an evaluation indicates that is necessary. As has been the standard, the Ministry of Health will incur the expense of this service if it is required.

Assertive Outreach Team with Forensic Capacity

BHB will seek to keep those patients who can remain in the community in lieu of institutionalization at MWI or BDOC by creating an Assertive Outreach Team (AOT). Assertive Community Outreach is a system developed during the early 1970s in the U.S. & U.K.-- the heyday of deinstitutionalization, when large numbers of patients were being discharged from state-operated psychiatric hospitals to an underdeveloped, poorly integrated "non-system" of community services characterized by serious "gaps" and "cracks." Assertive Outreach Treatment is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness such as schizophrenia.

Clients served by AOT are individuals with serious and persistent mental illness and severe functional impairments. Persons served by AOT often have co-existing problems such as homelessness, substance abuse problems, or involvement with the judicial system. The AOT will work closely with clinical staff from BDOC and with professionals from the Probation Service. Close monitoring of recently released offenders can dramatically reduce recidivism rates (see more details related to expense in *Implement a Community-Based Care Model* section). The goal of the AOT will be to foster the resources necessary for clients to remain in the community and stop the 'revolving door.'

Creation of 'High Support Rehabilitation' Unit

A High Support Rehabilitation Unit (HSRU) or otherwise called a 'low secure unit' will be created on MWI's campus. One of the key recommendations of the two forensic reports commissioned by Government in 2008 was to create a step down unit where active residential rehabilitation with a degree of security can be organized in a hospital setting. The alternative is to maintain these mentally ill offenders at a correctional facility where the required rehabilitation services are not available.

The unit will provide long-term care for those who were acquitted on the basis of insanity. For all others, this unit should serve the purpose of acute stabilization, either to make patients fit to stand trial or to treat them so that they can be managed by treatment staff in the detention facility. This unit will have a lower level of security, higher staff to patient ratio, locked floors and 24 hour observation. The current plan is to provide 10 additional beds.

Nursing and security, not correctional officers, will be provided for the management of the patients. This aspect of care is crucial because staff has to be willing and trained to deal with mentally-ill patient populations. These are functions of a hospital setting not a correctional institution. Some staffing for the HSRU will transfer from Devon Lodge, but some incremental recruitment, staffing and training will be required.

New Staffing Requirements for HSRU

Staff	FTEs
Nurse	12
Nurse Assistants	6
Psychiatrist	Existing
Psychologist	1

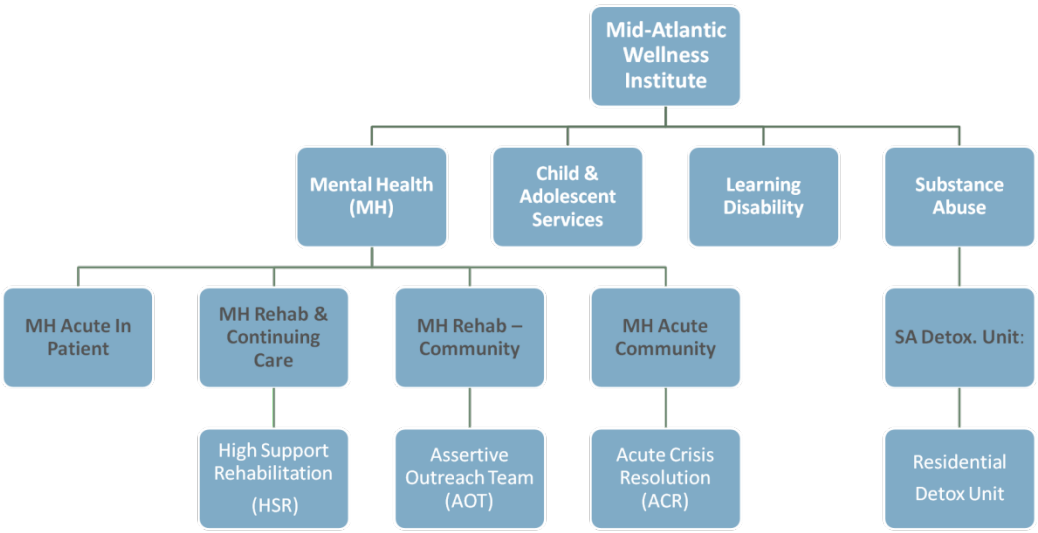
Implementation of HSRU would not require a new facility, but a retrofit of an existing number of rooms.

Devon Lodge will be vacated (see below) and an area adjacent to Devon Lodge has been identified and would be administered as part of the program. Space will be allocated for an active rehabilitation and resettlement drive for those who no longer need to be housed in this way.

