

CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Gaps: In Understanding – perhaps

If I spend a lengthy time under stress, I am more prone to having an accident, which might injure me, or succumb to a cold or even be more vulnerable to flu and other infections. So from a prolonged emotionally difficult time I find myself with a physical malady and hopefully the time to address both.

If however I have a long term physical problem, such as a severe food allergy, or eczema or an perhaps the relationship between my organs is not as healthy as it could be: I am very likely to start to have increased periods of anxiety and worry and stress, leading to episodes of acting out of character, and in extreme cases a mental or nervous breakdown, to use the common euphemism. So from a physical problem, often underlying comes a mental health problem.

This simple analogy is not even considered when treating those who are hospitalised for a mental health illness.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Use the Dementia charities to drive policy, to train volunteers and become, with medical staff the experts. Eventually handing over the management to

them. The same way we have handed over immunisation to the JCVI (Joint Committee on Vaccinations and Immunisations).

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Living with a mental ill person is very hard work and proves impossible for many people, and often a person becomes mentally ill from the poor environment or poor treatment they receive in their 'home' environment. Often taking a person out of their home circumstances is a step to wellness, albeit one that needs carefully managed. Also – mental health drugs have improved tremendously over the years, and I am sure they will continue to improve, however drug therapy should be viewed as a second line of defence – with therapy and consultation as number 1 and 1a treatment respectively.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

My understanding of suicide is most often done by people who feel they have had too much of life, or too much of a particular situation. And for spiritual students there is an understanding that we can work with the souls of the departed, through meditation and carefully selected prayer, all done in full conscious seriousness. Reducing suicide is difficult because often a suicide victim is very adept at hiding their true feelings, they put on a brave face. I think in the same way an analysis has been done to work out how best to find people lost on hills, by studying past cases and results, a similar type study can be done on past suicides to see what facts emerge about age group, gender, background, personality type, misuse of drugs and alcohol, life styles etc. That way in time you would have a much clearer picture of someone on the road to eventually attempting to take their own life.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

I think the stigma of mental illness comes from the fact that it is hard to live with someone who is mentally ill. I was treated in psychiatric care over a 4 year period from age 19 to 23, and 2 of my brothers have had spells in psychiatric care. A mentally ill person is often physically very robust, and with no outward symptoms, until their illness takes hold and they start to become hysterical or incoherent or destructive to themselves and to others. This is often quite traumatic for those around, and often, mercifully forgotten by the mentally ill patient. I think underlining the fact that mentally ill people are very treatable, and highlighting the fact that a mental illness is often the face of an underlying physical malady (something careful research can show), this would start to appease the general public, 'knowledge dispels fear' is a red beret motto, something medics can consider.

Question 5: How do we build on the progress that see *me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

For me the see me campaign has made no difference what so ever to the stigma I am viewed in by others and by myself. I think it is something that you have to have on east enders or coronation street. Or get some clever writer to write a sitcom based around people going through mental illness, Full story lines that people can follow and begin to understand what a mental illness can involve.

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Get a decent TV programme. And employ people like Max Clifford to organise some effective campaign to readdress the needs of those going through or recovered from mental illness. Get some high profile celebs to discuss their own mental health stories, there are plenty of them to chose from and many make full recoveries after therapies and rehab and support.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Teach teachers to recognise signs of mental illness in pupils. An illness than can be brought about by drug abuse, physical and or sexual abuse, or living in a home environment where you are the scape goat.

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

I don't know, sounds very technical to me

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Often mental illness takes years to manifest from a long term chronic problem or issue. I went on a more-to-life training course <http://www.moretolife.org/> and became a bach flower counsellor <http://www.bachflower.com/> and ultimately I studied mental health with the Anthroposophically based and inspired <http://www.ahasc.org.uk/media/3803/mental-health-seminar-1.pdf> mental health seminar. It is 10 5 days sessions over 3 years, and I attend session 7 in 2 weeks. It has helped me enormously, so much so I asked for my NHS hospital notes for the time I was away. It came up very clear, that my large family did little to understand me, scape goated me and largely created such an unhealthy environment for me, mental illness was enevitable.

Question 10: What approaches do we need to encourage people to seek help when they need to?

The best advise I got and took was to get out of the environment that is making you ill, in my case my suffocating family upbringing.

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Treatment has to be through therapies, human contact, compassion and gentleness, with medication limited to a few short days in emergencies. A better understanding of how a sick body produces mental illness and how a sick environment, unhealthy and unbalanced creates the perfect climate to make a person ill. A healthy social life, home and school environment and healthy broad educated outlook are all essentials in good mental health.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

I don't know what this means, my experience was I was heavily medicated, with little impact, and symptoms were masked, so a lose lose situation.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Ask the patients ask Raphaels <http://www.raphaelmedicalcentre.co.uk/>
They have an excellent record in successfully treating mentally ill people.

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Work with Raphaels <http://www.raphaelmedicalcentre.co.uk/>

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Again ask the experts , put your prejudices to one side and get in touch with Raphaels <http://www.raphaelmedicalcentre.co.uk/> or the Medical section of the Goetheanum <http://www.goetheanum.org/45.html?L=1>

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

I don't know what this means

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Don't know

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Don't know what this means

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Again ask Raphaels for information on their approach, and as I have said, often the root of the problem is the family the mentally ill patient comes from

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Again Raphaels years of experience can help you here

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

The world is reflected in us and we reflect the world – so a healthy world makes for healthy people, war creates long term mental health problems for most people.

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Speak to GPs and cross compare data with that in psychiatric units

Question 23: How do we disseminate learning about what is important to make services accessible?

Be compassionate and let your caring side lead you to answers

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Having a basic understanding is a huge gap, as is a reliance on drug treatment, which masks symptoms, often burying them for ever, with out adding to a patients well being one iota.

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

The NHS has isolated itself and is over powerful on influencing Governments, Government Minister rarely have any medical knowledge, yet they have to sign up to a programme spend, before it can go ahead. Most Civil Servants haven't had any training on health issues but advise Ministers. Government should have an inspection role only, and the NHS should be denationalised, to allow health care workers to get on with the care of the nations health.

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

As mentioned in 25 above, denationalise the NHS, it is criminal that it is led by non medical civil servants and non medical government ministers.

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

When I was in Prof Unit of ADC, we had meetings twice a day. These meetings could easily be designed on the 12 steps programmes used by AA, Alanon and Debt Anon. Staff could attend as well as active participants, as family and friends of the mentally ill.

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

I don't know.

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Don't know

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

People are not a paper exercise, outcomes are outcomes, you have to get there first, before it becomes an outcome. Well patients are all the outcome you need.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Q32 makes no sense to me

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

The number of people suffering from Mental illness will continue to rise, and until you move away from a prescribed format there is very little you can do to help the mentally ill, apart from doping them out of reality, and relying on family, friends, community care and charities to soldier on.

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

I don't know why this question is being asked

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Teach them what the legislative requirements entail