Research Article

Accreditation Models of Mental Health Care: Systematic Review

Ali Fakhari [a], Mostafa Farahbakhsh[a], Shiva Khatami[b], Sepideh Herizchi[a]

a: Clinical Psychiatry Research Centre, Tabriz University of Medical Sciences, Tabriz, Iran.

b: Education and Human Resource Studies with Emphasis on Organizational Learning, Performance and Change, School of Education, Colorado State University, USA.

Correspondence

Mostafa Farahbakhsh
Resident of Psychiatry, Clinical Psychiatry
Research Centre, Razi University Hospital
Shahid Bakeri Ave.
Tabriz, Iran.
Tell: +989143023969
Email: mfarahbakhsh@gmail.com

Abstract

Purpose: To identify accreditation models in mental health and their effects on performance of health plans and health facilities.

Methods: We conducted a free search in Databases of PubMed , Scopus , EMBASE , PsycINFO and Google Scholar up to March 2014 ,searching for "mental health" and "accreditation" in keywords, titles , abstracts and all indexed fields . Inclusion criteria were English or Persian language of of the articles, and Presentig accreditation models in mental health (processes or effects). Exclusion criteria were manuals of accreditation ,guidelines of accreditation,revisions of standards and Interview with pioneers.

Results: Seven models of accreditation in mental health were determined. They were Peer or professional accreditation, The Memory Services National Accreditation Programme (MSNAP), Accreditation of acute in-patient mental health services (AIMS), Psychiatric Liaison Accreditation Network (PLAN), Electroconvulsive Therapy accreditation Service (ECTAS), psychiatric intensive care unit (AIMS-PICU), JCAHO Mental Health Care Network .All models used self-review and external peer review in collection of related data. Five accreditation models clearly focused on Continous Quality Improvement projects.

Conclusion: Upon results of this systematic review, it is concluded that there are various accreditation models in mental health care . there arent enough researches about accreditation impacts on community mental health . It is recommended that a study be conducted about accreditation effect on efficiency and effectiveness of health programs and mental health care.

Introduction

Accreditation is a process, usually voluntary, that improves organization's performance through the active participation of internal and external evaluators. Valentine believes that accreditation combines quality assurance with a quality improvement framework that promotes self-assessment and progressive improvements in service delivery [1].

There are inconsistent results about the effects of accreditation on an organization's performance. Several researchers studied the impact of accreditation on health care system. They found that accreditation provides a framework that serves to create and implement systems that improve operational effectiveness and positive health outcomes [2-3], improves communication and collaboration internally and with external stakeholders [4], strengthens interdisciplinary team effectiveness [5] and Sustains improvements in quality and organizational performance [6].

The results of Heuer's studies revealed no correlation between hospital accreditation scores and patients satisfaction indices[7]. The study of Greenfield and Braithwaite about the impact of accreditation indicated consistent findings in promoting change and professional development. However, they report inconsistent results in professions' attitudes to accreditation, financial impact and quality measures [8]. Public disclosure of accreditation scores is a challenging subject. The study of Ito showed a positive association between accreditation scores and public disclosure of accreditation reports in hospitals [9].

World Health Organization (WHO) in its constitution defines health as a state of complete wellbeing in mental, physical and social aspects of life. Mental health can be defined, as the cornerstone of health and without it, there is no health. About a quarter of general population will develop a mental disorder during their lifetime, although unfortunately only about one third of these people will receive treatment [10]. The WHO identifies several key factors such as Difficulty integrating Mental Health care into the primary health care system, Lack of resources,

Inadequate Mental Health and Insufficient Public Mental Health training as some of the barriers to improving Mental Health Care [11]. This study aims to identify accreditation models in mental health and their effects on mental health care plans and health care facilities' performance.

Methods

We conducted a free search in several databases including: Pubmed, Scopus, Embase, PsycInfo and Google Scholar ending in March 2014, with "mental health" and "accreditation" in keywords, Titles, Abstracts and all indexed fields. We also conducted a classification-based search according to

databases, using Mesh in Pub med and EM Tree in Embase. This strategy resulted in 1932 articles.

