BERMUDA COMMUNITY FOUNDATION

VITAL CONVERSATIONS

HEALTH & PERSONAL WELL-BEING
MENTAL HEALTH CONVENING REPORT

This aspect of quality of life refers to the general health status of the population including physical and mental health, and the availability and accessibility of healthcare services

MENTAL HEALTH	AVAILABILITY OF HEALTHCARE SERVICES	ACCESSIBILITY OF HEALTHCARE SERVICES
59%	**68%**	**68%**

◀ RESIDENTS RATE BERMUDA AS HIGH TO EXTREMELY HIGH ▶

BERMUDA VITAL CONVERSATIONS

The Bermuda Community Foundation (the "foundation") introduced Vital Signs® as an important step in identifying resident's priorities related to their quality of life in Bermuda and the issues most important to them. The Vital Signs® programme has become a standard of excellence among community foundations around the world. It provides a methodology that evaluates community vitality and wellbeing and plays an important role in informing the allocation of resources. The reporting and prioritisation process is tailor-made to suit each jurisdiction's needs.

In Bermuda, we conducted research on the community's priorities, determined standardised outcomes based on that information and then sought further input from field experts in order to prioritise funding needs. This last step is carried out through convenings, known as "Vital Conversations".

The foundation is hosting the Vital Conversation Series to further refine the valuable information gathered from the community. In this phase, local stakeholders convene to access public opinion, local, and international data for each of the Vital Signs® areas and prioritize the top outcomes that will guide the foundation's funding strategy.

THE FINDINGS

The 2017 Bermuda Vital Signs® Report revealed that Health & Personal Wellbeing was an important aspect of quality of life in Bermuda. The data revealed that residents broadly define Health and Personal Wellbeing as two broad categories, mental and physical health. The issues of availability and accessibility to heath care were also defining features in their definition. The majority of residents perceived that mental health on the island was generally good.

In addition to public perception, there are many important data trends that help add meaning. For example, local and international data show Bermuda's rate of suicide being lower than in comparable countries. Suicide rates are a key indicator of community wellbeing, reflecting the availability and accessibility of mental health services. Many residents reported to have been able to access emotional support when needed. Further, residents' self-assessed level of stress was moderate overall.

HOW DO WE COMPARE?

Deaths per 1000 live births

BERMUDA	2
UNITED KINGDOM	4
CANADA	4
UNITED STATES	5

Per 100,000 population

BERMUDA	1
UNITED KINGDOM	8
CANADA	12
UNITED STATES	14

INFANT MORTALITY RATE

Infant mortality rate compares the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country.

SUICIDE MORTALITY RATE

Suicide mortality is an important proxy for the prevalence of mental health disorders in a country. Mental health disorders are a major impediment to the well-being of populations in developed and developing countries. Mental disorders, especially depression and substance abuse, are associated with 90% of all suicides.

Opinions on physical health were less positive. Both the availability and accessibility of healthcare services were rated moderately high. Both local and international data sources show that life expectancy has notably increased in the past twenty-five years while the infant mortality rate has varied but remained low. However, a noteworthy proportion of residents have been diagnosed with a chronic health condition. Further, the majority of residents were assessed as having had a body weight above the healthy or normal level based on the BMI measurement, with the proportion of overweight residents having risen in later years.

WHAT PEOPLE THINK

QUALITY OF HEALTHCARE	AFFORDABILITY OF HEALTHCARE	ADEQUACY OF COVERAGE	PERCEPTION OF HEALTH	FEEL STRESSED
65%	**38%**	**65%**	**83%**	**35%**
Rate the quality of healthcare as good or excellent	Agree that healthcare is affordable	Rate their healthcare insurance as adequate	Rate their own health as either good, very good, or excellent	Rate their own level of personal stress as high to extremely high

Results from the Vital Signs® survey showed that the general public believed that Bermuda performed well at meeting residents' expectations in terms of the availability and accessibility of healthcare services. Further, opinions were generally favourable with the quality of healthcare available in Bermuda, despite room for improvement. In addition, local research findings revealed that the vast majority of residents had a personal doctor, that the number of hospital beds per capita was on par with the global average, and that only a minority of residents had to travel abroad in the past year to receive medical treatment or services not available in Bermuda. Despite residents' positive outlook on the accessibility.