IV. Operations Overview

Management Structure

The additional programs will fit within the current organizational chart as these programs add resources and capabilities to a system that is already in place. The following diagram shows where each additional major program will fit:



Staffing

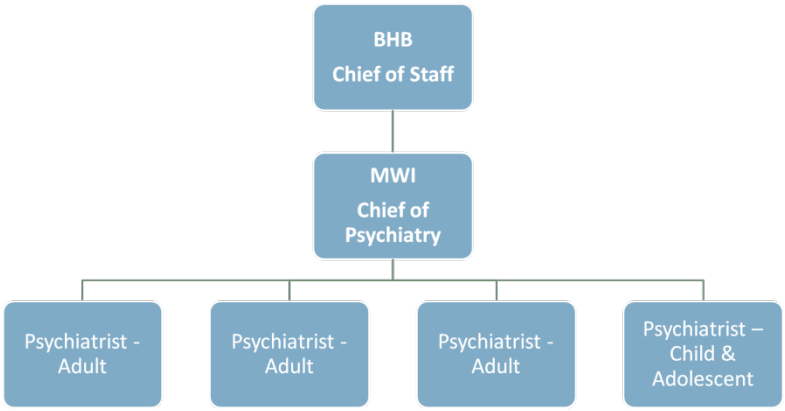
Implementation of these programs will require additional staffing over the coming years. The ACR and AOT teams will need to provide coverage on a 24/7 capacity and have presence on each end of the island. Both new and existing staffing for community rehab and acute services will provide cross-coverage for one another.

Psychiatric nursing will shortly face a large portion of nurse managers retiring from Bermuda leaving a large void in clinical and managerial experience. BHB has begun d*eveloping* a relationship between MWI, Bermuda College and Birmingham City University. Numerous representatives from Bermuda have visited Birmingham City University to further this relationship. Many of the issues discussed above could be further explored (without commitment) through establishing a partnership with an overseas organization, and Birmingham would have a great deal to offer. In addition to offering access to UK Higher Education, Birmingham mental health services have an International reputation, so that students can be confident that they will experience high standards of training on a modernized mental health service. Birmingham also has an ethnically diverse population, with a strong African-Caribbean community, an important influence on how services are delivered.

Medical Staff

The present medical staff leadership and structure at MWI will remain unchanged with this new plan. The following organizational chart details the existing structure which contains four Psychiatrists focused on Adults and one Psychiatrist focused on Child and Adolescents.

Medical Staff Structure at MWI



A working relationship between Psychiatrists at MWI and the KEMH Geriatrician will be established after recruitment of a Geriatrician to operationalize the psycho-geriatric program. The implementation of this service may have some impact on primary care as these physicians provide this service to the elderly without specialized support and advice now. This could result in a reduction of their work, but the joint service for the elderly will be a secondary care service and will likely synergize with GPs.

BHB will also further its Clinical Advisor program in Psychiatry by linking with Howard University Hospital (HUH) in Washington, D.C. BHB is committed to ensuring excellence in the delivery of health care locally and establishes clinical collaborations with leading medical centers to improve overseas and on-island patient care. HUH will provide an external oversight of MWI and provide MWI clinicians with continued education and training opportunities as well as onsite resident physicians.

Facility & Equipment Requirements

An imperative to implementing this strategy is to provide the necessary facilities for MWI to further branch out into the community and revitalize its existing facilities. Under investment in maintenance and modernization is a challenge MWI faces with many of its facilities. While its current facilities are not suitable for implementing these new services, MWI has existing facilities that once modernized can accommodate most of these programs once the Community Rehab can relocate into Hamilton.

Programs	New Space
High Support Rehabilitation Center	Utilize Space from Existing Community Rehab Center on MWI Campus
Community Rehabilitation Program	Relocate from MWI to Hamilton The space for this facility can come from many different avenues: • Purchased • Leased • Land Purchased and Facility Built • Repurpose existing Government Building
Residential Addiction Center	Existing space (old Hinson Ward) on MWI campus will be remodeled. Renovation will require removal of Asbestos adding to cost and time.

Long term residential (Devon Lodge)	Move to Group Homes sponsored by BMHF

Full costings for renovating each facility have yet to be done. Approximations, found in the financial analysis section, are based on current building costs per square foot and are subject to significant variation.

The opportunity to implement this Mental Health Strategy also provides BHB an occasion to develop an Master Estate Plan for MWI's campus. BHB must begin developing a long-term vision of Mental Health Services in Bermuda and rationalize that with the current MWI campus. MWI's campus provides an opportunity and a challenge as it provides BHB valuable real estate with an aged infrastructure. The long term vision of MWI must also account for the redevelopment of the KEMH campus which will have significant new capacity to centralize services on KEMH's main site. Further, the move to a community-based care model should reduce the number of inpatient beds needed.

