RECOVERY FOR ALL IN THE COMMUNITY

LEARNING FROM EACHOTHER

VERSION 22-4-2018

MANUAL FOR SITE VISITS TO LEARN ABOUT IMPLEMENTATION OF COMMUNITY BASED MENTAL HEALTH CARE

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INTRODUCTION

Mental Health Care Organizations have expressed their wish to learn from each other in the context of EUCOMS and implementing community mental health care. One way of doing this is by visiting each other and talk to colleagues from institutions in different countries and visit their services.

The purpose of these site-visits are to learn from different services about how they think, act and work in order to bring in practice the principles of good community mental health care as described in the 'Consensus Paper on Fundamental Principles and Key Elements of Community Based Mental Health Care'.

The aim of this manual is to facilitate these mutual visits by providing some topics/questions to address with practical suggestions which can be used for preparation and during the visit.

Importantly, the visits will be non-judgemental and explicitly aim for a respectful and mutual exchange on an equal level. The visits will yield a *qualitative* impression about the way the principles of the Consensus Paper are used.

PEOPLE INVOLVED IN THE VISIT

There are two groups involved in the site-visits, each from a different country and mental health service, who will play the role of the host and the visitor. To get a complete picture it is suggested to include a mix of people in each group involved in the site-visits such as people with lived experience, peer experts, significant others, professionals, directors and managers, policy makers and researchers. The group composition may vary per topic addressed during the visit. For example: when the topic of peer expertise is discussed it is important that a person with lived experience or when the topic of community network of care is highlighted it might be interesting to involve a police officer.

PREPARATION AND DURATION OF THE VISIT

After choosing your visiting partner organisation, appointments have to made about dates, (number of) visiting persons and financial aspects. Usually, a visit will take two days, during which meetings can be held and attended, and programs can be visited.

Before the visit takes place, information is provided by the host-organisation about the mental health service including the:

- Vision and mission
- History
- Organisational structure and size
- Target groups and departments
- Catchment area
- Number of professionals per discipline
- Total budget

In addition, the host organisation provides a short (max 1 A4) ''self-reflection'' about how they are dealing with the topics in the Consensus Paper. This information can be filled in the attached 'workbook'.

FINANCIAL ASPECTS

Ideally, the host-organisation does not charge for the site visit. The visiting organisation itself will pay for their own travel and accommodation costs. When the participating organisation has no financial measures to pay for the visit contact can be sought with the EUCOMS Network to explore other funding possibilities.

THE PROGRAM OF THE VISIT

The exact program of the 2-day visit can be tailor-made, based on the organizational structure of the host-service and the wishes of the exchanging partners. The host-organisation prepares a concept-program, which can be finalized together with the visiting organisation.

Ideally, at the end of the 2-day visit, the exchange group (both the hosting as well as the visiting organisation) will have a good impression about the way the principles of the Consensus Paper have been implemented.

FOCUS DURING THE VISIT

The Consensus Paper will be used as a guiding document in which the principles of community based mental health care have been formulated. The focus of attention includes the six dimensions of the Consensus Paper (ethics, public health, recovery, effectiveness of interventions, community network of care and peer expertise) which will be addressed during the visit, mostly based on presentations and tours organized by the host-organization. Notes about the findings during the visit can be summarized in the attached 'workbook'.

Questions which can be answered during the meetings and/or through observations:

1. Ethics

- In what way does the host-organization address ethical aspects, including human rights according to the convention of rights for per persons with disabilities (CRPD) and/or the WHO Quality Rights Toolkit?
- Are service users provided with an adequate standard of living, including adequate food, clothing, clean water, devices and other assistance for disabilities?
- Is there a policy in place to minimize or reduce coercion, ineffective or harmful treatments?
- Is there a policy in place to address comorbid and general health problems among the service users?
- Are service users put central in the decisions that affect them including decisions about treatment, where they live and their personal and financial matters? How is this demonstrated?
- Is there a policy in place that protects people against and prevent all forms of exploitation, violence and abuse?
- Is there a policy in place to promote the full inclusion and participation of service users in society including access to a range of housing options, education, employment and to participation in political, public and cultural life and in recreation, leisure and sport?
- Is there an intervention in place to reflect on moral considerations?
- Does the organisation think that the human rights of people in is properly addressed when looking at the above points? What could be improved?

