

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.

Comments

- The group did not agree with the consultation strategy that the 4 areas identified on p.5 were correct. While Dementia is an important area it should not exclude the needs of other mental health service users who do not have dementia.
- There needs to be more emphasis in the document on outcomes which focus on a health prevention and a wellbeing approach.
- Consultation questions (*Overall approach p.39*) —it was felt by the group that some of the outcomes and their subsequent questions (which should relate to the outcome) did not. Therefore it makes the consultation process difficult for us eg. outcome 1 and question 3; outcome 2 and CAMHS.
- In addition it was felt that some of the outcomes were a little unrealistic
- Some of the terms used are not clear—what is mental health and what is mental ill health?
- The focus of the strategy seems to be on Mental Ill health rather than on Mental Health and wellbeing. The group recognised this was a continuum and that there needs to be emphasis placed on maintaining wellness and the transition to it. It was questioned if Mental Ill health and Mental Health and Wellbeing should be in the same strategy as the ill health may take priority. On p.2 paragraph 3 it is explained why you have brought them together but the rationale that they are “mutually supportive and bringing them together recognises the importance that each strand has on the success of the other” is not clear to us. We wondered if there was evidence to support this?
- The 4 outcomes are not health improvement focused.
- There needs to be a recognition that a depression can be a normal healthy reaction.
- Dementia is not the only mental health issue to affect older adults—depression in the elderly is common and there are many who have long term mental health issues.
- The strategy seems to be based on the medical model. The social model is also important and there has been work a lot of work in Scotland around mental health indicators which is not mentioned eg .Lynn Friedlis work around Mental Health and Wellbeing indicators.
- P.2 Paragraph 2 of the strategy: If someone is mentally unwell it cannot be the expectation that that person will access help even if they know how to. There is a **how** and **what** in relation to NHS, Local Authorities, the third and private sectors supporting and enabling people to keep well and take responsibility for their mental health. This is not clear in the strategy. And this is important as there is an increasing emphasis on self management and self care generally.

- Outcomes 5 and 6 could be brought together.
- Outcomes 10 and 13 could be brought together and include statutory and voluntary sectors.

This would decrease the outcomes to 12.

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.

Comments

- At National level there should be a more robust emphasis on enabling and encouraging joint working towards the same outcomes. It was suggested rather than a client telling their story ie. medical history to each service provider they could hold a summary note which had been jointly written and agreed.
- It was felt that joint future had not worked well.
- There is a need to look at evidence and use this effectively to prevent problems arising rather than await problems to arise and then react. For example people who are unemployed, it is known that this has a negative effect on mental health so work could be done with these people preventatively. If someone does not attend an appointment, rather than have benefit stopped, contact should be made to check on their mental wellbeing. Free access to Sports facilities could be given at non peak times. Keep Well could be targeted at this group.
- The outcomes for mental health need to be reviewed so there is a clear understanding of what they are.
- There was a feeling that there needed to be more flexibility in service delivery ie. **What is delivered**. Having a 6 week programme and then being "left" was not helpful. Having access to someone in a centre such as a voluntary sector organisation (FDAMH) was, as you could access as and when needed. Knowing that support was there without having to go through referrals had been and continued to be helpful.
- Appointments with psychiatrists were very variable from 8 mins to an hour when the person attending felt they had similar needs. It was important that they had read your notes---sometimes they had not.
- **How things are delivered** also need to be looked at. Service users had had experience of feeling they were unable to challenge, question, be honest and discuss issues on the same level as the professional who were working with them. Some had attended groups which they felt were not helpful but felt they had to go to be compliant. There was a feeling that medication given was "just guesswork" and one person was told they were a "guinea pig" but to "have trust". Perhaps a culture of working together with the client could be fostered? So outcomes are agreed between client and professional and perhaps

facilitated by advocacy.

- If a friend/relative was taken by the client they felt they were being asked to justify it by the health professional. They felt the health professional changed their behaviour and was more likely to eg review medication when someone else was present. There needs to be some change within health professionals working within the mental health field. Perhaps further training would help (eg.looking at attitudes and behaviours).

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.

Comments

Mental Health care should be proactively given to people with developmental disorders or trauma just as the physical care is given. It should not be seen as an add on.

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

- More prevention work needed so people don't get to this stage. The importance of community was mentioned
- The outcome and question don't relate well.

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

Comments

- More work in schools which should be part of the curriculum. More education is needed in schools about mental ill health and mental health. The curriculum is biological. The model used by the NHS Glasgow Homeopathic Hospital (David Reilly) see the person as a whole not in physical and mental parts. Other types of education could include addressing issues that lead to discrimination such as having lesbian/gay parents, who to contact for different issues eg. CAB, what GP does.

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?

Comments

- All employers in Forth Valley should sign up to a "See Me" pledge. It should also be integrated into HR policies for eg. the Council, University, NHS, Police etc.
- Mental Health should be integral to organisational change.

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

Comments

- Look at working with communities and promoting wellbeing as in Lynn Friedlis work on Mental Health and wellbeing indicators. Look at "wellness"...green spaces etc.
- Any consultation should be meaningful—at the moment some plans were consulted on after they had been agreed.
- The group felt that the outcome was unrealistic as it cannot be assumed

that all people are able to have an understanding of their own mental health and if they are not well can take appropriate action themselves or seek help. (Could add "when possible")

- The effects of benefits changes need to be looked at in terms of their implementation. eg.no longer paying housing benefit direct to the landlord will caused problems for some people, also the universal credit.