First, we pooled all the articles in one database and removed duplicate articles (83 articles). Second, we reviewed the titles of all articles and determined that 1616 of them were not relevant to accreditation and therefore they were excluded. Third, we reviewed the abstracts of 233 articles and excluded 136 of them that were about assessment of organizations performance, quality initiatives, inspection and audit. Finally, we selected the 97 articles and reviewed their full texts to ensure that they met out inclusion criteria, 83 of them excluded (Figure 1).
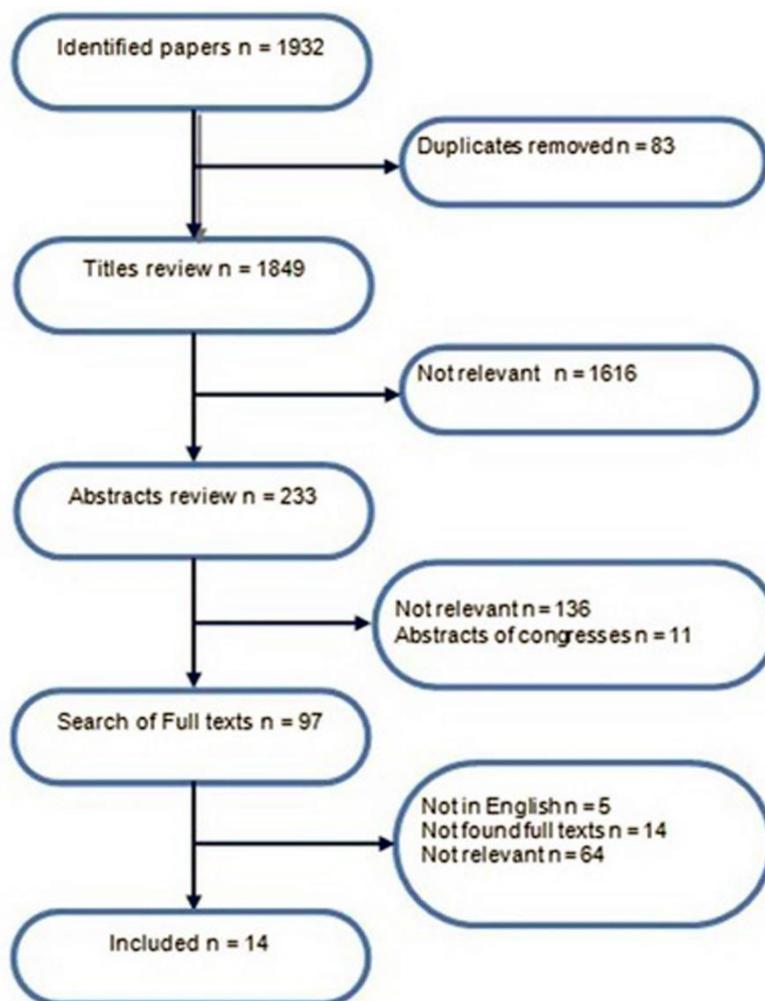

Figure 1. Flow chart of assessment of eligibility of identified studies.

Inclusion criteria

- English or Persian language
- Presenting accreditation models in mental health (processes or effects)

Exclusion criteria

- Accreditation Manuals
- Accreditation Guidelines
- Revisions of Standards
- Interview with pioneers

The remaining articles were reviewed by one of the authors and categorized according to the purpose of the studies and models of accreditation in mental health (7 articles), effects on performance (3 articles), effects on staff's mental health (1 article), motivation to accreditation (1 article) and costs of accreditation (2 articles). Accreditation models assessed areas of measurement, data collection methods, strengths and weaknesses, standards categorization and levels of accreditation (Table 2).

Results and discussion

Mental Health Accreditation models

In reviewed articles, 7 models of accreditation in mental health were identified [19-25]. They were Peer or Professional Accreditation, Memory Services National Accreditation Programme (MSNAP), Accreditation of Acute Inpatient Mental Health Services (AIMS), Psychiatric Liaison Accreditation Network (PLAN), Electroconvulsive Therapy Accreditation Service (ECTAS), Psychiatric Intensive Care Unit (AIMS-PICU), Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A summary of these articles is included in Table 1. Any accreditation model must have domains of measurement, evaluation cycle or process, standards and measures .for assessment of organization performance it uses appropriate tools and scales. Their main domains of measurement were showed in Table 2. The Accreditation process in PLAN, ECTAS and MSNAP models is composed from seven main stages that are the followings [19, 20 and 23]:

