Improving the quality of mental health care

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Abstract

Objective. To develop international guidance for improving the quality of mental health care in low- and middle-income countries.

Design. A panel developed recommendations based on a comprehensive literature review, consultation with over 100 experts from 46 countries and an analysis of international best practices.

Recommendations. A 5-pronged approach to improving the quality of mental health care is recommended. Quality improvement requires the alignment of policy and legislation with the attainment of good quality mental health outcomes. Key partners must be brought into the quality improvement process. Funding can be an important tool for promoting good quality but needs to be correctly aligned to meet policy objectives and to promote evidence-based interventions. Accreditation procedures and quality standards need to be carefully developed and resources allocated for their implementation. Finally, quality improvement must be brought into routine service management and delivery.

Conclusions. Through a systematic approach to quality improvement, it is possible to ensure that the best possible interventions are provided within the constraints of each country and that the rights and well-being of people with mental disorders is optimally promoted. Quality improvement is not a luxury but an integral part of ensuring that the best possible services are provided to all who need them.

Keywords: quality, mental health, standards, accreditation

Introduction

Poor quality mental health services can violate basic human rights, lead to negative therapeutic outcomes and prevent people from enjoying the highest standard of physical and mental health [1]. However, poor quality of care can be substantially redressed through concerted and systematic quality improvement strategies [2]. Evidence is now emerging that the very substantial burden of disease attributable to mental disorder can be significantly reduced through high-quality evidence-based mental health care [3]. While prescribing methods for improving the quality of mental health services is challenging, not least because there is tremendous variation in the availability of financial and human resources in different countries, providing guidance to countries to assist them to attain better quality mental health care is necessary and important.

What is meant by quality?

Quality in health care has been defined by the Institute of Medicine as ‘the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge’ [4]. Quality may be viewed from a number of perspectives. For a person with a mental disorder, quality can mean reduction in symptoms, being able to carry on with ‘normal’ life and being treated with dignity and with full respect of his/her rights to autonomy and independent decision-making. From the point of view of a family member, quality may mean being provided with support to help cope with some of the emotional consequences of having an ill family member and being provided with the information and skills to actively assist a family member’s integration into the community. A service provider on the
other hand may see quality as ensuring that patients receive the best treatment and care available. For a policy-maker, quality can be seen as the key to improving the mental health of the population, ensuring value for money expended and accountability. All of these perspectives are important; in this article, we primarily examine quality from the perspective of public health service planners. However, in reaching for better quality, it is the duty and obligation of planners to consider the needs and requirements of people with mental disorders, family members and practitioners while simultaneously being guided by principles of equity and the most effective and efficient use of resources. Consultation is thus a critical element in advancing quality.

Why is quality important?
A focus on quality helps to ensure that the latest scientific knowledge and new technologies are used in treatment. In the last decade, a great deal of evidence has become available on the most effective interventions for mental disorders but there is a huge gulf between the knowledge-base and what is implemented [1, 5]. Community-based services with known efficacy are neglected, resulting in poor life conditions for millions of people. Many people with mental disorders face human rights abuses in their homes, communities and in the health services that are meant to help them. Quality improvement mechanisms are urgently needed to change these conditions. Using medications and other interventions that are cost-effective is another important quality issue.

Good quality services help to build people’s confidence in mental health treatment, so that they are more likely to seek the care that they need. Without satisfactory quality, people with mental disorders, their families and the general public become disillusioned with mental health care, thus increasing the already large gap between the prevalence of mental disorders and those receiving care [3, 6]. Where resources are inadequate and mental health is emerging as a newfound priority, some policy-makers and professionals believe that a concern for quality is premature or a luxury but in fact quality is an essential requirement of any mental health service and quality improvement mechanisms ensure that all resources are well utilized.

Inadequate resources are a major reason for poor quality mental health care, especially in low- and middle-income countries [7]. This needs to be rectified through additional allocation of resources, advocacy, training and other mechanisms. However, available resources are often not utilized effectively and efficiently [8]. Some mental health systems use or overuse ineffective services. For example, custodial care usually does not result in improvement in service users’ mental health and can even cause harm, yet countries still allocate the majority of their budgets to this approach [9]. Use of inappropriate medication (including more expensive options) or using medication in doses that are not effective is also wasteful [10]. A narrow view on quality may see an improvement in environmental conditions in institutions as the main focus of quality improvement but in fact the very existence of these institutions and the resources they consume is a key quality concern. Important quality issues are the failure to provide services where people need them, such as in primary care, or failure of practitioners to identify mental health problems. Improving health systems must complement rather than be a substitute for the use of the most cost-effective clinical treatment.

