

# 2021 - 2026 MWI DIRECTORATE PLAN



## MWI PURPOSE STATEMENT

To inspire strength, hope and wellness in our community by promoting independence, choice and person-centred support.

# DEVELOPED AS PART OF THE WIDER BERMUDA HOSPITALS BOARD (BHB) STRATEGIC PLAN 2021-2026, THE MWI DIRECTORATE PLAN IS UNDERPINNED BY THE BELOW VISION, MISSION, PILLARS AND VALUES.



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# FOREWORD

SCOTT PEARMAN



As the accountable executive for the development of Mid-Atlantic Wellness (MWI) Directorate Plan (“the Plan”), I’m very pleased to be able to share the strategy for BHB’s mental health, substance use (Turning Point) and intellectual disability services.

The Plan exemplifies BHB’s vision to pursue excellence through improvement, to make Bermuda proud; I am personally very proud to see its publication.

While the Plan focuses on the development and improvement of services currently delivered from the MWI campus, it actively supports the Government’s 2022-2027 Health Strategy launched in February 2022 and the BHB Strategic Plan 2021-2026, with its focus on improving healthcare by transitioning to an integrated healthcare model.

Representing a significant amount of work by the current staff, leaders and clients of MWI, the Plan also builds on over a decade of hard work to establish a recovery model of care that empowers patients and embraces a holistic, person-centred approach to care. It is part of a journey of improvement that goes back even further, driven by staff and leaders who have constantly worked to improve care and outcomes, and fight stigma to make life better for those who need MWI services.

We look forward to improving the delivery of care in partnership with Government and stakeholders, through further outreach and community participation. I’d like to thank the MWI staff and leadership not only for their commitment in developing this Plan, but for their ongoing advocacy, hard work and professionalism.

**Scott Pearman**

Deputy Chief Executive Officer  
Bermuda Hospitals Board

# PREFACE

## PRESTON SWAN



I am delighted to present the MWI Directorate Plan to you on behalf of the staff, leaders and clients of MWI who have all contributed. The planning process started over a year ago and it's a testament to the commitment and passion of all those involved that it has been completed despite the disruption of the COVID-19 pandemic.

The pursuit of excellence through improvement, to make Bermuda proud is BHB's vision, and for MWI our definition of excellence is in our purpose statement - 'To inspire strength, hope and wellness in our community by promoting independence, choice and person-centred support'. This perfectly captures our ambition to support integration in order to improve the care, experience and outcomes for all those in Bermuda who need our services, supporting both the BHB Strategic Plan 2021-2026 and Government's Health Strategy 2022-2027.

While the Plan provides a strategic framework and philosophy, it is a results-driven strategy and includes the concrete actions in each service area that we believe will help us achieve our purpose statement, and how we are going to get there. We look forward to reporting on our progress implementing these actions.

I am grateful to everyone who provided their valuable input and direction, including our MWI strategy and management team, MWI staff, and our clients. I cannot thank my team enough for a job well done, and I am excited to be on this journey to achieve our BHB vision and make Bermuda proud of our three wonderful teams: intellectual disabilities, mental health services and substance use (Turning Point).

### **Preston Swan**

Acting Chief Operating Officer  
Bermuda Hospitals Board

Vice President of Clinical Operations  
Mid-Atlantic Wellness Institute

# INTRODUCTION

## DR ANNA NEILSON-WILLIAMS



It gives me great pleasure to share the improvements and developments planned for MWI services in the MWI Directorate Plan.

We are truly working to change the delivery of care at MWI, shaping services so that they are in the places our clients need them, supporting them holistically and doing all we can to empower them to live fulfilling lives.

Focusing the delivery of care on the person and coordinating with our partners in and outside of BHB is something we have striven to do for many years, and this Plan provides concrete steps on how we can take this further than ever before. I believe it is a great opportunity for us to deliver the best possible care and change the discourse on what is possible for people with mental health, intellectual disability or substance use needs.

Whether it is shifting residences to group homes, delivering outpatient appointments in community settings and supporting more clients at home, delivering on a comprehensive anti-stigma campaign, or consolidating inpatient care services to the KEMH campus, our focus remains on the people who need our services.

For many, the road to recovery may mean they need us for a discrete period of time; others may need our support for longer. What we believe is everyone should have easy access to the services that will help them, and be free from the fear of stigma.

All of us at MWI look forward to working to deliver the very best services that inspire strength, hope and wellness.

**Dr Anna Neilson-Williams**  
Acting Chief of Psychiatry  
Bermuda Hospitals Board

# EXECUTIVE SUMMARY

## THE STRATEGIC PLANNING PROCESS

The development of the 2021-2026 MWI Directorate Plan (Plan) has followed a new and exciting direction: to create a meaningful, measurable, clear and person-centred approach to the way we work and the services we provide to our clients and community. Developed as part of the overall BHB Strategic Plan 2021-2026, we have combined learning from a team visit to East London NHS Trust and feedback from Public Health England (PHE), Pan American Health Organization (PAHO), patient satisfaction surveys, family meetings, client meetings, staff meetings, colleagues and community partners. We are particularly proud to have received important feedback on our services from the community at our MWI community engagement event in 2018. We have drawn on the Bermuda National Plan for Intellectual Disabilities and their Families to provide the basis of the intellectual disability developments, and the National Drug Control strategy for the direction of the substance use services. This information has helped us to formulate what we believe will transform the way we deliver services through continuous improvement to make Bermuda proud.