1. Set standards
2. Self review
3. Peer review
4. Local reports
5. Accreditation decisions
6. Action planning
7. Annual self review

Five accreditation models have used CCQI format in

determination of accredited organization category and categorization of standards [19, 20, 22, 23 and 25]. Peer Review Accreditation in Italy includes five levels of accreditation that appears to work better than CCQI's three levels for the assessment of achievement [24] (see Table 4). It is recommended that based on accreditation results, some mental health facilities are selected as prototype of improvement and successful change. In final scoring of an organization's performance it is suggested that pays special attention to improvement compared to previous accreditation results and trends of measures.

A set of principles such as Local ownership, Engagement, Credibility, Responsiveness and a focus on development differentiate AIMS model of accreditation from centrally imposed inspection systems [25]. Most important features of the Italian peer accreditation programme are: the educational nature of the accreditation programme, assessment of the impact of the programme, paying special attention to Continuous Quality Improvement and Integration of institutional accreditation, traditional health organization accreditation, ISO model and EFQM model [24].

All models used self-review and external peer review in collection of related data. In accreditation often data collected in a cross sectional manner, it is recommended that longitudinal data also be used in assessment of mental health measures. In all of seven models, patients and their rights were included on the list of main domains of measurement.

Table 1. The Summary of Systematic Review Results Based on Mental Health Accreditation models and their effects on performance.

Author / Year	Study Purpose	Main Results
Al-Sughayir / 2014	To investigate whether the mental health accreditation program drives improvements in the clinical practice of giving Pro Re Nata (PRN) antipsychotic medications for psychiatric inpatients	• There was a significant reduction in the diagnosis of "psychotic disorder," from a prevalence rate of 44.1% of pre accreditation patients to 33.5% of post-accreditation patients (p=0.04). • There was a reduction of approximately 38% in the number of administered PRN antipsychotics.
Lee / 2014	It explores motivations behind accreditation at five children's mental health agencies	• Most agencies were influenced by external factors, such as policies requiring accreditation • Other factors were internal, related to the evolution and growth of the agency and their desire to improve services.
Palmer et al / 2010	Description of Psychiatric Liaison Accreditation Network (PLAN)	• Explaining the PLAN objectives • Standards and Measurement • The PLAN annual cycle • PLAN standards are measurement methods • Categories of accreditation and threshold required
Mathew et al / 2010	A new accreditation programme for psychiatric intensive care units aims to improve the quality of services.	• Portrays the program's content during the process of accreditation • It offers a systematic and evidence based way of improving services for people at any point where the quality of care counts most.
Baskind / 2010	To explore the effects of a standard-based, peer reviewed accreditation model on standards Perception that the accreditation process has improved the quality of care in nearly all the wards that participated. of care in acute inpatient settings and explore how staff managed change.	• Employees within the organization believed that the accreditation process improved communication, allowed for negotiation for resources, provided clear practice guidelines, provided incentives for sound practice and led to additional unrelated improvements in quality of care.
Doncaster / 2010	To develop a set of standards for memory services to form the basis of a quality improvement initiative	• Used feedback to help speed up the use of the shared care protocol relating to sharing of responsibility for anti-cholinesterase inhibitors with GPs