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

Early intervention

Training of professionals

Increased flexibility of opening hours/accessibility to services

Need to have transition period from CAMHS to adult services—at the moment no automatic referral.

Outcome and qu.7 don't match especially as waiting times for CAMHS is 6 months.

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

Comments

Finance for early intervention

Training of professionals

Support for carers and parents

Schools—mental health should be covered in biology etc

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

- Education was needed when someone was well so they had the knowledge and skills and experience to do this. So it was felt that school was a good place to have this on the curriculum. It was linked to other topics already such as self esteem, looking at peer pressure in relation to sexual health and wellbeing. It should not be an add on but be integral.

Was there also a potential role for Health Working Lives?

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

Comments

- Stigma needs to be decreased.
- Accessible services are needed when they are needed—could be at night, Public Holidays.
- A long term rapport is needed with the same person/team who know you—does not need to be a professional.
- Need to look at cause of the mental health issue not the symptom and involve the person with any decision making as much as possible
- People should be meaningfully involved ie client and carer/family. The professional should not control and “disable” the client and their carer/family.

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

- Early intervention before it gets medicalised eg. appropriate training of teachers/guidance teachers to recognise behaviours which may indicate issues and not react to the behaviour, also how to signpost or not. Also applies to Employers and Colleges, Universities. And applies to who you work with ie colleagues.
- Seamless integrated service

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

- Need to be very clear what is meant by non-value adding activities—it depends on who had evaluated what and how. Who defines what this means?

- Evaluation needs to be done skillfully to work this out. Outcomes need to be looked at not just outputs. A one size fits all approach does not work.

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

Comments

- There is a lack of attendance at these meetings from statutory groups so this needs to be increased.
- These are seen as NHS led and Local authorities and voluntary sector don't get involved as much as they potentially could.

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 should ask not just about involvement but meaningful service user involvement.
- Service users should be enabled to increase self care—experience of CBT had been useful to some as it was about self learning. However it needs to be recognised that ups and downs happen with some mental health issues so the ability to self manage may vary over time.
- The stagnation and acceptance that a mental health condition can bring needs to be challenged so the person learns to have control over it and is enabled to/supported to do so.

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

Comments

- There needs to be a change in attitudes, behaviour and culture so that everyone treats each other with dignity and respect. At the moment the blame culture is popular.
- There needs to be a recognition that the service is for service users and that service users need to take more responsibility for their choices including lifestyle ones.
- Families need to be more involved and not excluded if they have a caring role.

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?

Comments

- Single system working via integrated care pathways.
- Talking points has worked in other geographical areas.

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

Comments

Unclear what this is?
No one knows what it is?

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

Comments

- This was felt to be a very useful organisation which produced good work.
- More staff are needed in SRN.
- The statutory sector could perhaps use them more and work together in partnership... perhaps some shadowing would be effective to reduce any professional barriers?
- The SRN toolkit could be used more by social care and health staff. At the moment there are rather compartmentalised roles in social work eg. staff do assessments and then refer on so there is no follow through or follow up.
- Recovery model should be used.

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

- Recognise families/carers as equal partners in care.
- Paid carers need to be appropriately trained—many had had none or little training about mental health issues.
- Children should be supported by schools in term times and plans for holiday cover needed.
- Advocacy could be increased and made equitable—currently a postcode lottery.

Have a contact plan in place with numbers of who to contact if feeling unwell.

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

- Add meaningful to involvement
- Staff should be better selected ie.attitude could be assessed prior to training. Often application for courses now done electronically rather than face to face.
- There should be qualitative feedback from carers and their families facilitated by an independent person who does not work with ward staff. Sometimes ward staff fill out a carers experience questionnaire which may inhibit true responses. Also the questions may not allow the carer to say what they feel.
- Staff may have a lack of information themselves and perhaps experience.

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

Have a network?

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

Could services cope with more demand? Aim should be at reaching people before they need access to services.

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

Comments

Practitioners internet forum? Newsletter from yourselves?

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

Comments

- Independent advocacy across the area—post code lottery at present. Some Local Authorities only funds advocacy if someone is under the Mental Health Act.

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?

Comments

- Needs to be a focus on prevention and a focus on maintenance to prevent relapse.

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

- There should be active proactive core input to those who are at risk eg. unemployed, those who have a long term condition, carers, those who have experienced trauma (physical and / or psychological). As 86% of Mental Illness is caused by trauma, if this was recognised help could be made available at an early stage.
- It was felt there are issues around concordance/compliance with medication. It may help some people to know more about what they are taking, how it works, be more involved in the decision making around prescribing of medication, have more information about their diagnosis.
- We felt it may be useful to look at the skill mix within mental health service teams and perhaps have people with more skills in broad Health Improvement in multidisciplinary teams so there is a focus on recovery and a team approach which is less Consultant led.

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

- More integral mental health training and information for staff.

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

Do not forget the importance of qualitative research.

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

Comments

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

- Drive the joint future agenda from the top

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

Comments

- Practice what you preach ie. integrate and implement.
- Be clear about what you mean by mental health—it is not mental illness.

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

- Mandatory training needed for staff and they need to be able to implement it.