

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.

More scrutiny should be put on the effectiveness of the 2003 Mental Health Act to stop psychiatric abuse.

None of the ten people involved in the limited review of this Act (the McManus review) were abused so they have limited insight into the deficiencies of the Act.

Due to the fact that about 50% of people detained did not think their treatment was beneficial, the Act has serious flaws. These flaws are always covered up by lawyers and psychiatrists who have a vested interest in treating people unnecessarily.

The fact that under a short-term detention certificate someone can be treated before a tribunal has had a chance to hear the evidence means that the Act does not meet ECHR legislation requirements. The government needs to provide evidence why it has enacted legislation which is not compatible. The fact that it refuses to do so is of great concern.

Tribunals themselves are inherently unfair as well in that they are held in private and are not made up of members of the public.

No mental health professional has ever been prosecuted for offences under the Act which shows the monitoring system is grossly unfair.

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.

We should jail any doctors who inappropriately prescribe antipsychotic medication.

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

We need to make significant changes to the Mental Health Act. The fact that someone may be sectioned deters people from seeking help.

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?

Make treatment voluntary, not compulsory.

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?

There needs to be more lay members of NHS boards.

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

More service users should be made members of health boards, mental health tribunals, and of the Mental Welfare Commission.

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

We need to make significant changes to the Mental Health Act. There needs to be points of contact in the Scottish Government. The complaints procedures are totally unsatisfactory. The NHS and local Councils simply reject complaints. Someone in the Scottish Government needs to properly monitor all the relevant public bodies (e.g. SPSO, MWC, SSSC, MHTS) which are not fit for purpose.

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?

More statistics need to be carried out on whether a person's treatment was beneficial or harmful.

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

They need more powers, e.g. the legal right to remove someone from a care home or hospital if someone is being ill-treated.

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

There are not enough non-drug therapies.

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?

The powers of psychiatrists must be greatly reduced.

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?

Survey people who have been treated under the Mental Health Act.

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

If we removed the large costs of lawyers from the Mental Health Act, there would be more money for training of psychologists.

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

1. Replace the leaders of the Mental Welfare Commission with people with a human rights background.
2. Make it easier for mental health professionals who break the law to be punished.
3. A common fault of mental health professionals is to tell lies. There should be zero tolerance on this.