2. Public health

- How is the public health perspective taken into account in daily practice by the organisation?
- What are the activities and collaborations with other organizations in the region of interest, in terms of prevention and promotion of good mental health?
- Is there information available about the mental health status of the population of interest, and how does this translate into practices of the service?
- Are crisis services in place?
- Is there Assertive Outreach available to engage difficult-to-engage clients?
- To what extend does the service contribute to de-stigmatization according to the TLC 3 model (Targeted, Local, Contact, Credible and Continuous – see Consensus Paper for more detail)?
- Are you satisfied about the way your organisation addresses the public health perspective? What could be improved?

3. Recovery

- How is recovery addressed in daily practice, what do clients and significant others think about this?
- To what extend is recovery the grounded vison of the whole service
- How are the 10 ways to support recovery addressed (see Consensus Paper for more detail)?
- What activities are in place to facilitate recovery (there may be overlap with the previous point)?
- Does the organisation think recovery is addressed appropriately? What could be improved?

4. Effectiveness of interventions

- How does the organization choose the interventions provided to clients?
- How is specialized care organised and is it equally accessible to all clients?
- Does the organization use guidelines and/or professional standards?
- How are pharmacological interventions used and evaluated?
- What about the implementation of psychological interventions?
- Are interventions for social inclusion in place (e.g. IPS and Housing First)?
- Does the organisations have interventions in place to prevent crisis-situations and admissions?
- Is somatic care addressed?
- To what degree is e-mental health or m-mental health in place?
- Is there a system assessing the effects of the interventions?
- What are barriers for implementation of good quality interventions?
- Is the organisation satisfied about the availability and use of effective interventions? Which improvement are necessary?

5. Community network of care

- Are ACT, FACT, CMHT or similar organisation models available and equally accessible to all clients?
- Could you describe the network of care for your organisation?
- How do ambulatory teams collaborate with psychiatric hospital teams?
- How is treatment of addiction integrated with the treatment of other mental health issues
- How do the mental health teams collaborate with primary care professionals?
- To what extend is a whole team approach and an interdisciplinary way of working implemented?
- Are social services involved in the care process? How?
- Are there strong linkages with the policy and schools in the community and how are they involved in the care process?

- Which other organisations are involved and how are the linkages maintained?
- What do these networks mean for clients and significant others in daily practice?
- Is the organisation satisfied about collaboration with social services and other networks? What could be improved?

6. Peer expertise

- To what extent is lived experience (including among the professionals) recognized as a valuable form of expertise to shape the organisation of the services and the treatment? How is this reflected?
- Do peer experts work in the organisation, paid or voluntary?
- Is there a training program to become peer expert?
- At what levels are peer experts involved in the organisation (client level, team level, management and/or board level)?
- Is there a recovery college run by peer experts (or something similar) in place?
- Are you satisfied about peer expertise in your organisation? What could be improved?

The aim is that the end of the 2-day program these aspects have been addressed and there is some mutual understanding about the way the Consensus Document has been implemented.

REPORT OF THE VISIT

The filled in 'workbook' can be summarized into a short report and presentation about your most important eye openers and lessons learned. At the end of the report you can highlight which opportunity for improvement you choose to work on the coming years. The outcomes will be presented together with the host/visiting group at the international EUCOMS meeting. In the run up to the presentation in you will be in contact with Niels Mulder about the presentation format.

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INFORMATION ON THE HOSTING ORGANISATION

To fill in by the hosting party.

Basic information
Vision and mission
Brief History
Organisational structure and size
Target groups and departments
Catchment area
Number of professionals per discipline
Total budget
Brief reflection on how is dealt with the six principles of good community mental health care as outlined in the consensus paper

WORKBOOK

To fill in by the visiting party.

1. Ethics
In what way does the host-organization address ethical aspects, including human rights according to the convention of rights for per persons with disabilities (CRPD) and/or the WHO Quality Rights Toolkit?
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Is there an intervention in place to reflect on moral considerations?
Does the organisation think that the human rights of people in is properly addressed when looking at the above points? What could be improved?

Overall opportunities for improvement:
Overall positive points to take home:
Overall lessons learned:

2. Public Health
How is the public health perspective taken into account in daily practice by the organisation?
What are the activities and collaborations with other organizations in the region of interest, in terms of prevention and promotion of good mental health?
Is there information available about the mental health status of the population of interest, and how does this translate into practices of the service?
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To what extend does the service contribute to de-stigmatization according to the TLC 3 model (Targeted, Local, Contact, Credible and Continuous – see Consensus Paper for more detail)?
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Summary
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