Although a great deal of research has been conducted in quality assurance or quality improvement mechanisms for mental health care in high-income countries, there is a dearth of international guidance for improving the quality of mental health care in low- and middle-income countries. This article describes a 5-pronged strategic approach formulated by the World Health Organization (WHO) for enhancing mental health through quality improvement mechanisms. The strategy is sufficiently broad and universal to be utilized across most countries.

Method
The quality improvement method described in this article was developed from a review of the literature and an extensive consultation process with 105 health professionals, researchers, policy-makers and planners from 46 countries. Over a 2-year period, these experts provided first-hand information on the existing state of mental health care and approaches to improving the quality of care used in their countries. Workshops were conducted in Cape Town, South Africa; Miami, USA; and Tunis, Tunisia, in which successive drafts of the quality improvement guidelines were presented to assembled groups of experts. In addition, experts were invited to provide written comment on drafts of the guidelines which were distributed for comment between and after the workshops. A detailed list of the individuals and organizations consulted is provided by the WHO [2].

Results
Five key guidance strategies are recommended by the WHO for improving the quality of mental health services.

Alignment of policy and legislation and involvement of key partners
The provision of high-quality treatment and care for people with mental disorders is much more likely to be achieved if there is a strong political commitment to improving quality. This needs to be reflected clearly in the national policy and legislative framework for mental health and in the involvement of key stakeholders in promoting quality mental health care [11].

In the past, policy and laws related to mental health focused more on depriving people of their liberty and placing unnecessary restrictions on people with mental disorders with the overall effect of violating people’s human rights. Today, many countries see the need to adopt progressive policies and laws that focus on protecting rights and on
improving access and quality of care [12]. If properly established with the requisite commitment and support, a well-defined mental health policy and strategic plan can promote important mental health service reforms, such as the integration of mental health into primary healthcare settings, development of community mental health services and deinstitutionalization—which are the basic foundations for good quality mental health treatment and care [1, 12]. Appropriate policy, plans and legislation can also improve the overall quality and functioning of mental health systems through a commitment to developing a well-trained workforce [13]. Too often, there are inadequate numbers of staff to provide mental health care or staff do not have the required competencies [14]. For example, they may have adequate clinical training but not sufficient training in liaising with other services or providing support to families. The policy and legislation also needs to direct good quality treatment practices [15]. This means practices that are evidence-based and delivered appropriately, such as ensuring that the right medication is given, in the right dosage. Quality of care is also dependent on the policy or legislation ensuring access to medication [16]. Consistent and reliable access to affordable drugs is an essential aspect of the quality of a service. Quality can also be improved where the policy or legislation requires the establishment of a mental health information system [17]. Making sure information systems are in place to collect data helps planners to understand how well the system is working and what needs to be improved. Finally, policies and plans can ensure well coordinated implementation of all mental health services and actions. In the absence of such coordination, services become fragmented, staff do not receive appropriate training and referral systems do not function properly—ultimately resulting in poor quality services.

The development of any policy and law should be accomplished through consultation with stakeholders such as professional, legal, academic and user advocacy groups [18]. Consultation, apart from providing valuable input from a variety of viewpoints, helps to establish an ongoing relationship among policy-makers and the various stakeholders. Consultation also fosters a common understanding of the task of improving service quality and can be helpful in resolving entrenched power relationships that may disrupt the process of quality improvement.

Stakeholder organizations that represent the needs and rights of people with mental disorder are in a good position to argue and advocate for good quality care and for the resources needed to provide it [2]. In addition, academic institutions can play a unique role in improving the quality and performance of mental health services through the education and training they provide to students at all levels and the research and evaluation of mental health services [19]. Moreover professional bodies can play an important role in quality improvement by defining and maintaining competency in its membership, standardizing and promoting evidence-based practice and other practice parameters and by promoting quality improvement through continuing education, practicums and other skills development activities [12].

Alignment of funding

Funding of mental health services must be geared towards maximizing quality. For example, funding may only be made available if there is evidence to show the cost-effectiveness of an intervention. Where evidence shows that an intervention is not effective or that other methods are preferable and yet an intervention is still being used, funding may be withdrawn until such time as improved quality can be assured.

Improved efficiency is an essential goal shared by both quality improvement and cost containment initiatives. Poor quality can result in waste, e.g. when errors are made and processes have to be repeated. Studies suggest that waste associated with poor quality accounts for 25–40% of all hospital costs [20]. Having a quality orientation in financial resource allocation may mean that services are only funded once efficiency plans to prevent waste are in place.