THE PLAN

On March 23, 2018 the second in the series of Vital Conversations was convened with health experts to examine the public opinion data from the Vital Signs® Report as well as relevant local and international data. The Bermuda Community Foundation selected a list of outcomes and indicators for the group to examine and prioritise. The result of this collaborative prioritisation effort yielded the following key outcomes and indicators that the foundation, and potentially other funders, can use to guide its funding decisions through 2021.
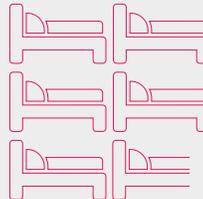
JUST THE FACTS

DIABETES
·
PROSTATE CANCER
·
OBESITY

Bermuda has significantly higher averages than other OECD countries

5.8
HOSPITAL BEDS PER 1000 PEOPLE
OECD average is 4.7

98%
HEALTHCARE ACCESS
Adults who get regular health checks

VITAL CONVERSATIONS PRIORITISED OUTCOMES & INDICATORS

• MENTAL HEALTH •

Equal access to good quality mental health services		
Equal access to mental health services	**Improved availability of preventative support and programmes**	**Improved quality of mental health services**
• Availability and use of mental health services • Number and geographical coverage of public mental health centres • Proportion of people who are offered rehabilitation services after discharge from care	• Number and geographical coverage of community based programmes • Rates of mental health incidents and admissions into hospitals, regional secure units or secure hospitals	• Excess under 60 mortality rate in adults with a learning disability • Excess under 75 mortality rate in adults with a serious mental illness • Potential Years of Life Lost (PYLL) from causes considered amenable to mental health care • Proportion of people who experience improved mental health following use of services • Proportion of people who recover from mental health problems following use of services • Waiting times for mental health emergencies

Vulnerable people are supported to live with greater independence.		
Improved access to high-quality supported and sheltered accommodation for those who need it	**More individuals successfully move through emergency and transitional shelter**	**More people with specific needs are supported to live independently**

• Number of sheltered accommodation schemes meeting standards set by external inspectors
• Number of social housing supported lettings (by private registered social housing providers (PRPs) and by local authorities)
	• Number of clients considered ready for move on
	• Number of clients with planned move on
	• Number of clients with unplanned move on
		• Number of people demonstrating greater:
		  - Confidence
		  - Control
		  - Involvement
		• Number of vulnerable people supported to maintain independence through adaptations
		• Percentage of vulnerable people supported to achieve independent living

| **Key Outcome Category** | Specific Outcome | • Indicator(s) |

*We are pleased to make more detailed outcome and indicators reporting available
to BCF fund holders. Special terms and conditions apply. Contact info@bcf.bm*

People are better able to manage their mental health and lead a full life			
Increased numbers of people are able to manage their mental health problems	Increased numbers of service users enter employment	Increased numbers of service users feel in control of their lives	Service users are better able to manage their finances
• Score on Mental Health Recovery Star (or equivalent) • Score on psychological scales to measure ability to cope	• Number of people with mental health problems that enter employment • Number of people with mental health problems that sustain employment	• Numbers of service users reporting a sense of having control over their own destiny and ability to make decisions	• Number of service users in control of personal finances, including budgeting, managing indebtedness, and claiming appropriate level of benefits • Number of service users reporting that they have adequate knowledge, confidence and access to personal finance, bank account, savings, and credit
Service users become more active citizens	Service users have improved social networks	Service users have increased self-esteem	Service users increase their skills and gain appropriate qualifications
• Number of people who are given any unpaid help or worked as a volunteer for any type of local, national or international organisation or charity	• Responses validated psychological scales looking at social networks	• Number of service users with increased feelings of self-worth and improved self-assessment of their own capabilities	• Number of service users achieving GCSEs, A Levels NVQs, BTEC, degrees and other academic, vocational or skills-based qualifications • Number of service users participating in education and training activities

Reduced stigma and discrimination of mental health problems					
Health practitioners are better able to identify mental illness and act appropriately	Policy changes create a society more supportive of those with mental health problems	The public have improved attitudes towards people with experience of mental distress	The public have improved knowledge of mental health	The public's behaviour towards people with experience of mental distress improves	Workplaces demonstrate improved understanding of mental health problems
• Number of mental health cases diagnosed and referred from GP surgeries • Number of practitioners that 'feel confident' at dealing with mental health problems and know where to direct people • Number of practitioners trained in mental health	• Number of policy initiatives (at specified level eg, local/ national government, employers) directed at improving support for those with mental health problems • Number/extent of outcomes attributed to policy change (ie, any of the outcomes featured in this framework)	• Number of people with improved attitudes to mental health problems (ie, how tolerant they are, and the language that they use)	• Number of people with improved knowledge about mental health problems	• Number of people demonstrating improved treatment of people with mental health problems	• Number of court cases and employment tribunals around discrimination of employees with mental health problems • Number of employers willing to be understanding in the event of a crisis • Number of employers willing to employ people with a history of mental health problems • Number of employers willing to make adaptations

