

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.

The Scottish Government clearly recognises the importance of access to independent advocacy for those with a mental disorder. This is evidenced by the inclusion, in the Mental Health (Care and Treatment) (Scotland) Act 2003, of the right of access to independent advocacy for those with a mental disorder.

The Strategy should include reference to independent advocacy as an integral part of the approach

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.

There is a need to ensure that NHS Boards and Local Authorities continue to produce, monitor and update local Advocacy Plans. This will ensure a consistency in the quality of commissioning and funding of independent advocacy.

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.

Key to improving service provision and identifying gaps in existing provision is the participation of service users in service development and provision.

Collective advocacy historically has played an important role in informing the planning and development of services. In the recent past a collective advocacy group campaigned for the development of a community based crisis service, one which offered flexible support and allowed service users to self-refer. The service has proved invaluable to some; service users state that it has, in some cases, prevented the need for hospital admission.

It is most often those people who use services who are best placed to know what is needed to improve existing services and to identify gaps in service provision.

The strategy should highlight and promote the role of Independent Advocacy, both one-to-one and Collective, in ensuring that service users are fully engaged with and supported throughout a consultation.

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?

We believe that more can be done to support a person when they are experiencing the urge to self-harm or facing a crisis that may lead to suicide; both in terms of direct support, in encouraging people to access support at an early stage, and to encourage people to staying in treatment programmes.

Service users have reported some experience of stigma or discrimination from medical staff towards them following self harm. Further there are suggestions that, due to negative attitudes, service users may not stay to complete treatment and may be deterred from seeking treatment in the future.

Training for all health staff, particularly those in Accident and Emergency

units, will help to address this.

An independent advocate can support an individual to access services and to challenge discrimination.

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

Independent advocacy aims to safeguard people who are vulnerable or discriminated against. Standard 1.4 of the SIAA *Principles and Standards for Independent Advocacy* states that '*Independent advocacy values the people who use it and always treats people with dignity and respect*'. An associated Indicator states that advocacy organisations must '*Show the people who use the organisation in a positive and respectful way*'.

Independent Advocates will challenge inequalities and discrimination and safeguard people's rights. By empowering individuals to speak up of their own behalf, Independent Advocacy enables people to take action to address instances of stigma and discrimination themselves.

Collective advocacy challenges the assumptions made about people with mental disorders. As a forum through which people with mental disorders take action and make change happen, collective advocacy clearly demonstrates the abilities skills and knowledge that they bring to society. Supporting and promoting collective advocacy groups within communities therefore helps to highlight and address many of the assumptions that can underlie the stigma surrounding mental health.

Independent advocacy has a key role in reducing the stigma of mental ill health and in reducing discrimination. It is essential that strategy strengthens the message and leads to action to ensure that all those who have a right to Independent Advocacy under the Act can access it, and that different models of advocacy, both individual and collective, are available across Scotland.

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?

See answer to Question 4

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

Mental wellbeing means different things to different people. It is those who use services who can identify what wellbeing is for them and what they need to achieve this. Independent advocacy can support individuals to consider options, identify what will work for them and help them to express

their views.

Collective advocacy, by identifying what is important to the group, can contribute to the promotion of mental wellbeing within their community.

In order to support promotion of mental wellbeing for individuals and within communities the strategy should ensure wide access to independent advocacy across Scotland.

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?

Information about mental health issues and mental health services should be available in all schools in Scotland. Such information should include the child or young person's right to Independent Advocacy, alongside an increase in the availability of Independent Advocacy for children and young people to ensure that young people are supported to access services and that their views and wishes are taken fully into account.

The Strategy should also emphasise the need for more community based and personalised support for children and young people, with strong links to schools, so that where issues are raised the young person has a flexible, responsive and preventative range of resources to draw upon.

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

No Comment

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?

Ease of access to services designed to support those with mental health problems will help people take actions themselves to maintain and improve their mental health. These should include services, both formal and informal, provided within the voluntary sector.

This also fits into the wider anti stigma agenda. There is a need to address this to help ensure that individuals feel able to seek help at an early stage without anxiety about any perceived stigma.

Independent advocacy can help people identify and consider options and provide support for those who have difficulties in accessing services.

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

Key to enabling people to seek help when they need to is to make services more user-friendly and accessible, with the people approaching them knowing that they will be treated with dignity and respect regardless of the issue. As stated in the response to Question 9, independent advocacy can support people to access services.

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?

Services should be responsive to the needs of service users. Ensuring that service users are fully consulted both in the design and ongoing delivery of services will help to ensure such responsiveness. Public authorities should actively encourage service users to feedback their views and should demonstrate that they have taken action or, at a very minimum, actively considered and investigated, any feedback received.