Other ways of using funding to improve quality include only funding accredited facilities and providing financial incentives that reward quality. For example, facilities may be rewarded with additional funding once they achieve a certain level of quality (such as minimum requirements for evidence-based practice). Investment in monitoring systems that report on quality is also important for improving quality, e.g. routinely collecting and reporting on performance indicators.

Development and application of accreditation procedures

Accreditation is the official authorization of a mental health service or mental health professionals by the public body legally entitled to confer that authorization [2]. In essence, accreditation indicates that an organization or professional has met defined quality criteria. An accreditation board, which has legal authority to license mental health services or to prevent services from continuing to function if the quality of care is considered unacceptable, is fundamental to maintaining and improving quality. Accreditation boards should include legal representation, clinical representation, representation of people with mental disorders and service management representation. The advantages of having a rigorous system of accreditation for mental health services are multiple and are related to the following.

(i) Recognition—Accreditation will ensure that the service meets criteria associated with quality and can thereby also enhance consumer and community confidence in the service.

(ii) Education and consultation—Accreditation surveyors can provide expertise helpful in the self-improvement efforts of a service.

(iii) Monitoring and evaluation opportunities—Accreditation provides an opportunity to regularly assess the quality of care delivered by a service and to identify problems that can then be corrected.

(iv) Funding efficiencies—Accreditation can assist funding in that it can ensure that only services that meet defined standards are funded.
Staff recruitment—Scrutiny implied through accreditation creates a need for skilled, well-trained staff. Also, talented staff are more likely to be attracted to employment at an accredited organization.

To ensure the quality of professional practice, mental health practitioners also need to be licensed or ‘accredited’ to provide services. In addition to an initial qualification that entitles most professionals to practice, many countries insist on continuing professional development in order to retain the right to practice. Requirements for continued practice are also usually agreed to by a specially appointed Board that has the responsibility to ensure that all training meets certain practice standards.

Development and use of standards

Standards are important tools for measuring and improving the quality of mental health services in that they allow different aspects of a service to be assessed in relation to a number of dimensions. They are also a useful tool for guiding decisions about accreditation. It is advised that a committee or working group be set up that takes responsibility for the production of a standards document. This group should include stakeholders such as policy-makers, mental health practitioners, people with mental disorders, service managers and carers. In the course of developing standards, committee members should consult with their own constituencies as well as invite other stakeholders to provide input.

In essence, a standards document should be comprehensive and able to assess all those areas or domains of a mental health service that are thought to be important. For example, Ireland has recently drawn up a comprehensive standards document as part of its attempt to improve the quality of mental health services in the country [8]. Examples of domains include:

(i) provision of a comprehensive service by a multidisciplinary team,
(ii) respect and empathy of service users,
(iii) empowerment of service users in service delivery,
(iv) a high-quality physical environment that promotes good health and upholds the security and safety of service users,
(v) access to services,
(vi) involvement and support of family or a chosen advocate,
(vii) staff skills, expertise and morale and
(viii) systematic evaluation and review of mental health services in order to ensure quality services.

For each domain, selected criteria need to be specified, in order that different service aspects can be assessed and rated. Criteria need to be as specific as possible and not open to interpretation by people who rate the service. That is, different people should rate the same criteria, in the same way, across different services.

Standards need to be used regularly to assess the service. This assessment can take two forms, i.e. self-assessment where the facility itself undertakes the assessment and responds and addresses inadequacies in the service and external assessment where external experts rate the performance of the service.

An example of an external assessment method that can be set up is a visiting board. These boards can play a key role in monitoring human rights, living conditions and standards of treatment and care in mental health facilities. However, to be an effective means of monitoring, a visiting board needs to:

(i) be multidisciplinary—it must encompass a range of expertise and perspectives, e.g. it may include mental health professionals, representatives of users, families, human rights experts/advocates and lay community persons;
(ii) be given unrestricted access to the mental health facility, its patients and staff and to records and files (within the bounds of confidentiality);
(iii) report to the Ministry of Health (or equivalent authority), and ideally also to parliament. The Minister/Secretary would then be held responsible and would have to report back on progress made;
(iv) be given direct powers to ensure compliance—for example, the body may have the power to accredit facilities and to take away such accreditation or the power to impose penalties for violations of human rights;
(v) be independent from government (including financial independence and freedom to appoint its own members)—without this independence, there can be no guarantees that the findings and recommendations are objective nor will be acted upon.