Strong public awareness and participation in matters relating to mental health and well-being, and good sectoral understanding			
Improved participation, choice and voice for people with mental health problems	Improved public awareness and engagement	Improved sectoral understanding as to how best to optimise mental health and well-being	Reduction in stigma and discrimination associated with mental health
• Improved ability for people with mental health problems to make informed choices about how they live and recover • Improved choice of mental health service and service providers • Number of family members, friends and carers who report that they have been included or consulted in discussions about the person they care for, and in planning and influencing • Number of people using mental health services who are participating in their service design or delivery • Number of people using mental health services who report feeling listened to and able to manage their own support as much as they wish	• Change in public perception • General availability of information • Level of media exposure (e.g. number of articles published on the subject in mainstream media; exposure on tv, radio; internet traffic) • Level of public awareness about the causes and consequences of mental health and well-being problems • Number of campaigns running to inform public about mental health problems • Public donations to related charities • Public events, rallying and campaigning • Public volunteering on projects and initiatives related to mental health and general emotional well-being	• Funding for research • Innovation of new ideas, technologies and approaches • Research and evidence relating to the problem and interventions (e.g. clinical trials, studies into therapies, treatments and cures, papers published) • Retirement of previous methods shown by research to be ineffective • Support for the sector through quality umbrella bodies • Uptake of new ideas by other mental health care providers or government	• Number of anti-discrimination trainings given in workplaces and educational institutions • Reported bullying relating to mental health problems • Reported social exclusion relating to mental health problems

WHAT THE EXPERTS SAID

The majority of participants (60%) were confident that the quality of life for Bermuda residents would improve if the top priority health outcomes were achieved. One participant from the government/QUANGO sector stated, *"the top priority items were wisely focused on root causes and social determinants of health."* This participant went on to share that, *"It is important to express in the public domain our understanding that health outcomes will improve when social and economic equity is improved. We cannot do one without the other. Eliminating the extremes of wealth and poverty and the disparity in opportunities in society will benefit every demographic. We all win when the structural disparities are removed. Bermuda has the possibility of becoming the healthiest and happiest island on earth if we recognize this and take action."* This participant felt more confident because efforts focused on root causes tend to yield more meaningful and lasting results.

A number of participants (30%) showed moderate confidence in the top priorities alone leading to improvements to the quality of life for Bermuda residents. Some felt that success could only occur if everyone actively shared the responsibility of achieving these goals. The top priorities are not just the responsibility of the government, corporate, or nonprofit sectors but of community members themselves and their involvement in these efforts.

> "If we can improve on making the community healthier through some of the initiatives discussed, better health equals better quality of life."
>
> - Nonprofit sector member

One participant from the nonprofit sector concluded, *"if priorities were achieved (i.e., improvement in access and availability of healthcare), the quality of life would most likely benefit. I cannot be overly confident, as my concern lies in that the Bermuda residents must actually use the health care provided. Currently, there is so much available to the people of Bermuda, but either they are unaware that it exists, or they choose not to use the services. This is more of an issue with marketing the services available, and more importantly, changing the mind-set of the people to use the services that are available to help them improve their health."* Another participant stated, *"we (all stakeholders) should be focused on one of the top priorities -- which is making good health care available and affordable to all! There are many components that need to work together to make that a reality."*

Overall, the majority expressed confidence that successful efforts to achieve the health priorities would improve the quality of life for Bermuda residents.

WHO NEEDED TO BE IN THE ROOM

Representatives of key government entities, policy influencers and makers, nonprofits, vendors and service providers in the relevant field were invited to participate in the convening. They were also encouraged to nominate additional participants we may not have considered. The purpose was to ensure that the convening outcome would reflect input from those with the greatest experience and knowledge of the topic under review.

This would include senior civil servants, nonprofit executives, industry leaders and community experts in their respective fields. At the convening, participants were asked to step aside from their individual affiliations and participate in the discussions as policy influencers, programme and service providers, researchers and other professionals for the benefit of Bermuda.