		Increased awareness of obtaining consent prior to diagnosis • Standardized capacity assessments. • Increased power in terms of quality assured service • Increased visibility
Elkins et al / 2010	To examine perceived effects of stress on nursing hospital management and administrative employees of a large health care organization before and after Accreditation	• A decrease in stress after the visit • A decrease in Overall job satisfaction • Hospital accreditation reviews may increase perceived stress and appears to be related to emotional and physical well-being. • Perceived stress was significantly related to employees' increased health concerns, symptoms of depression and anxiety, interpersonal relationships, and job satisfaction
Gigantesco & Morosini / 2009	Deals mainly with mental health services peer accreditation in Italy	• Main criteria for rating of the quality of procedures • Main criteria for rating of the quality of guidelines • Main criteria for quality of practice assessment when written procedures or guidelines have not yet been approved • Main components and supports of a quality evaluation
Lelliott et al / 2006	Accreditation of acute in-patient mental health services	• This approach has been successfully applied to clinics that administer electroconvulsive therapy (ECT) • Many of the clinics have reported improvements as a result • AIMS is an attempt by the professions, working in partnership with service users, to reassert a leadership role in improving the quality of service.
Zarkin et al / 2006	To estimate the costs of pursuing accreditation for methadone treatment centers	• The average cost of pursuing accreditation was $289 per patient. Site preparation costs accounted for approximately 82% of the total cost, whereas accreditation survey fees accounted for only 11% of the total cost. Technical assistance costs accounted for about 6% of the total costs. • There isn't a significant difference in total costs by ownership, site size, and organizational structure.
Caird et al / 2004	To present the Electroconvulsive Therapy Accreditation Service (ECTAS)	• In time, ECTAS could also help inform patients' treatment decisions. • An accreditation rating will reassure patients, and those referring patients, that an ECT clinic not only meets certain standards but is also striving to improve. • To support this point, all clinics participating in ECTAS will be listed on the Royal College website, with the accreditation rating awarded.
Kiegon / 1997	Provides a brief overview of how the Southeastern Area network prepared for and went through the JCAHO survey	• To help other organizations considering JCAHO network accreditation, specific aspects of the survey process are presented, including preparing • documents, understanding key concepts emphasized by JCAHO, and preparing staff for participation in the survey interviews.
Rockwell et al / 1993	To calculate the cost of preparing for accreditation	• Total cost for the entire survey process was thus estimated to be $326,784, or 1.01 percent of the hospital's operating budget in the year of the survey.
McGurrin &. Hadley 1991	To determine whether hospitals maintained or increased their quality of care over time.	• Hospitals strive to maintain their accreditation • hospitals that have not achieved accreditation are motivated to improve quality of care in order to achieve such status

Continuous Quality Improvement (CQI) and accreditation

Five accreditation models clearly focused on CQI projects [20–23,25]. This project included staff education, gap analysis, determination of improvement opportunities and action plans for change. Quality is measured in all stages of accreditation from standard writing to analysis of results. Several countries have sought to improve the quality of services and enhance patient safety through accreditation of health care organizations [26]. Accreditation is a comprehensive and continuous quality improvement process [27].

Motivators of Accreditation

Lee in an exploratory Multiple Case Study revealed that motivations for pursuing accreditation in Children's Mental Health Care were used as a Platform for Change and Improvement, to assert their position in the field, and a requirement for Funding Opportunities [12].

Performance Improvement

Three studies were about the impact of accreditation on organization's performance [14–17]. Baskind et al in a study staff of 11 acute inpatient mental health hospitals described improvements of accreditation as follows:

- Improved communication
- Power to negotiate for resources
- Clear practice guidelines
- Demonstrating or rewarding good practice
- Making additional improvements to practice

Accreditation impact on staff mental health

The study of Elkins et al provides evidence that nurses in administrative roles experience increased stress associated with an accreditation group site visit [18]. This study also suggests that the increased stress may be significantly related to increased psychosomatic health problems, symptoms of depression and anxiety, interpersonal relationships, and decreased job satisfaction. This study highlights the elevated stress levels during a Joint Commission review and the pervasive effects of stress on well-being.

Costs of accreditation

Two studies calculated the cost of accreditation [15 –16]. They consider direct costs of accreditation that consist of three categories. These categories include: site preparation, technical assistance and accreditation survey fees. It is necessary to remember that the total costs of any change resulted from these projects; such as quality initiatives and accreditation aren't easily calculated. Because the great part of costs and profits are indirect, for example attained profit from empowered staff or money loss that imposed by unsatisfied employees.

Recommendations

With regard to decade's use and debate about accreditation in health care, there aren't enough research studies in relation to impact of it on health outputs and outcomes. Most often related articles are allocated to description of accreditation cycles, processes and guidelines and some of studies compared various models of it. It is recommended that a study be conducted about accreditation effect on efficiency and effectiveness of health programs and mental health care. Such studies could include topics such as compliance with treatment, medical errors, stigma, accreditation effects on mental health of staff, psychoeducation and public awareness, remission rates, and quality of life in mentally disordered patients. Other very important topics include staff dignity and empowerment.

Table 2. Comparison of mental health accreditation models according to areas of measurement.