Clinical & Service Quality

The formulation of this strategic plan has forced MWI management to analyze the current model of care and service needs in Bermuda and develop a series of programs towards improving client care and satisfaction. The initiatives called for by the strategic plan are only as valuable as the ability to execute on these plans. BHB must bridge the gap between strategy formulation and the execution phase; successful organizations in following through on strategic planning must exhibit a strong culture of accountability to drive implementation. MWI has identified a series of initiatives and measures to monitor and measures on a regular basis.

The outcome measures will address and monitor the following;

Strategic Priority	Initiatives	Targets
Quality	Full integration of the Recovery Model of Care Delivery based on evidence based practice (care maps) Full compliance with psychiatric standards of care to achieve accreditation Audits and research data to support clinical outcomes.	• Increase in the use of community mental health services being offered • Inpatient admission rates • Inpatient readmissions • Incarcerated admission rates for forensic clients • Incarcerated readmission rates for forensic clients • Length of stays • Discharge rates from services • Treatment / Medication Compliance Rates • Compulsory Admission rates • Number of sentinel events • Seclusion Usage • Discharged against medical advice
	Additional treatment options for clients Ensure a multidisciplinary approach is used for new service planning and implementation	• Two specialized treatment services lines being created • Number of specialized groups offered
	More productive utilization of inpatient beds with no social admissions	• Number of Home treatments, consults and visits • Reduces length of stay to 14 days • Rehabilitated Clients Discharged to Independent Living
	Smooth transitions for clients through the varies services	• Source of referral rates
	Facilities that are state of the art, infection free and clean	• Infection Rates
	Introduce legislative changes to the existing acts to support the new mental health initiatives	
Patient Experience	Customer Service Standards	• Increase in Patient satisfaction by 10% • Wait times for service access
	Launch Public Relations Campaign to promote education of mental health and	• Community Awareness of Services

	wellness throughout the community Establish community advocacy groups for the mentally disabled persons	
Workforce	Become Employer of Choice	• To be the first employer of choice for our staff / staff satisfaction rates increased by 10%
	Increase in staff training, specialty, cross training and employment opportunities.	• Number of Training Opportunities
Financial Health	Increase in resources i.e. manpower, space equipment, vehicles Ensure effective and efficient use of the budgeted funding	• Cost per Client

The Clinical Advisor program with HUH will also provide outside scrutiny and monitoring of MWI's progress. MWI will source HUH to further refine the measures of importance to track and in collaboration, monitor and assess areas of success and deficiency.

Clinical risk is inherent in each of the initiatives being proposed, however, policies, protocols, waivers, patients and contracts will be established to help mitigate the risk. In addition memorandums of understanding will be established, this will enable our partners and the key stakeholders understanding, support and buy in for each initiative. Our Primary Care Services and the community at large will receive education and a public relations campaign will be conducted, this will allow for the acceptance by the public for the new services. Each off site service will incorporate security features into their business pla

V. Appendix

Appendix I - Norfolk and Waveney Mental Health NHS Foundation Trust

Norfolk and Waveney NHS
Mental Health
NHS Foundation Trust

Trust Management
1st Floor, Admin. Block
Hellesdon Hospital
Drayton High Road
NORWICH
NR6 5BE

Tel: 01603 421115
Fax: 01603 421118

Date:- 23rd September 2009

Ref:- HB/ap/Sec.Services/Sept09

David Hill
Chief Executive Officer
Bermuda Hospitals Board

Dear David

Bermuda Hospitals Board Mental Health Plan 22nd September 2009

Thank you for asking Girish and myself to read the Bermuda Hospitals Board Mental Health Plan. I can confirm that in our opinion it fully addresses the issues that we raised in our report of October 2008.

Yours sincerely,

Dr Hadrian Ball
Medical Director

Dr Girish Shetty
Consultant Psychiatrist

Appendix II – Hope Health Systems, Inc.

HOPE HEALTH SYSTEMS, INC.
6410 Windsor Mill Road
Woodlawn, MD 21207-6090

PHONE :- 410-265-8737
FAX:- 410-265-1258

Providing Help and Hope to Families.....