Our commitment to excellence and putting our clients at the heart of everything we do has inspired us to take a long, hard look at where we are and where we want to be. We know that there are some service gaps and our Plan aims to strategically close the gaps one by one. The Plan will connect to the integrated health care initiatives that BHB is leading, such as the mental health clinics at the Lamb Foggo Urgent Care Centre and the new BHB electronic medical record (EMR). It will also link to the universal health care coverage planned for Bermuda in the long term. The Plan is guided by international best practice and ensures that we are addressing the standards set out by our accreditor, Accreditation Canada.

**This Plan will achieve the MWI purpose statement to inspire strength, hope and wellness in our community by promoting independence, choice and person-centred support by ensuring that:**

**all residents who have a mental illness, substance use disorder or intellectual disability live safe and healthy lives within the community; are supported to participate in all aspects of society, free of stigma and discrimination; can access services easily in the community; and are able to make informed choices about the support they receive, so that they prosper as individuals and are valued contributors to a fair and equal Bermuda.**



# KEY AIMS OF THE MWI DIRECTORATE PLAN FOR 2021–2026:

1

Reduce the level of our 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 our 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 campaign to challenge the stigma and discrimination associated with having contact with MWI services.

**When we need care, we want to be confident that we can receive the right care at the right time in the right place. The ultimate goal is for patients and clients to have access to the care they need, where and when they need it, from the right provider, always. When this happens, patient outcomes improve.**

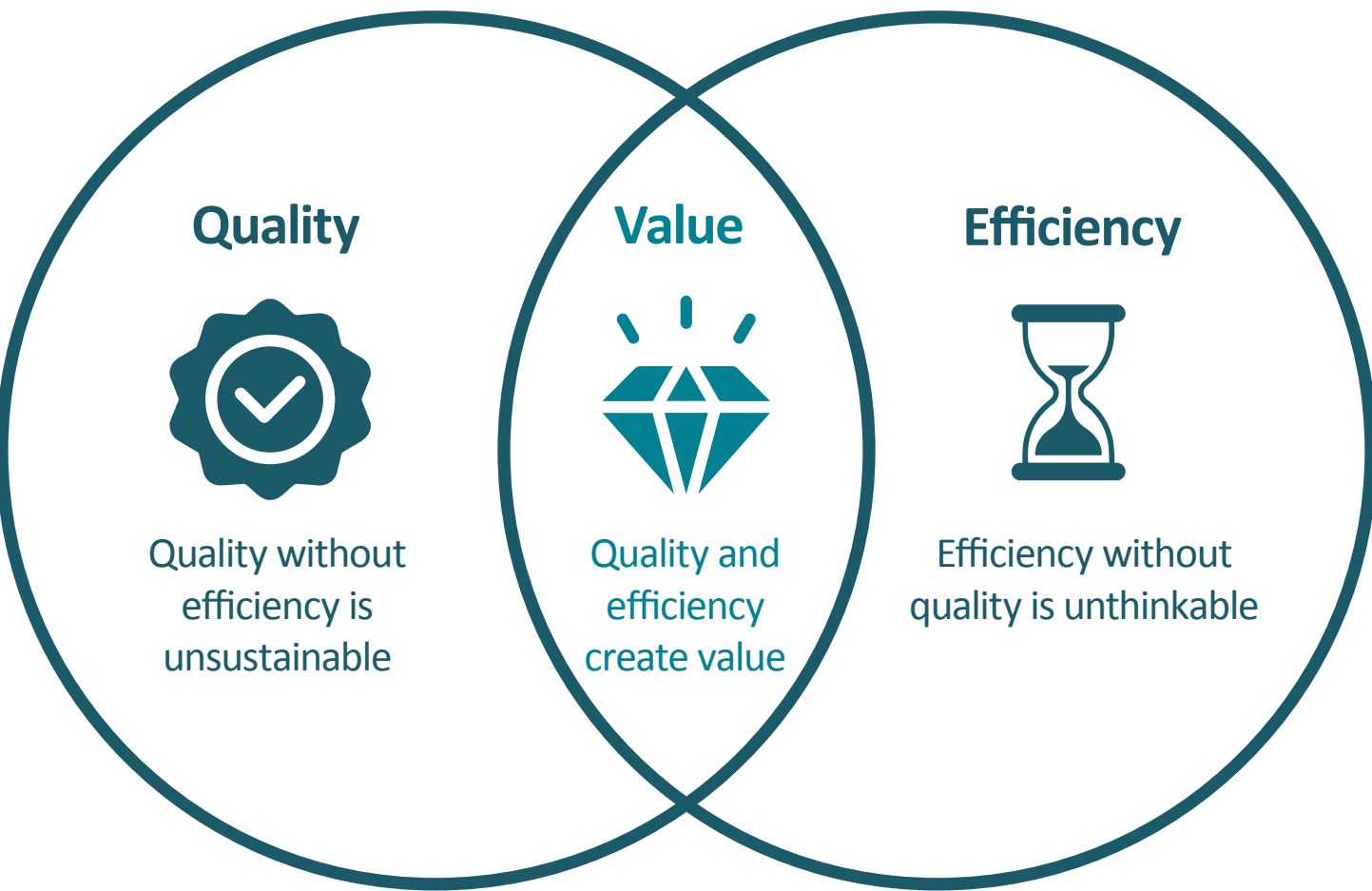


Throughout this Plan, the term ‘MWI site’ will refer to the physical site pictured above. Where the term ‘MWI’ is used, we are referring to the suite of services that we provide and want to ultimately improve.












