

## Mental Health and Substance Use – Outlining the methodology for an options appraisal

This document outlines the suggested methodology to use within an options appraisal for mental health and substance use. It follows a standard approach, with this note designed to act as a quick access guide for those seeking to develop their own options appraisal.

This is an excerpt from the fuller Mental Health and Substance Use Options Appraisal document that can be found on our website. There are also other documents in this series including

- Mental Health and Substance Use – Policy and data sheet.
- Integration in the context of Mental Health and Substance Use services.
- Mental Health and Substance Use – Identifying and considering the options for change.

### 1 Purpose of an options appraisal

The objective of an options appraisal in mental health and substance use is to enable decision makers and stakeholders to explore different models of care and make informed judgements on how different approaches can address the specific problems they have; through

- providing a framework for decision making at the local level through the comparison and assessment of different models of integrated mental health and substance use services, and
- helping define models of integrated mental health and substance use services and assess their performance against specified criteria, based on available evidence.

The overarching approach to options appraisals is made up of the following components

1. Identify **aims and objectives**: for what purpose is the options appraisal being conducted?
2. Understanding/analysis of the **strategic and legislative context**: understanding the context in which any services will be operating e.g. workforce availability, population need, risk appetite.
3. **Identification of options** that will be assessed: which models of integrated mental health and substance use services will we assess? These will be informed by available local and international learning.
4. Defining **assessment criteria**: these will be informed by the previous steps.
5. **Data collection** to inform the assessment: gathering service, financial and lived and living experience data that will inform the assessment of options against criteria.

6. Conducting the **options appraisal**: analyse the options against the identified criteria, ensuring a description of the relative importance of each criterion. Relative value will likely vary between board areas. A sensitivity analysis can be conducted if needed.

## 2 Identify aims and objectives

It is important to have a clear understanding of what you are hoping a new model or way of working will achieve. In the context of bringing together mental health and substance use services, the 'why' or 'case for change' is likely to be held in tacit knowledge of operational staff regarding demand, findings from a range of engagement with people with lived experience and condition specific services, and within local strategies. Through understanding and articulating *why* change is required, aims and objectives can be developed. As a starting point, it could be useful to ask the following questions

- Who within your local area is being underserved (with reference to the Four Quadrants model)?
- Which interfaces between services do you see people falling through the most?
- What are the implementation challenges where there is good written guidance that is not being followed?
- Do you think barriers to joint working are cultural or structural?

The answers to these questions can help define aims and objectives, such as:

- We want a system of care that supports sustainable transitions into the community.
- We want a system of care that allows for access to multiple specialists.
- We want a system of care that is centred on formalised collaboration.

This will, in turn support the identification of options.

## 3 Understanding and analysis of key legislation, policies and strategies

It is necessary to conduct an analysis of the context in which the options appraisal is set. The appraisal will consider the strategic and policy context that the services will be subject to both at the national and local level. This may include, for example:

- National considerations: national policy and frameworks (e.g. the medically assisted treatment (MAT) standards).
- Local considerations: what are the key local issues (budget constraints, staff availability, population need), third party availability?

This will feed into the identification of options, along with the appraisal criteria – highlighting standards and strategic priorities that services need to meet. It will also help establish the parameters regarding resources and staffing, as well as help considerations in relation to the 'political acceptability' of different options.

## 4 Identifying options

The options generated as part of this appraisal will be a short list of models of integrated mental health and substance use services. These will be informed by the above. Option One should always be a 'Do Nothing' option so as to highlight the current way of working and provide a comparator for the other options. The supplementary report 'Identifying and considering the options for change' outlines a range of potential models already in existence across the UK and reviews the strengths and limitations of each model.

Supporting options generation is an evidence review of good practice in supporting co-occurring mental health and substance use. Options should be defined by subject matter experts, including all levels of staff and those using services, along with planning teams and strategic leads. This will involve thinking about the scope of the options (i.e. will Primary Care need representation?).

The options generation process should make reference to the overall aims and objectives, potentially revisiting the types of questions noted above.

## 5 Identifying the criteria

Criteria are measures of performance by which an option is judged. Identifying the criteria is based on the previous steps; identifying the options (to ensure that the criteria are measurable against the options) and the analysis of key legislation, policies and strategies. A useful question to identify criteria is to consider the options and ask the question "what would distinguish between a good and bad choice in this decision problem?". Criteria form a bridge between the options and the objectives.