September 23-2009

To Whom It May Concern:

Re: Bermuda Hospitals Board Mental Health Plan

After reviewing the Bermuda Hospitals Board Mental Health Pl**an Case of Need Analysis and Plan dated September 24, 2009,** we found the outlined delivery model to be consistent with the overall assessment and recommendations of the relevant portions of the 2008 Hope Health Systems, Inc., **report titled " Bermuda: assessment of need for a forensic mental health unit dated ….."**

The Bermuda Hospital Boards Plan, if effectively implemented, ensures that the people of Bermuda have access to care to meet their mental health needs and more importantly seeks to ensure a coordinated health care delivery system.

In summary, we support the direction that the Hospital Board is taking in implementing an action plan that sets standards in ensuring a coordinated, seamless and continuum of services for the people of Bermuda.

Yinka Fadiora, M.ED, MHS
Program Director
Hope Health Systems, Inc
443-865-7552
Yfadiora@Hopehealthsystems.com

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Appendix III – MOA between MWI and BDOC

MEMORANDUM OF UNDERSTANDING

BETWEEN

BERMUDA HOSPITALS BOARD (BHB) AND THE BERMUDA DEPARTMENT OF CORRECTIONS (BDOC)

The BHB and the BDOC re-affirm their commitment toward cooperation for the treatment and follow-up of Mental Health Clients that enter and leave Bermuda's Correctional Facilities. The BDOC and BHB have agreed to take action in order to provide a smooth transition for the care of inmates with mental illness during their incarceration and preparation for release and follow-up into the community.

In order for such cooperation to be successful, the BHB and the BDOC agreed to establish an on-going framework, which includes the following inputs and activities:

1. BDOC will inform The Mid-Atlantic Wellness Institute of all known psychiatric inmates at reception into any Correctional facility and prior to their release.
2. BDOC will so far is practicable inform The Mid-Atlantic Wellness Institute of all known incarcerated psychiatric inmates no less than 3 months prior to their release.
3. The BDOC will provide a monthly census of all psychiatric inmates incarcerated in all facilities.
4. The BHB will provide consultant psychiatric services on a twice weekly and emergency basis.
5. The Psychiatrist at MAWI will prepare reports as requested by the Courts or BDOC.
6. The BHB will facilitate the follow-up visits of inmates by their assigned Community Psychiatric Nurses and to new referrals within one month of their reception and not less then every three months during their incarceration. This will assist in establishing and maintaining rapport and will afford continuity of care.
7. The BHB in cooperation with the BDOC will facilitate local and overseas staff training and development in issues pertaining to mental illness and learning disabilities and special emphasis on correctional mental health. Joint training opportunities will be pursued locally and internationally.
8. The BHB will facilitate prompt transfer of inmates requiring inpatient treatment under Section 33 & Section 44 of the Mental Health Act 1968. Security will be provided by the BDOC for Section 44.
9. The BHB agrees to send one member from the acute & / or rehabilitation team to participate in monthly clinical meetings organized by the BDOC at a mutually agreed venue.
10. The BHB and BDOC will endeavour to provide staff exchanges that will foster goodwill and mutual exposure at work sites in Corrections and MAWI.
11. Psychiatric treatment for adolescents along with inpatient and outpatient substance abuse treatment for inmates will be supported by the BHB.
12. BHB and BDOC will communicate with each other regular providing updates and reports as necessary. Additionally, BDOC will furnish BHB with information relating to inmates as required.
13. Transfer issues between BHB and BDOC will be resolved by the Chief of Psychiatry (MAWI)

This Memorandum of Understanding seeks to support and does not supersede any Laws, Regulations, Conditions of Employment and Code of Conduct, the Public Service Commission Regulations, and the current Collective Bargaining Agreements governing the respective organizations named below.

1. Bermuda Hospitals Board
2. Bermuda Department of Corrections

References

[i] World Health Organization. The world health report 2001: mental health: new understanding, new hope. Geneva, Switzerland: World Health Organization; 2001.

[ii] US Department of Health and Human Services. Mental health: culture, race, and ethnicity---a supplement to mental health: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services; 2001.

[iii] President's New Freedom Commission on Mental Health. Achieving the promise: transforming mental health care in America. Rockville, MD: US Department of Health and Human Services; 2003.

[iv] HOPE HEALTH SYSTEMS, INC. "BERMUDA: ASSESSMENT OF THE NEED FOR A FORENSIC MENTAL HEALTH UNIT." September 2008

[v] Norfolk and Waveney Mental Health (NHS Foundation Trust) "REVIEW OF PROVISION FOR MENTALLY DISORDERED OFFENDERS IN BERMUDA." October 2008.

[vi] 'National Service Framework for Mental Health: Modern Standards and Service Models.' London: Department of Health 1999

[vii] National Institute of Mental Health (NIMH), http://www.nimh.nih.gov/health/publications/index.shtml

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