Standards or guidelines for clinical practice are also a critical quality improvement tool. Therapeutic best practice is rarely static, evolving with time as experience and research refine existing treatment modalities and devise new ones. Within a number of countries, detailed guidance is provided for the treatment of specific conditions. For example, in the UK, the National Institute for Health and Clinical Excellence (NICE) regularly survey the available evidence and produce guidelines for primary and secondary care of conditions such as schizophrenia and depression [21, 22]. Following these guidelines within a context of the practitioners’ clinical judgment can dramatically improve patient care as the periodic and ongoing assessment of the standards against current knowledge allows appropriate refinements and new approaches to be incorporated. Cooperation between different stakeholders in mental health services is particularly important in the continuing effort to absorb and assess new knowledge and to adapt that knowledge to local conditions where this is necessary. Qualitative data, e.g. interviews with service providers, should also be collected and utilized when making mental health service assessments.

Integrating quality improvement into routine service management and delivery

The quality improvement philosophy is based on the notion that a mental health service should continuously improve the quality of care that it delivers. In these terms, accreditation may be seen as a minimum norm in accordance with which services should function, and quality improvement as a process of continually striving for optimal effectiveness and
efficiency, taking full advantage of the standards and criteria for accreditation which are already in place. A number of strategies have been found to be useful in this regard.

Regular service quality reviews should be integrated into the ongoing management of services. For example, annual meetings with managers can be arranged in order to review progress in the improvement of particular aspects of services. Meetings scheduled before the end of the financial year can allow planning for annual budgets contingent upon assessments of the quality of particular facilities.

Another useful strategy is to include quality checks into the targets set when planning and budgeting for services. For example, options for service development can be assessed not only on the basis of viability and potential clinical efficacy, but also on the basis of the quality of care they are likely to deliver. Criteria for quality can be taken from standards or accreditation procedures that have been developed. In countries that commission or contract out mental health services, a third important strategy is to include quality criteria into the contract specifications.

Quality improvement should also be built into daily clinical practice. This can be achieved through promoting a problem-solving approach as part of routine practice, encouraging the use of clinical guidelines and through establishing continuing professional development procedures, with incentives to practitioners to participate in quality activities. Requiring practitioners to participate in professional development activities in order to maintain their registration can be highly effective in promoting quality.

Discussion

This paper provides a 5-pronged approach to improving the quality of mental health care. The WHO recommends that these five elements are used concurrently to maximize the quality of care that is delivered and make the most efficient use of scarce resources, particularly in low- and middle-income countries.

Having said this, it is essential to consider the context in which quality improvement strategies will be or are being implemented. In the management of quality improvement, there is a danger that professionals may feel continually scrutinized, criticized and under-valued. In the stressful environment of mental health care, this can further contribute to reduced motivation and burnout. In addition to the top-down approach described in this paper, it is also essential to adopt a ‘bottom-up’ approach to quality improvement activities and to make use of positive incentives to improve quality, rather than relying on critical or punitive methods.

This means encouraging workers to identify quality issues in their workplaces; consulting with workers in the design of quality improvement strategies; explaining the rationale and context of quality improvement; offering positive incentives and positive feedback, for mental health workers to identify their own solutions to problems rather than waiting for management authorities to do so; and importantly publicly acknowledging the contribution of staff toward implementing quality improvement.

The 5-pronged strategy described by the WHO was chosen for a number of reasons. First, it is based on a comprehensive review of the literature. Second, it represents the distillation of a number of international best practice examples from a range of different countries [2]. The approach attempts to harmonize these into a consistent framework that allows countries to systematically improve the quality of mental health care, in a step-wise fashion. Third, this approach recognizes that national quality improvement is contingent on broader policy and economic circumstances and that it is essential to align policy and funding at the outset, in order to maximize the potential for quality improvement. Fourth, a range of international stakeholders was consulted in the development of this approach. Although these stakeholders emphasized particular viewpoints or practices, all endorsed the overall approach of a harnessing a number of policy, financial and service level strategies in the interests of the overall goal of improving the quality of mental health care.

Conclusion

Improving the quality of mental health care involves respect for the rights of people with mental disorders and the provision of the best care possible, consistent with national circumstances. Quality encompasses the achievement of equitable care that is evidence-based and is cost-effective. To achieve optimal quality, the systems for delivering mental health care must be conducive to treatment and recovery. This requires the alignment of policy and commitment of key partners, alignment of funding, accreditation procedures for services, development and application of service standards and ongoing routine quality improvement.

The WHO guidance package for quality improvement in mental health services, condensed in this paper, provides an integrated resource for the planning and refining of mental health systems on a national scale. Beginning with national policy, it formulates a stepwise approach to quality improvement that remains flexible and can be adapted to the widely varying requirements of different countries. Phases of quality improvement are designed to facilitate their use across a range of national circumstances and to ensure that the quality improvement cycle is ongoing.

References


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