Criteria should offer a breadth of assessment to provide a rounded analysis of the options identified. Therefore, criteria will be selected with this in mind. Examples of these might be

- Level of adherence to national and local policy, including [MAT Standards](#) and the [National Mental Health and Substance Use Protocol](#).
- Alignment with existing quality frameworks such as [AAAQ](#) or the [PANEL principles](#).
- Investment required for implementation.
- Impact on structural integration.
- Impact on staff relationships.
- Ability to implement within existing resource (inc/exl implementation costs).

The below outlines some criteria you may consider for an options appraisal on mental health and substance use. The identified criteria have been generated using the evidence review we conducted and are reflective indicators of good practice in integrated service models.

#### **5.1 Effectiveness**

Improved mental health and substance use outcomes (e.g., symptom reduction, increased abstinence, decreased hospitalisations).

Client satisfaction with service quality and accessibility.

Improved engagement and retention in treatment programs.

Improved access (in terms of inclusion) for underserved patient populations.

#### **5.2 Cost effectiveness**

Financial cost per client/cost-benefit analysis considering potential long-term cost savings.

Wider system savings related to reduced demand for other services, such as Emergency Department attendance and blue light service involvement.

#### **5.3 Access and accessibility**

Service availability/convenience (location, hours, transportation, wait times).

Access to additional services for escalated need and ease of transitions.

Integration with existing health and social services.

#### **5.4 Service quality and delivery**

Training burden for staff with expertise in both mental health and substance use treatment.

Utilisation of evidence-based interventions and treatments.

Continuity of care across inpatient, outpatient, and recovery support services.

Workforce availability.

#### **5.5 Organisational feasibility and sustainability**

Potential for partnerships with relevant stakeholders (e.g. third sector).

Organisational capacity of health boards to effectively manage and deliver the chosen model.

Political acceptability.

To underpin both the options for models of integrated mental health and substance use services, as well as their performance against set criteria data collection will be undertaken. Your options appraisal should draw upon available data and intelligence from:

- Desk Research: including an evidence review, relevant published and grey literature, policy documents, and reports on integrated mental health and substance use models, and stakeholder perspectives.
- Expert opinion: drawing upon the expertise found within your area and relevant national organisations such as Healthcare Improvement Scotland.
- Lived and living experience: drawing on available testimonies from those with lived experience from previous engagement that has been carried out, sources found in the public domain and any additional engagement you feel is required to understand needs.
- Cost Analysis: Estimate the financial costs associated with each option, including personnel, infrastructure, training, and potential savings from reduced hospitalisations and other healthcare utilisation.

## 7 **Appraising options**

There are different methods for conducting an options appraisal.

A 'weighting and scoring' method uses scoring against weighted criteria to determine an optimal option. This can be useful in situations where there are clear and quantifiable criteria. However, such methods are not well suited to contexts where there are multiple considerations within criteria (such as 'Improved Outcomes'), and where there is significant nuance around what the options are trying to achieve.

A qualitative method uses structured analysis and balances benefits/drawbacks across all criteria to develop an informed consensus. This can be useful in situations where there are complex variables within criteria, that are also subject to change (e.g. training burden of staff might be noted as a drawback, but this can be planned for or prioritised once the decision has been made).

To appraise options for models of integration to support co-occurring mental health and substance use conditions, a qualitative method can anchor the discussions required to bring together multiple stakeholders and perspectives, to make an informed decision. Through the breakdown of criteria, a qualitative method provides:

- A structure for organising and collating key evidence around good practice and locally derived information.
- Discrete and systematic approach to conversations across the criteria.

It can also benefit the implementation and sustainability of the chosen model, through:

- Identifying potential priorities within implementation plans.
- Encouraging consensus, which in turn builds a shared ownership of the decision.

Overleaf is a table that could be used as the basis for analysis.

OPTION X – complete one per table

Criteria		What is the evidence (including information from lived experience engagement activity)?	What positive impact will this have?	What negative impact will this have?	Are there any mitigations we can put in place?
5.1	Effectiveness				
5.2	Cost effectiveness				
5.3	Access and accessibility				
5.4	Service quality and delivery				
5.5	Organisational feasibility and sustainability				

