

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate Yes No

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.

My overall response to the consultation is that the relevance of work to the recovery of individuals with mental health issues and conditions is not directly addressed anywhere within the document despite the overwhelming evidence which demonstrates that maintenance of paid work roles and engagement in paid and other work roles is good for health and supports recovery.

Both UK and Scottish policy emphasise the importance of timely access to appropriate vocational rehabilitation or disability management assessment and interventions for individuals with any health issue who require support to maintain or gain work.

For individuals with mild to moderate mental health issues who are at work disability management programmes which are currently being piloted through Working Health Service Scotland are the model with the best outcomes.

For individuals with severe and enduring mental health conditions there is a strong evidence base for Evidence Based Supported Employment (*aka* Individual Placement and Support). This model is not widely available in Scotland. However a successful EBSE model is being implemented in NHS Lothian and three pilots are being funded by Scottish Association for Mental Health in Dundee, Ayrshire and Glasgow. It has been demonstrated that EBSE provides positive and maintained paid work outcomes for more than 60% of those that use the programme. It has also been proven that EBSE programmes with high fidelity produce significant cost savings for mental health services – as well as increasing the numbers of tax payers and decreasing recipients of welfare benefits.

Health professionals do not, in general, consider it a priority to ask about and support service users to address work issues. Awareness of the positive relationship between health and work remains low. Effective partnership working or development of integrated health and employability services (advocated by EBSE) is rare which means that patients are not

accessing the most appropriate vocational support

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.

Discussion of 'work' is required at all initial assessments and subsequent patient reviews in order to give patients the opportunity to access timely support. Updating the Standards for Integrated Care Pathways for Mental Health to include an explicit requirement to discuss work/occupation/employability/vocational needs at initial assessment and reviews would prompt Boards to make appropriate changes to assessment and review paperwork

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.

Scotland can learn from the Evidence Based Supported Employment centres of excellence that are successfully delivering this model in England as well as from the model that is working successfully in NHS Lothian and the pilots recently initiated by SAMH. We need to identify mechanisms to transfer the knowledge and experience developed in these UK based projects to Scottish mental health services in order to change our service provision and radically improve employment outcomes for service users.

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?

Comments

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

Using the evidence base available to us to increase employment outcomes for those with severe and enduring mental health conditions will increase their integration into communities. This in turn will result in greater awareness and acceptance of what mental illness is by employers, services and the general public and reduce stigma and discrimination.

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?

Using the evidence base available to us to increase employment outcomes for those with severe and enduring mental health conditions will increase their integration into communities. This in turn will result in greater awareness and acceptance of what mental illness is by employers, services and the general public and reduce stigma and discrimination.

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

Comments

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?

Comments

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

Comments

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?

Comments

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

Comments

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?

Comments

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?

Comments

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

Comments

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?

Comments

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

Comments

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?

Evidence tells us that 80-90% of individuals experiencing mental health issues would like to be involved in work. This aspiration is not always valued or recognised by mental health professionals. Patients may feel unsure or threatened about work when first asked and this puts off healthcare professionals from asking again at a later date. Support and information for mental health professionals to enable them to engage in a discussion about work and offer appropriate signposting or referral is required. Recording data around this intervention is essential to identify what sources of support, signposting and referral are most helpful and require further development.

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

Comments

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

Comments

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?

Comments

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?

Comments

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?

Comments

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?

Comments

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

Comments

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

Comments

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?

One of the key principles of Evidence Based Supported Employment is integration of vocational and health services. We can use the international evidence base and UK experiences to model changes to our own services. There are many barriers for external agencies in working with Health. Centres of Excellence in England show us how these have been overcome in a UK environment.

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?

Comments

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?

Comments

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?

Comments

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

Comments

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.

Comments

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

The ability to integrate specialised standardised assessments eg: vocational assessments, into generic mental health IT systems would support staff to routinely use these tools and would facilitate collection and collation of outcome data. This requires up-to-date IT systems which are flexible and

responsive to local need.

Feedback to frontline staff regarding the data which they are being asked to collect, in a straightforward and helpful format, would encourage compliance with data collection.

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?

Comments

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

Comments

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?

Comments