# A FOCUS ON QUALITY AND VALUE

In order for us to **pursue excellence through improvement**, as per the BHB vision, our Plan must be able to show the best outcomes for everyone in Bermuda. To do that we must create the highest value possible, and this requires creating a careful balance between quality and efficiency.



To assess and monitor value creation, and to demonstrate progress against our outcomes, we will define detailed key performance indicators (KPIs) against each element of the Plan.

# BY DELIVERING OUR PLAN, BHB WILL ACHIEVE THE FOLLOWING OUTCOMES BY 2026:

Outcome	BHB pillar
<b>1</b> 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 site in its current location over the time period of 2026-2031. Acute inpatient care, including Inpatient Detox Unit (IDU) and Child & Adolescent Services (CAS), will be delivered on the King Edward VII Memorial Hospital (KEMH) site and outpatient staff and services will be transferred to the community.	<b>Performance; Collaboration</b> 
<b>2</b> Patients and clients will be supported in ways that reflect the principles of the recovery model. They will be able to lead a fulfilling, meaningful and improved quality of life through services that are person-centred, empowering and support 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.	<b>Care</b> 
<b>3</b> 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.	<b>Collaboration</b> 
<b>4</b> More young people who have complex needs will receive skilled community-based residential support on island, reducing the need for overseas placements.	<b>Performance; Collaboration</b> 
<b>5</b> 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.	<b>Performance; Collaboration</b> 
<b>6</b> 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.	<b>Collaboration</b> 
<b>7</b> People with needs that cross traditional service boundaries (e.g. dual diagnosis, autism, offending, etc) will have access to assertive community-based and multi-agency support.	<b>Collaboration</b> 
<b>8</b> People will experience significantly reduced levels of stigma and discrimination that result from the 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.	<b>Collaboration</b> 
<b>9</b> Resources, roles and skills of the MWI workforce will be developed to be able to deliver our key aims.	<b>People; Performance</b> 

# THE DRIVERS BEHIND THE PLAN

## What are the drivers that have led to the creation of this Plan?

In 2019, the Caribbean's regional health agency, Pan American Health Organisation (PAHO) and the United Kingdom's Public Health England (PHE) jointly conducted an assessment of the national mental health strategy for Bermuda (the Mental Health Situational Analysis Report 2019). BHB staff from all levels of the organisation, as well as MWI clients, were involved in the process. It became clear that more needed to be done to support mental health care in Bermuda. A total of 19 national recommendations were identified, seven of which were determined to be outside BHB's prime responsibility and should reside with the Ministry of Health or other Ministries. MWI undertook an exercise to identify a set of recommendations that fell within the remit of MWI, and will be implemented by the conclusion of this Strategic Plan business cycle in 2026.

The recommendations from the 2019 assessment can be found in Table 1 overleaf. Recommendations are either the responsibility of BHB to deliver or others. The recommendations that do not directly fall under the remit will be supported by BHB for implementation, although the primary accountability will reside with the Ministry of Health (MOH) unless otherwise delegated via their strategic execution plan.

The Johns Hopkins Psychiatry Services Assessment for BHB, also conducted in 2019, revealed an opportunity to promote and amalgamate community mental health services. Furthermore, the COVID-19 pandemic has provided us with the opportunity to rethink how we deliver our services in a way that better meets the evolving needs of Bermuda's population, and capitalise upon the PAHO/PHE recommendations.



# WHAT ARE THE RECOMMENDATIONS FROM THE 2019 MENTAL HEALTH SITUATIONAL ANALYSIS REPORT?

**TABLE 1: PAHO RECOMMENDATIONS FROM THE 2019 ASSESSMENT**

	Recommendation	Responsibility
1	Creation of a national mental health policy	MOH
2	Establishment of a mental health advisory council	MOH
3	Support and catalysis of mental health advocacy	BHB
4	Support for amendments to mental health act and capacity laws	MOH
5	Physically move clinics and rehabilitation facilities from MWI to community	BHB
6	Transition of long-stay patients to community residences/facilities	BHB
7	Implementation of a strict discharge policy at MWI	BHB
8	Review of current funding arrangements for mental health	MOH
9	Restructuring of community mental health team to enhance flexible/adaptive capabilities	BHB
10	Initiation of integration of mental health services into primary care settings	BHB
11	Finalisation and tabling of master estate plan for BHB	BHB
12	Reactivation of Well Bermuda Strategy as a vehicle for mental health promotion (mental health component)	MOH
13	Implementation of an ongoing sensitisation programme for mental health workers	BHB
14	Encouragement of collaboration between MWI and the Department of National Drug Control regarding patient specific, flexible-duration substance use rehabilitation	BHB
15	Expansion of material and human resources for psychosocial rehabilitation/other rehabilitation	BHB
16	Establishment of clinics with multi-sectoral partners	BHB
17	Finalization of national forensic psychiatry strategy	MOH
18	Establishment of a minimum set of mental health indicators and related information system	BHB
19	Support for specific mental health research activities	MOH



# WHAT MODEL UNDERPINS THIS PLAN AND RECOMMENDATIONS?

The recovery model<sup>5</sup> is the foundation of a modern, person-centred and rights-based approach to providing quality care and support to our clients. It has been a guiding principle at MWI since it was adopted in 2010 following a study tour to Birmingham, England. The strategic focus of this Plan will be to convert the recovery model principles into standard practice embedded across our three programmes. Each programme will be provided with scope to interpret and apply the recovery model principles to best fit the clinical needs and patient preferences. In the spirit of the model, and acknowledging different patient preferences, the terms ‘patient’ and ‘client’ shall be used interchangeably in this Plan.

