

# Maudsley International: improving mental health and well-being around the world

Nick Bouras,<sup>1,2</sup> Silvia Davey,<sup>2</sup> Tracey Power,<sup>2</sup> Jonathan Rolfe,<sup>2</sup> Tom Craig<sup>3</sup> and Graham Thornicroft<sup>3</sup>

<sup>1</sup>David Goldberg Building, De Crespigny Park, SE5 8AB, London, UK, email [nick.bouras@kcl.ac.uk](mailto:nick.bouras@kcl.ac.uk)

<sup>2</sup>Maudsley International

<sup>3</sup>King's College London, Institute of Psychiatry, Psychology, Neurosciences, (IoPPN), London, UK

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**Maudsley International was set up to help improve people's mental health and well-being around the world. A variety of programmes have been developed by Maudsley International over the past 10 years, for planning and implementing services; building capacity; and training and evaluation to support organisations and individuals, professionals and managers to train and develop health and social care provisions. Maudsley International's model is based on collaboration, sharing expertise and cultural understanding with international partners.**

## Background

Maudsley International (<http://www.maudsleyinternational.com/>) was initially conceived to coordinate responses to requests from international colleagues wishing to know about mental health services associated with the Maudsley Hospital. Maudsley International started in 2007 as a joint project developed by the Institute of Psychiatry (now the Institute of Psychiatry, Psychology & Neuroscience (IoPPN)) at King's College London and South London and Maudsley National Health Service Foundation Trust (SLaM), with seed funding from the Maudsley Charity. In the following years, the treatment gap identified in mental healthcare (Kohn *et al.*, 2004) started to be recognised internationally, and awareness of the importance of population mental health increased worldwide. However, the resources, expertise and capacity to implement effective and efficient change within mental health systems, and to provide the most appropriate services, are still lacking in many settings.

To meet this need, Maudsley International evolved into an expert organisation that aims to help its clients develop and improve services and support for people with mental health problems. We therefore provide advice and consultancy services to a wide range of organisations: governments; providers of health services; and employers in the public, private and voluntary sectors. Maudsley International provides its services by harnessing the expertise of a network of associates from its partner organisations, including health professionals, managers and researchers.

Associates are recruited on a project-by-project basis, according to the expertise, cultural awareness and language skills required for the successful delivery of the project.

Maudsley International works collaboratively with those requesting its services, helping them review and reflect before making plans and taking action. This approach is based on mutual learning and in anticipation that experience gained from this work will influence and develop knowledge on best practice. Maudsley International also works in close partnership with patients and with those who want to involve services and family members as well as their advocates in maximising opportunities to engage them directly in our activities.

Maudsley International is a not-for-profit social enterprise, and is therefore self-funded and offers services for a social purpose. Maudsley International is independent and financially sustainable, as it generates its income by vending its services, rather than through grants or donations (Floyd, 2012). Maudsley International charges a fair rate for the work done, and any profit is either invested back into the organisation or used to develop free resources that aim to improve people's mental health and well-being.

## What Maudsley International offers

Maudsley International provides: (a) consultancy that helps clients improve and develop mental health services; (b) evaluation of initiatives or improvements; (c) capacity building and professional development tailored to the needs of a client's workforce; and (d) promotion of mental well-being. Examples of activities include bespoke masterclasses, mental health awareness workshops, clinical development fellowships, and combined educational and observational clinical placements, as well as the use of mental health promotion tools such as the Mental Well-being Impact Assessment and the Wheel of Well-being.

Maudsley International has supported the implementation and evaluation of national mental health strategies and programmes across a wide range of areas, including primary care, mental health prevention and promotion, research priorities and substance misuse services. Maudsley International uses various tools and techniques to help ask the right questions and gather all the relevant information. For example, Maudsley

International has developed an evaluation tool based on *Better Mental Health Care* (Thorncroft & Tansella, 2008). Other tools that have been used in past projects include the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) (WHO, 2005) and the DAC Criteria for Evaluating Development Assistance (OECD Development Assistance Committee, 1991).

In addition, Maudsley International has delivered mental health promotion programmes within school environments, supported national anti-stigma efforts, and delivered mental health awareness training for health practitioners and in workplaces. Collaborative ongoing schemes to promote mental health and well-being across a diverse range of communities are also in progress.

Maudsley International also offers combined educational and observational clinical placement programmes, in which *in situ* educational learning is combined with clinical observation for multidisciplinary teams who aim to develop new services. In addition, we have supported international psychiatrists with a 2-year clinical development fellowship, which enables colleagues to gain the experience necessary to develop specialist services back home. The aim of Maudsley International's professional development programmes is to provide training tailored to the needs of individual doctors, nurses, psychologists and allied health professionals. The programmes enable service organisations in international settings to attract and retain high-quality local staff.

In addition to working at the level of whole systems, Maudsley International works at the level of individuals, organisations and services. This may focus on capacity building, but also on using effective tools to build competencies for achieving mental health and well-being in the wider community. Maudsley International has access to a wide range of professional expertise, and is thus able to provide international colleagues with ongoing support, supervision and professional development that may not be available to them in their home country.