Accreditation Models	Areas of Measurement	
1. Peer or professional accreditation (Italy)	1. General organization and resources 2. Facilities and equipment 3. Staff management and training 4. Risk management 5. Care management 6. Continuous quality improvement 7. Results, outcomes and conclusions	8. Integration within the Mental Health Department (MHD) 9. Clinical records and information System 10. Patients rights and staff relations with patients 11. Relations with families and other stakeholders
2. The Memory Services National Accreditation Programme (MSNAP)	1. Resources available for patients and carers 2. Experiences of service, including environment, interactions with staff, support and information provision 3. Policies and protocols 4. Access to resources and follow-up services 5. Supervision and training	6. Management of the service 7. Composition of the multidisciplinary team 8. Learning and development 9. Quality of relationships with referrers 10. Recording of important patient information 11. Higher-level management and ongoing development of the service
3. Accreditation of acute in-patient mental health services (AIMS)	1. Physical environment and ward facilities 2. Staffing (including leadership and training) 3. Factors relating to patient and staff safety	4. 'The patient day' and access to Therapies 5. Admission and discharge procedures 6. Links with community services 7. Care processes 8. Patient rights and safeguards

4. PLAN (Psychiatric Liaison Accreditation Network)	1. Referral procedures and collaboration with hospital colleagues 2. Supervision 3. Assessment and care planning	4. Staffing, training, support, and 5. Involving users and carers 6. Procedures, resources, and facilities
5. ECTAS (Electroconvulsive Therapy Accreditation Service)	1. The ECT clinic and facilities 2. Staff and training. 3. Assessment and preparation 4. Recovery, monitoring and follow-up	5. Consent 6. Anesthetic Practice 7. The administration of ECT 8. Special precautions
6. AIMS-PICU (Psychiatric Intensive Care Unit)	1. General standards 2. Safety 3. Therapies and activities	4. Timely and purposeful admission 5. Environment and facilities
7.JCAHO Mental Health Care Network	1. Rights, Responsibilities, and Ethics 2. Continuum of cane 3. Education and Communication 4. Leadership 5. Management of human resources	6. Management of information 7. Improving performance of the network 8. Health promotion and disease prevention

Conclusion

We found seven models of accreditation used in mental health hospitals and clinics. Upon results of this systematic review, we conclude that accreditation can play a major and vital role in improving the mental health of community with standardization of service delivery, provision of appropriate resources, empowerment of service providers and integrating the quality initiatives into daily activities of professional and usual care providers. Accreditation is seen as a way to improve accountability and responsibility of mental health care [28].

Limitations of the study: Our study limitations included exclusion of non-English language articles, lack of access to some articles' full texts and using only electronic resources.

Table 3. Recommendations of the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) in categorization of standards and levels of accreditation.

Levels of Accreditation	Categorization of Standards
Category 1: Accredited as excellent **Category 2:** Accredited **Category 3:** Deferred Accreditation **Category 4:** Not accredited	**Type 1:** Failure to meet these criteria would result in a significant threat to patient safety, rights or dignity and/or would breach the law **Type 2:** Criteria that an accredited service would be expected to meet **Type 3:** Criteria that an excellent service should meet or criteria that are not the direct responsibility of the service

Table 4. Comparison of accreditation models processes and their strengths and weaknesses.

	Self-review	Peer review	Focus on CQI	Strengths	Weakness	Categorization of Standards	Level of Accreditation
JCAHO	*	*	*	1. Training in continuous quality improvement Methods 2. Focusing on the dimensions of performance	Loss of autonomy	-	-
AIMS	*	*	*	-	-	CCQI format	CCQI format

	Self-review	Peer review	Focus on CQI	Strengths	Weakness	Categorization of Standards	Level of Accreditation
AIMS-PICU	*	*	*	Diffuse quality throughout the experience	Resource intensive	CCQI format	CCQI format
ECTAS	*	*	*	-	-	CCQI format	CCQI format
PLAN	*	*	-	-	-	CCQI format	CCQI format
MSNAP	*	*	*	Standards were evidence based	Focus of the programme is on diagnostic assessment of dementia chosen	CCQI format	CCQI format
Peer accreditation	*	*	-	1. Sharing of a common organizational model 2. Sharing of experiences 3. Development of improvements projects	1. Little attention to scientific base of clinical practices. 2. Low reliability 3. The drive to change tends to decrease gradually in time.	5 point Scale	-

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