The recovery model is traditionally associated with the delivery of mental health services. However, its principles are equally applicable to the intellectual disability and substance use (Turning Point) services. The recovery model is being adopted as the overarching framework for all the MWI departments.

## The recovery model

### Connectedness

Feeling a part of one’s community through social connection rather than being isolated from it through illness.

### Hope

Having a belief that life can and will get better, and that mental health challenges will become more manageable, diminish or disappear. Hope needs to be nurtured so that it translates into optimism and the reality of a better life.

### Identity

Having identities in life beyond that of a client with a mental illness.

### Meaningful role

Building on strengths and skills to have fulfilling and esteem-building activities in life.

### Empowerment

Having the information, choices and confidence to make informed decisions on one’s own life. Clients, their family members and carers have the skills, resources and opportunities to explore and articulate what self-determination means in their lives.

### Self-determination

Establishing mental health services that engage in informed, shared decision-making and co-production processes with access to supports and services that best facilitate them in achieving their personal recovery outcomes. It is underpinned by choice and co-production and must take place in an environment with a recovery culture that promotes positive risk-taking. When hospital-based treatments are required, our patients’ self-determination should be self-expressed and included as a central part of their care plan.

# HOW DOES THIS LINK BACK TO THE BHB STRATEGIC PLAN?

The recovery model aligns perfectly to the BHB vision, mission, values and strategic pillars, emphasising the provision of service excellence, continuous improvement and safe, high-quality, person-centred care. The recovery model strongly supports the People Pillar in particular, as it provides scope for our staff to be engaged in a continuous learning environment that enhances their professional development as they discover new ways to fulfil our clients' needs.

## The recovery model

Connectedness

Meaningful role

Hope

Empowerment

Identity

Self-determination

## BHB Strategic Pillars



CARE



PEOPLE



PERFORMANCE



COLLABORATION





# WHERE ARE WE NOW?

## WHO WE ARE...



We have **368** staff at MWI (including full-time, part-time, casual and locum staff). **313** are full time equivalents (FTE).



We have **14 group homes** in the community, and **6 wards** at MWI, 4 of which are designated admission wards.



We deliver clinical services via **three categories of programme**:  
1) intellectual disabilities, 2) mental health services and  
3) substance use (Turning Point) services, which comprise 4, 16 and 3 programmes respectively.



In addition to the main outpatient clinic at MWI, we deliver **three additional clinics** in the community: Integrated Health Clinic, Victoria Health Clinic and a pilot clinic in a GP office.



We deliver our services via multi-disciplinary teams, based on client need. Examples of our programme services include:

- Psychiatric and psychology follow up
- Clinic for free medications
- Supported living
- Intensive and general case management
- Crisis intervention
- Supervised living
- Rehabilitation services
- Outreach programmes
- Out and inpatient services
- Respite care
- Counselling
- Allied health interventions (such as occupational therapy)

# THE CURRENT SITUATION

The Mental Health Situational Analysis Report 2019<sup>3</sup> is the product of a collaborative effort involving Public Health England (PHE) and the Pan American Health Organization (PAHO), both of which have, as part of their mandates, the strengthening of mental health systems and services in countries which fall under their respective jurisdictions. PHE's interest in Bermuda is related to its status as a United Kingdom overseas territory and PAHO's association is as the World Health Organization's regional office for the Americas, of which Bermuda is a part. Their findings have formed the basis of the key recommendations that are the drivers behind our Plan and desired future state. The findings are outlined in the following pages under four themes:

**Theme 1 – Mental health policy, plans and financing**

**Theme 2 – Health services**

**Theme 3 – Community**

**Theme 4 – Information systems**

## FINDINGS

### Theme 1: Mental health policy, plans, and financing

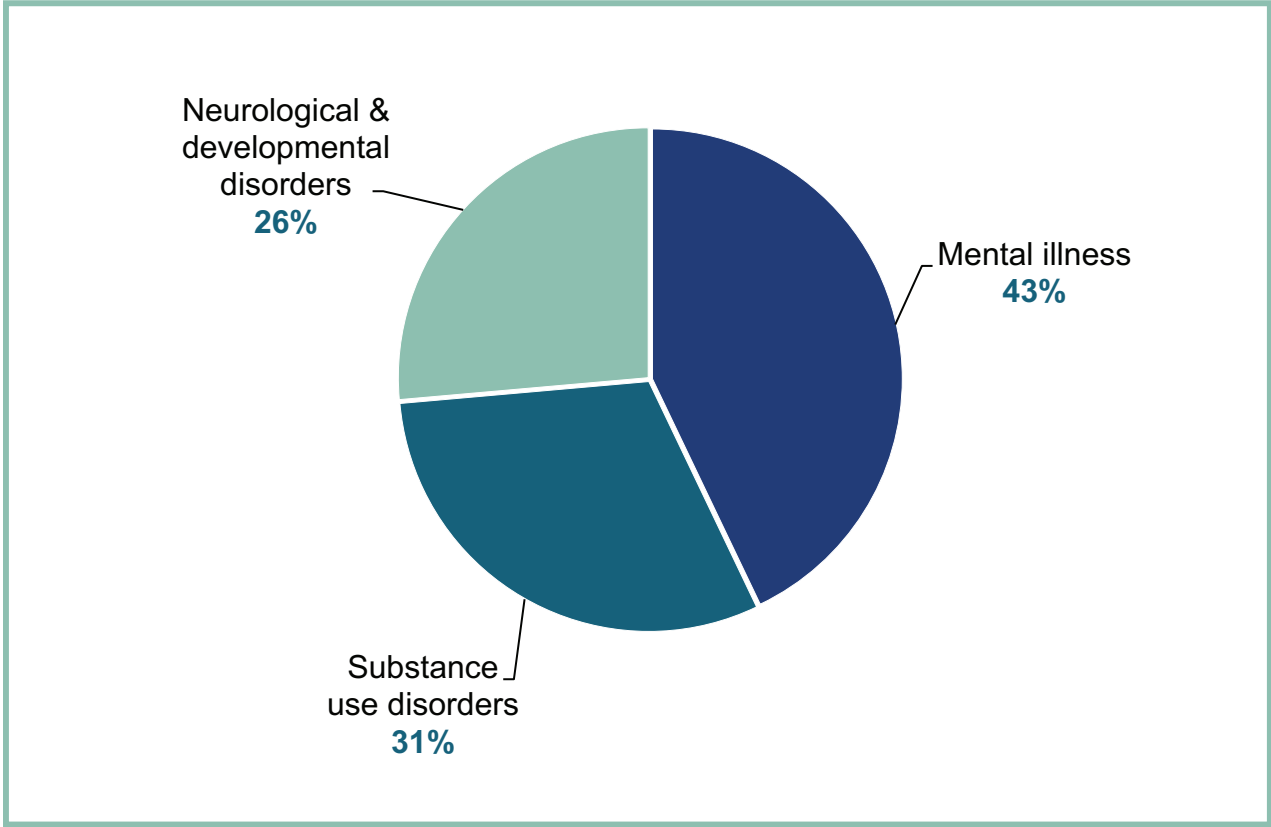
Bermuda does not yet have a mental health policy. Our conceptualisation of mental health focuses too much on illness and treatment and should be broadened to focus on mental health promotion and prevention. The development and publication of such a policy would articulate the broad vision and foundational values for mental health in Bermuda. This would give a greater sense of direction and accountability to people responsible for directing mental health services, and a greater level of awareness to stakeholders in general. Such a mental health policy should prioritise anti-stigma initiatives and articulate the integration of mental health into primary care, emphasising a true community model.

The current mental health plan for Bermuda was published in 2010. The main themes of that document were: strengthening the community integration of mental health services, the development of some specialist services and a solution for a long-standing challenge with managing mentally-ill offenders. Although there have been some areas of success with the 2010 plan's recommendations, there is scope for further improvement regarding each of the identified themes.

Government health spending in Bermuda is ~26.6% of overall funding; this is significantly lower than the OECD average of 80%. The annual public mental health grant is \$37.5 million<sup>3</sup>.

This funding, predominantly spent on hospital-based care in Bermuda, indicates that the current resource allocation could be substantially improved to maximise benefits for the whole community across the care spectrum. This requires the continued transition of the resources that are invested in the delivery of mental health care on the MWI site, into community-based services.

The below graph demonstrates the distribution of total health insurance reimbursements related to mental illness, substance use and neurological/developmental disorders over the last three years.



The overall public and private expenditure on mental illness, substance use and related neurological disorders in Bermuda during 2018-2019 was \$59 million. This equals 8 cents of every dollar spent on mental healthcare, indicating that mental illness has a substantial economic impact in Bermuda<sup>3</sup>.

We believe that this is an underestimate as it does not include direct costs associated with self-harm, co-morbid mental illness in people with non-communicable diseases and other expenditure such as out-of-pocket expenses and co-pay. This also does not capture costs associated with social security benefits, costs incurred in criminal justice setting and indirect costs related to lost productivity, education losses and early death (such as suicides).

The prevalence of mental disorders amongst Bermuda residents (ranging between mild to severe mental illness) was estimated to be 14% (95% credible intervals 13.8-14.9) in 2017. Based on the data reported by the Ministry of Health and accounting for the number of clients for mental health and substance use disorders (inpatients and outpatients) per year, the treatment gap (those who do not receive services) was estimated at 84% of those with diagnosed mental illnesses. The greatest unmet need was for those with common mental health problems in the community, whose needs were not sufficiently severe as to need specialist clinical support or inpatient care.

The integration of mental health into primary care and scaling up community-based services for common and severe mental ill health would ensure that individuals can continue to contribute meaningfully to society. This would also contribute to the sustainability of the newly-released Bermuda Health Strategy 2022-2027<sup>6</sup> in the context of changing age demographics and increasing burden of non-communicable diseases.

## Theme 2: Health services

Although comprehensive and sophisticated in many ways (e.g. access to subspecialty services and use of a multidisciplinary team approach), the mental health services of Bermuda fall short. There needs to be an emphasis on mental health prevention and promotion, along with better integration of mental health into primary health care. Primary healthcare, informal community care and self-care need significant strengthening so that the greatest quantity of care occurs to support people with mental health problems closer to their homes and communities.

In 2018-19, outpatient substance use services and Child & Adolescent Service (CAS) saw an increase, demonstrating a move towards deinstitutionalisation, as seen across many OECD countries. However, as these outpatient services are still delivered in the tertiary hospital, there is a missed opportunity to reach out to a larger section of society who are unable to access services either because their needs are not sufficiently serious to warrant intervention at MWI, or because the impact of stigma limits the family's willingness to attend.

In Bermuda, the inpatient admission rates for severe mental illness (SMI) and substance use disorders suggest geographic variation. Admissions are especially high in areas with inadequate health insurance coverage, low household income and areas with a higher proportion of individuals who reported themselves as Black. The large difference in inpatient admission rates observed between parishes questions the extent/ appropriateness of health insurance coverage and the associated patient's ability to access private or public community-based mental health services. This also suggests that some of the variation may be unwarranted with socio-economic and racial disparities contributing to some extent.