Maudsley International is planning to focus on the following areas for future expansion, as these have been found to be of particular priority to clients.

### **Evaluating and implementing mental health strategies and policies**

This involves evaluating the strengths and weaknesses of current mental health services in order to identify priorities for future developments. This is based on a systemic approach which emphasises the importance of thinking about developments within the context of a wider health and social care service system, and being able to describe how different elements of mental health services work effectively together. This looks at the strategic direction of mental health policy and its local implementation, and has a particular

emphasis on leadership and management competencies (Loukidou *et al.*, 2013a).

### **Using a quality framework**

Maudsley International has developed a quality framework, which is used to support a consistent approach to evaluation and associated activities (e.g. training and education programmes) at different levels (e.g. whole-service systems and organisations). This process should be flexible enough to accommodate significant differences in the starting point for developments and, crucially, cultural differences and expectations. The quality framework identifies a number of key themes (groupings) and associated lines of inquiry. Underpinning these are more detailed schedules, which can be thought of as the evidence that might demonstrate good practice. Maudsley International aims to achieve an appropriate balance between interpreting 'standards' and allowing flexibility to reflect very different service contexts.

### **Health economic collaborations**

Maudsley International is expanding its ability to undertake economic cost-benefit analysis of services, to assist in making decisions and worthwhile investment. This would also include a sophisticated analysis of the cost-effectiveness of treatments.

### **Governance framework**

A key element underpinning Maudsley International's work is the process undertaken to develop the initial brief provided by clients into a detailed specification. It is important for Maudsley International's work that all key stakeholders understand the scope of the project, in addition to the constraints associated with the timeframes and resources allocated. For projects to be successful, the appropriate input from clients is required; this is best provided by ensuring there is a clearly nominated person or team within the organisation who is accountable for authorising the service agreement. Maudsley International usually recommends that programmes are overseen by a project steering group, including representatives of key stakeholders that are identified by the client. This group would be responsible for agreeing the detailed project specification and the monitoring of the programme.

### **Maudsley International's influence**

Maudsley International has supported organisations, individuals and service systems to make changes and to share expertise in successfully implementing quality improvement programmes. Maudsley International has worked with colleagues from over 40 countries around the world, operating across both mature and emerging world economies. We evaluate and collect feedback about every project, so that we can continually improve the way we work. This includes feedback about the extent to which our input was helpful and met the needs of the target

audience. We also collect valuable information about what would facilitate the work of staff at a system level and are able to feed this back to policy and decision-makers. However, given the time-limited nature of our work, we are at present not able to track progress over the longer term. We are keen to further develop approaches to evaluating outcomes and influence over time, and to build research capacity in countries to enable them to undertake such long-term evaluations of outcomes.

However, there are a number of valuable examples of the influence Maudsley International's work has had internationally. Programmes delivered by Maudsley International have raised awareness of mental health priorities at national, regional and local levels, and have influenced policy revision (Loukidou *et al*, 2013a) and implementation (Sharkey, 2017). Making the involvement of patients and carers a necessity has also been attributed to the work of Maudsley International (Loukidou *et al*, 2013b). Maudsley International hosted the FundaMentalSDG project, which has resulted in the United Nations including mental health-related targets and indicators in its sustainable development goals (Agenda2030) for the first time (Votruba *et al*, 2016). The development of an e-programme to support international careers for psychiatrists working in global mental health has been another contribution of Maudsley International (Eaton *et al*, 2015).

Throughout its 10 years, Maudsley International has acquired extensive experience and shared learning regarding the benefits and problems of mental health service system development, and working with organisations and individuals to develop and sustain comprehensive mental healthcare. Following recent calls for – and the development of – a greater number of implementation programmes in global mental health

(Kleinman, 2013; De Silva & Ryan, 2016), Maudsley International's activities bridge the gap between mental health research, strategy and service development, by supporting implementation programmes with evidence-based methods and tools.

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EDITORIAL

# Public mental health: key challenges and opportunities

Jonathan Campion

FRCPSych, Visiting Professor of Population Mental Health, University College London; Director for Public Mental Health and Consultant Psychiatrist, South London & Maudsley National Health Service Foundation Trust, London, UK; email [Jonathan.Campion@slam.nhs.uk](mailto:Jonathan.Campion@slam.nhs.uk)

Public mental health involves a population approach to mental health, and includes treatment of mental disorder, prevention of associated impacts, prevention of mental disorder and promotion of mental well-being, including for those people recovering from mental disorder. Such interventions can result in a broad range of impacts and associated economic savings even in the short term. However, even in high-income countries only a

minority of people with mental disorder receive any treatment, while provision is far less in low- and middle-income countries. Coverage of interventions to prevent mental disorder and promote mental well-being is far less even in high-income countries, despite such interventions being required for sustainable reduction in the burden of mental disorder. This implementation gap results in a broad set of impacts and associated economic