WHO WAS THERE

Organization	Name	Title
Department for National Drug Control, Nelson Bascome Substance Abuse Treatment Center	Angria Bassett	Treatment Coordinator
BF&M Limited	Brenda Dale	AVP, Wellness
Multiple Sclerosis Society of Bermuda	Carolyn L. Armstrong	President
S.T.A.R. (Supportive Therapy for A.I.D.S. Victims and their Relatives)	Carolyn L. Armstrong	Director
Learning Disabilities of Bermuda	Cathy Sousa	Chair
Windreach Bermuda	Chrissie Kempe	Executive Director
Ministry of Health	Cheryl Peek Ball, MD	Chief Medical Officer
Age Concern Bermuda	Claudette Fleming, PhD	Executive Director
	Danea Tucker	Representative
Bermuda Health Council	Elizabeth Kast	Compliance Officer
Ministry of Health	Jennifer Attride Stirling, PhD	Permanent Secretary
Open Airways	Mary Ellen Ewles	Director
Friends of Hospice	Reilly Smith	Programme Manager
PRIDE (BERMUDA)	Samantha Smith	Programme Manager
Argus Group (The)	Shakira Warner	Population Health Specialist
Family Centre (The)	Stephanie Guthman, PhD	Director, Specialized Training & Assessment
Open Airways	Tracy Nash	Nurse
PRIDE (Bermuda)	Truell Landy	Programme Director
Bermuda Diabetes Association	Debbie Jones	Chair
PALS	Colleen English DeGrilla	Executive Director
Bermuda Hospitals Charitable Trust	Lisa Sheppard	Development Director

AN EVOLVING PROCESS

We strive to inform these convenings with high-level field and content area expertise. We ask participants to use their knowledge to inform this work at a national level. We appreciate the participation of the attendees of this convening. Also considered for participation, and therefore, potential community resources on this issue are:

ABC Speech-Language Pathology & Educational Services
Action on Alzheimer's And Dementia
Aerie Foundation
Agape House
Argus
Association for the Mentally Handicapped of Bermuda
Bermuda Asthma and Allergy Support Group (The)
Bermuda Autism Support and Education Society
Bermuda Cancer and Health
Bermuda Cerebral Palsy Support Network
Bermuda Diabetes Association
Bermuda Fibro Institute
Bermuda Fibromyalgia & Chronic Fatigue Syndrome
Bermuda Health Council
Bermuda Heart Foundation (The) & Core Health Clinic
Bermuda Hospitals Board
Bermuda Hospitals Charitable Trust
Bermuda Islands Association of The Deaf
Bermuda Life Skills Group
Bermuda Lupus Association
Bermuda Mental Health Foundation (The)
Bermuda Organ and Tissue Donor Association
Bermuda Overseas Missions
Bermuda Psychologists Registration Council
Bermuda Schizophrenia Society
Bermuda Society for The Blind
Bermuda Sport Anti Doping Authourity (Formerly

Known as Bermuda Council for Drug Free Sport)
Bermuda Stroke & Family Support Association
Bermuda Youth Counselling Services
BF&M
Child and Family Services
Chrysalis Foundation
Colonial
Communicable Disease Clinic
Community Rehabilitation Occupational Therapy and Physiotherapy Services
Continuing Care Programme
Department of Health
Depression & Bipolar Support Group
Fair Havens Christian Care Association
Family Centre (The)
Fight for Life Foundation
Focus
Friends of Hospice
Friends of Lefroy House Association (The)
Health Headquarters
Health Insurance Department
Health Promotion Office
Healthy Schools
HIV/AIDS Programme
Just Between Us
K Margaret Carter Centre
La Leche League Bermuda at BCF
Learning Disabilities Association of Bermuda
Live Healthy Bermuda Foundation

Maternal Health and Family Planning
Melange
Michael Dolding Prostrate Cancer Foundation
Mid Atlantic Wellness Institute - Acute Community Health Service
Ministry of Health
Neverland Foundation (The)
Open Airways
Orange Valley Centre *
Order of St. John (Bermuda) St. John Ambulance Brigade
Ostomy Association of Bermuda
P.A.L.S.
Pathways (Formerly Caron) Bermuda
Pride (Bermuda)
Residents Family Council (The)
Seniors' Wellness Clinics*
Silver Lining Foundation (The)
Syncairly Yours Foundation
Teen Services/Teen Haven
Tomorrow's Voices - Bermuda Autism Early Intervention Centre
Turning Point Substance Abuse Programme

THE BERMUDA VITAL SIGNS® ARE ALIGNED WITH THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS

Goal 3: Good Health and Well-Being
Ensure healthy lives and promote well-being for all at all ages