Rehabilitation resources and services would benefit from strengthening. This is true for different types of clients in different settings: children and youth, adult inpatients and outpatients and people with intellectual disabilities (at group homes and outpatient settings). There is also scope for strengthening relationships and collaborating with external partners that could potentially assist clients with social and related services. It should however be recognised that 2020 saw an investment in establishing a community intellectual disability team to support individuals and families closer to home.

Establishing a clear path for the management of mentally ill offenders is an area for future resolution. The cost of proposed solutions has been a challenge in the past, but this must be counter-balanced against the right of individuals in this category to humane and appropriate treatment.

### Theme 3: Community

In Bermuda, health prevention and promotion activities take place from time to time and are valuable when they occur. A comprehensive mental health anti-stigma and discrimination programme in conjunction with MIND UK is now underway. MIND UK is a leading UK non-governmental organisation (NGO) that provides advice and support for those experiencing mental health problems, as well as campaigning to improve services, raise awareness and promote understanding of mental health. Such a programme will also raise awareness in the community about common mental health issues. It will also educate the public about risk, as well as protective factors for mental illness and practical pathways towards mental wellness. Similar initiatives are planned for intellectual disability and substance use (Turning Point) services, and aiming for a more seamless approach to referral and transition processes could enhance any such initiatives.



### Theme 4: Information systems and data insight generation

Epidemiological data on the burden of mental health disorders and contextual factors is lacking in Bermuda, impairing the ability to plan intellectual disability, mental health and substance use (Turning Point) services as per the needs of the community.

In 2022, BHB is implementing an integrated electronic medical record system (EMR). It will help provide a more coordinated approach to clinical care via a singular access to mental health information. A strategic approach to mental health in Bermuda should incorporate a means of monitoring performance and the progress made over time through a national mental health system. The EMR will enable BHB to more closely monitor key performance indicators and performance of MWI services.

The Ministry of Social Development and Seniors is charged with leading the Government's support of the most vulnerable in society. In this regard, the Ministry will develop a formal register of persons with disabilities to ensure these people have the easiest access to services and assistance to enhance their lives.



# CELEBRATING MWI'S SUCCESSES



Amendments to the Mental Health Act (MHA); MHA Code of Practice; introduction, recruitment and training of second opinion appointed doctors (SOADs); development of accessible MHA fact sheets and recruitment of a full time MHA administrator to oversee the implementation of the act.

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MWI's substance use service (Turning Point) achieved accreditation with the Commission on Accreditation of Rehabilitation Facilities in 2020 for three years.

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Developed a bespoke support package for young people with complex needs returning from overseas.

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Established a community intellectual disability team.

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Completed a pilot to deliver mental health services in a primary care office.

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Established a Liaison and Diversion Officer in Court Services following a successful pilot.

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Delivered mental health services as part of a BHB Integrated Health Clinic (IHC) at the Lamb Foggio UCC and from the Victoria Health Clinic.

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Led on the development of the Intellectual Disability National Plan.

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Commenced implementation of an integrated electronic medical record (EMR) ensuring its design is consistent with objectives of the recovery model.

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Launched a number of successfully supported employment initiatives across intellectual disabilities, mental health and substance use (Turning Point) services.

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# CONSIDERING MWI'S CHALLENGES

During the development of our five-year MWI Directorate Plan, we learned a great deal about how much has changed in the Bermuda landscape and what will be required from our organisation going forward. The psychological impact of the COVID-19 pandemic is anticipated to exceed the physical impact. Aside from an anticipated increase in need for our services due to the pandemic, there remain a number of challenges and opportunities that need to be addressed over the next five years, alongside the recommendations from PAHO/PHE. For example, training and recruitment of more Bermudian clinicians remains a principal ongoing challenge.

## Lack of support for long-term health needs

The lack of staffed community group homes for people with long-term mental health needs has resulted in limited discharge options for people who cannot return to their own homes, or family homes after a period of acute inpatient care at MWI. As a result, the rehabilitation ward (Devon Lodge) has become full, and at the time of this Plan's completion, seven patients on the acute ward (Somers) have been inpatients for between 18 months and five years, but cannot be safely discharged to existing facilities in the community. There is an urgent need to address this blockage to help our clients integrate into a community setting as well as reduce the occupancy at our inpatient wards.

## Increase in the use of substance use (Turning Point) services

Substance use is impacting more people and now has a national prevalence rate of 2.4%<sup>3</sup>. There is increased complexity in cases seen at Turning Point due to the length of time that clients are using substances, as well as poly-substance use. We are also seeing increasing numbers of referrals from the Department of Court Services and Magistrates Court.

There is an increase in the number of youths testing positive for substance use, and they will soon be transferring to adult services. Turning Point is seeing an increasing number of referrals to the Opioid Treatment Programme and Inpatient Detox Unit.

Future trends predict a significant rise in challenging behaviours associated with intellectual disabilities, mental health diagnoses and substance use. MWI understands the current and future challenges and opportunities for clients and our organisation, and has formulated integrated, best practice action plans to meet the challenges and ensure continued success for all stakeholders.

## WHERE ARE WE NOW?

The Bermuda National Household Survey 2021<sup>7</sup> provides detailed information on the levels and patterns of drug and alcohol use in Bermuda:



The most high-risk drug use is with heroin and cocaine.