Independent Advocacy can have an important role in helping people to get access to services quickly. Advocacy can also raise concerns about the barriers to accessing care or lack of appropriate services when they occur. Unfortunately, too often advocates are becoming aware of cases where the access criteria for statutory services is creating barriers to people getting quick access to services.

Independent Advocacy Perth & Kinross believes that the strategy should do more to highlight the importance of third sector provision. It is important that the Strategy recognises the contribution made by the Third Sector in the provision of mental health supports and services.

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?

The Strategy should include reference to the role of independent advocacy.

One of the key principles of independent advocacy is about broadening horizons. Collective and one-to-one independent advocacy is not just about the care and treatment of an individual but about other aspects of their life.

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

No Comment

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?

The experience of independent advocates indicates that the involvement of service users in service delivery is patchy.

Access to Independent advocacy is key to helping many to become involved in service design and delivery and in the care provided. Collective advocacy has had a role for many years in informing service design and delivery, playing a role in ensuring that the right services are available when and where they are needed.

Independent advocacy can support people to take part in consultations on service delivery. Independent advocacy also has a role in ensuring that the service user is at the centre of planning for their care. That independence allows independent advocacy to challenge poor practice and to speak out.

If independent advocacy is involved and helps shape services to ensure that they are responsive to need this is likely to contribute to positive outcomes and may reduce costs on the longer term by preventing crisis from developing.

Examples of good practice in involving service users in service design and delivery can be seen in the Strategic Advocacy Plans for our region which is Tayside and Highland NHS Boards.

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

Independent collective and one-to-one advocacy can support service users, families and carers by ensuring that their voices are heard. It is however important to remember that service users and their families and carers may not necessarily agree on what outcome they want. Independent Advocacy for families and carers should be kept distinct from that for service users. It is important that an independent advocacy organisation recognises and takes account of the potential for conflicts of interest to arise in such a situation. However because of the Principles and Standards Independent Advocacy organisations adhere to, they are particularly aware of this potential for conflict, and skilled in managing the situation with separate advocates.

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?

Different people have different measures of recovery and any outcomes need reflect this.

Access to independent advocacy can help ensure that the individual is at the heart of planning for their care. The independent advocate will ensure that the individual is as fully informed as possible and will support them to make informed choices and to express these choices making sure that their voice is heard and full account is taken of their views and wishes.

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

The Scottish Government and Scottish Recovery Network need to engage more with individuals and groups who may encounter individuals with mental disorders, including mental health tribunal members, GPs, faith leaders, and other community based support networks.

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

See response to Question 17

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?

Making independent advocacy available to support families and carers separately from the service user can help in ensuring meaningful participation in care and treatment.

However it is important to ensure that the wishes of the service user direct any involvement. The service user may not wish to have family or carers involved in their care and treatment and such wishes should be respected.

Independent Advocacy for carers must be separate from the Independent Advocacy provided to service users to avoid conflicts of interest. Those Independent Advocacy organisations which provide both have clear policies and procedures in place, based upon the SIAA Principles and Standards, to ensure that such conflicts of interest do not occur. Also to avoid conflicts of interest, it is essential that advocacy for carers is independent.

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?

As with the response to Question 19 it is important to ensure that the service user's wishes around the involvement of families and carers are taken in to account.

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?

It is important to acknowledge that different communities may have differing needs in terms of service provision. While there are likely to be opportunities for learning from what is successful in one area, before reproducing it in another local people should be engaged in considering the needs of their own area.

Collective advocacy can inform such consideration.

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?

Information gathered should be consistent across all NHS Boards and Local Authorities.

Data should include all details as recommended by the Equality & Human Rights Commission.

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

There are examples of good practice throughout the country which should be examined and repeated.

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

There is a need for education and awareness raising on mental illness to be available so that staff throughout the statutory, public and voluntary sectors are in a better position to spot problems early and signpost people on to appropriate supports and services.

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?

Access to Independent advocacy can ensure that the views and wishes of the individual is heard and taken into account thereby ensuring that they are at the heart of care planning.

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?

Ensuring that independent advocacy for those with a right of access is available throughout Scotland

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?

No comment

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?

No comment

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

There needs to be further work around raising awareness of independent advocacy amongst the workforce

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

No comment

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.

No Comment

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

No Comment

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?

Continued improvement across all settings can be supported by constant checking back with service users for their views on existing services and gaps.

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

Where decisions are made in relation to local services, more should be done to ensure service user participation in service design and planning.

The Scottish Government should also facilitate sharing of good practice across Scotland.

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?

There should be on-going education and awareness raising on independent advocacy for staff.

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