Alcohol consumption during the week has increased by 3% over the past five years.



Alcohol, tobacco and marijuana are usually gateway drugs, with the age of onset for alcohol and marijuana being in the late teens, while the age of onset for heroin and cocaine is in the early to mid twenties. This trend is mirrored in admissions to Turning Point. The average age of Turning Point clients is currently 45; they are predominantly males who have been in active use for several years, starting with gateway drugs, with later progression to other substances such as heroin and cocaine.

The Department for National Drug Control (DNDC) is finalising its strategy which will have an impact on the direction of substance use (Turning Point) services. The Bermuda Drug Information Network (Network) has outlined a range of concerns that need to be addressed over the next few years in order to support people with a substance use disorder.

Although referrals for treatment decreased in 2020, due in large part to COVID-19 related challenges, the factors that need to be considered in order to support people with substance use are:

- Cannabis and alcohol were the most commonly used substances between 2010-2020
- There is an increase in synthetic drug use, often combined with other drugs
- Most new referrals have a clinical diagnosis of a mild substance use disorder
- A majority of referrals are repeat admissions and males – 74% of substance use disorder admissions over the period 2016-2018 were male<sup>3</sup>
- Admissions are usually self-referral from persons with unstable accommodations who are unemployed and using substances daily

Identified gaps in treatment include: residential treatment for youths, insufficient funding for operations, equipment, training, technical support and residential services for the dual diagnosis population, and staffing.

### **The Network has highlighted key areas of focus for drug control in Bermuda, including:**

- Drug use among adolescents
- Identification of the number of people who receive treatment
- Health consequences of drug use
- Drug market
- Disparities in treatment
- Demand and supply reduction initiatives
- Treatment data
- Prevention data
- Research
- Identification of data gaps

# INTELLECTUAL DISABILITY SERVICES

Bermuda has approximately 100-125 children and 400-500 adults identified with an intellectual disability. Many live at home with their families and require a range of support services that are currently not available to this portion of Bermuda's population. Their needs are set out and being addressed within the Bermuda National Plan for People with Intellectual Disabilities and their Families<sup>2</sup>.

**The Bermuda National Plan for People with Intellectual Disabilities and their Families (2021) is in draft and sets out a series of actions that are designed to improve the lives of individuals and families with intellectual disabilities:**

- 1** Support an integrated response across the Ministries of Health, Social Development and Seniors, and Education.
- 2** Ensure the creation of a National Stakeholder Oversight Group under the appropriate Ministry for the purpose of plan accountability and to ensure ongoing action plan development and implementation.
- 3** Define, develop and implement coordinated actions and initiatives under the five priority areas:
  - A      Quality:** Ensuring that people have access to required level of high-quality person-centred supports, and they can participate in work, recreation and other community activities.
  - B      Education and workforce:** Providing informal carers and staff with required support, advice and training.
  - C      Policy regulation and accountability:** Ensuring the necessary legislative framework, policies and governance frameworks are in place to protect people and provide oversight to services.
  - D      Financing:** Ensuring that services are well managed and that finances are used effectively.
  - E      Advocacy and communication:** Empowering individuals and their families to influence the development of services.

## Age groups

Our intellectual disability, mental health and substance use (Turning Point) clients are ageing and there is a need to provide increased levels of nursing and other intensive care.

The younger population also has specific needs; youths with complex needs are a high national priority, with significant expenditure made on overseas support instead of being invested in local services. Furthermore, Autism Spectrum Disorder (ASD) affects 1 in 54 children in Bermuda, many of whom have needs that are not fully addressed within the educational system and community, resulting in increased pressure on the Child and Adolescent psychiatry team.

## Infrastructure

The infrastructure of MWI site is ageing and not fit-for-purpose for the populations that it serves. The BHB Estate Master Plan includes the MWI site; plans for its use and service relocation are underway. This will include an analysis of the financial implications of such a move. The need is to move services out to community rather than continue to patch and mend a structure that is institutional in nature and reinforces the stigma associated with mental illness.

Our current MWI infrastructure does not give our patients the experience they deserve. For example, the acute mental health wards (Somers and Somers Annex) are more than 30 years old and will benefit from being upgraded in line with international best practice.

## Stigma

Addressing the issue of stigma is a hugely important part of this Plan. Bermuda is being supported by MIND UK and Public Health England to address the attitudes and discrimination that present barriers for people with mental health problems. The focus of the programme is to address these issues in the community in partnership with various stakeholders and experts with lived experiences of mental illness. A part of the initiative needs to focus upon how MWI is perceived by the community, and the steps we can take to reduce the stigma of mental illness that is associated with MWI.

Intellectual disabilities, mental health and substance use impacts **everyone**. Individuals, families, communities, schools, employers, and social, economic and health systems, **all play a part** in ensuring the holistic well-being of Bermuda residents.

**Without a healthy population** – physically and mentally – **our island nation will be unable to improve various national objectives** (i.e. education, economic productivity and growth, crime reduction, unemployment/underemployment, homelessness etc.) which is **paramount to our collective success**.



# WHERE DO WE WANT TO BE IN 2026?









The impact of the COVID-19 pandemic has significantly delayed the implementation of the PAHO Situational Analysis Report. It had a detrimental impact on many of the ways that care has been delivered traditionally by MWI teams, but it has also provided opportunities to redesign some aspects of service delivery, such as having virtual meetings and offering tele-psychiatry in specific circumstances.






As set out in the MWI purpose statement, the MWI ambition is that by 2026 the community will see tangible improvements in how we deliver services that will **inspire strength, hope and wellness in our community by promoting independence, choice and person-centred support**. This Plan translates the BHB strategic plan, vision and pillars as well as the MWI purpose statement into an inspiring and achievable collective ambition that the community will be able to measure us by in 2026:

All residents who have a mental illness, intellectual disability or substance dependency live safe and healthy lives within the community; are supported to participate in all aspects of society, free of stigma and discrimination; services that they require are easily accessed in the community; they are able to make informed choices about the support they receive, so that they prosper as individuals and can be valued contributors to a fair and equal Bermuda.



# OUR AMBITION IS TO ACHIEVE THE FOLLOWING 9 OUTCOMES BY 2026:

OUTCOME		PILLARS	STRATEGIC GOALS
1	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 the Inpatient Detox Unit and Child & Adolescent Services) will be delivered on the KEMH site and outpatient staff and services will be transferred to the community.	<b>PERFORMANCE</b> 	•Optimise operational and care delivery by drawing on best practice, innovation and technology
		<b>COLLABORATION</b> 	•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda •Create a multidisciplinary approach to service planning and delivery across BHB
2	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 support 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.	<b>CARE</b> 	•Deliver an exceptional patient experience every time
3	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.	<b>COLLABORATION</b> 	•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda •Create a multidisciplinary approach to service planning and delivery across BHB
4	More young people who have complex needs will receive skilled community-based residential support on island, reducing the need for overseas placements.	<b>PERFORMANCE</b> 	•Optimise operational and care delivery by drawing on best practice, innovation and technology
		<b>COLLABORATION</b> 	•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda •Create a multidisciplinary approach to service planning and delivery across BHB
5	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.	<b>PERFORMANCE</b> 	•Optimise operational and care delivery by drawing on best practice, innovation and technology
		<b>COLLABORATION</b> 	•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda •Create a multidisciplinary approach to service planning and delivery across BHB

OUTCOME		PILLARS	STRATEGIC GOALS
6	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.	COLLABORATION 	<ul style="list-style-type: none"> <li>•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda</li> <li>•Create a multidisciplinary approach to service planning and delivery across BHB</li> </ul>
7	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.).	COLLABORATION 	<ul style="list-style-type: none"> <li>•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda</li> <li>•Create a multidisciplinary approach to service planning and delivery across BHB</li> </ul>
8	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.	COLLABORATION 	<ul style="list-style-type: none"> <li>•Innovate with patients and community partners to improve healthcare access and integration throughout Bermuda</li> </ul>
9	The development of resources, roles and skills of the MWI workforce to be able to deliver our aims and objectives	PEOPLE 	<ul style="list-style-type: none"> <li>•Create opportunities to learn and develop in order to reach our potential</li> </ul>
		PERFORMANCE 	<ul style="list-style-type: none"> <li>•Optimise operational and care delivery by drawing on best practice, innovation and technology</li> </ul>

# PUTTING OUR PLAN INTO ACTION

## How do we get to where we want to be?

We have designed a detailed action plan to help us achieve our aims and objectives and to hold us accountable. This is a working plan and may change in line with best practice and environmental factors.

## How will we know how well we are doing?

Detailed KPIs for each programme will directly reflect the progress to achieve the aims and outcomes set out in the action plan. We are anticipating support from the Institute of Healthcare Improvement (IHI) early in 2022 to assist us with the development of these strategic KPIs. The IHI is an internationally-recognised organisation that uses improvement science to advance high quality healthcare outcomes across the world.

## How will we manage the execution?

This Plan informs the direction for all MWI services through to 2026. Progress reports will be provided to the vice president of clinical operations and the chief of psychiatry, clinical lead, on a monthly basis and monitored via an organisational strategic planning tool. In addition, the monthly reporting process will form part of directors' meetings, managers' meetings and the soon to be re-instituted Staff Action Committee, to ensure that there is a platform to discuss pertinent community partner/ agency dependencies, and staffing, budget and timeline changes.

## How will we engage with people and communicate the Plan?

The MWI Directorate Plan will be finalised and formally launched to all MWI staff, and relevant community agencies and partners in April 2022. Internal communications tactics will include town hall meetings, short videos, emails, articles, flyers, various team meetings and more through 2026. Importantly, we will organise feedback events to share the Plan with our patients and clients. The vice president of clinical operations for MWI will set a meeting timeline and agenda to share the Plan with relevant community agencies and partners, to help inform national level planning for the populations that MWI serves.



# THANK YOU

We - the MWI Strategy Planning Team - would like to thank everyone who participated in the development of the MWI Directorate Plan. It was a longer process than usual due to COVID-19, however, the end result is well aligned to the BHB strategy, with a clear and actionable five-year path to success.



# REFERENCES

- 1 Bermuda Hospitals Board (2020). BHB Strategic Plan 2021- 2026. Hamilton, Bermuda. Accessible at: [\*\*Bermuda Hospitals Board Strategic Plan 2021-2026\*\*](#)
- 2 Bermuda National Plan for People with Intellectual Disabilities and their Families (2021, in draft)
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- 7 Department for National Drug Control: 2021 National Household Survey. Hamilton, Bermuda: Government of Bermuda. Accessible at: [\*\*National\\_Household\\_Survey\\_2021\\_Report\\_FINAL.pdf \(www.gov.bm\)\*\*](#)
- 8 Bermuda Hospitals Board. BHB Estate Master Plan, Volume 4. Hamilton, Bermuda. Accessible at: [\*\*Vol4 Inner Cover.qxd \(bermudahospitals.bm\)\*\*](#)