

## 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

### 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

## 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

I agree that there is a gap in existing provision regarding developmental disorders. Mental health services are often reluctant to see young people with Autism spectrum disorders (ASD) if there are no co-morbid mental health difficulties. This then leaves them struggling with little support. We can refer to social work teams but often they are not seen because they do not meet their criteria either. Those most at risk of receiving no service are those young people aged 16-18 who have ASD, no mental health co-morbidity and who have an IQ over 70. Quite often social work children with disabilities teams are designed to see disabled young people with an IQ of less than 70. This seems a rather crude way to exclude need. For these young people, a lack of support at this time could lead to very poor transitions to further education or work and can then lead to having poor mental health. In turn this may contribute to the fact that around 1 in 5 adults with ASD are in paid employment.

Another gap around developmental disorders is having skilled early diagnosis. Several studies suggest that the earlier a child is diagnosed, the better the outcome. If staff do not have the skills to recognise/screen or diagnose ASD then the young person may be labelled with other conditions such as anxiety, depression, Obsessive compulsive disorder or anger. This can lead them into unnecessary inpatient psychiatric ward admissions or into the criminal justice system.

**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

There are many young people aged 16 and under who self-harm. Whilst they will receive a formal mental health assessment, it might be beneficial to

have services in the voluntary sector who support these young people and their families. There are services for over 16s but not for under 16s.

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**

Broader media coverage on conditions and across age ranges. Young people unfortunately learn about mental health through very dramatised soaps on TV.

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

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

Comments

A Primary Mental Health Worker (PMHW) in all schools. Quite often teachers are asked to screen for mental health difficulties but can misjudge and ask for specialist CAMHS assessment when in fact a middle person such as PMHW would be adequate. Perhaps large workplaces could also invest in PMHWs too.

**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

Perhaps review with GP every 3 months to update ?recovery plan to include relapse prevention points. Important not to necessarily close case but let the person know that services are available if required.

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

Comments

A contact every 3 months from someone who knows the person.

**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

An area specific ICP co-ordinator

**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

Young people require incentives to increase motivation to engage in patient involvement work.

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

Comments

Less hierarchy e.g. expert v's patient.

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

Stop asking patients to repeat their story several times to several different professionals.

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

We can support families and carers as long as young people agree to them being involved. Young people tend to change their minds regarding consent on a regular basis.

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

It is good to hear how CAMHS intensive treatment teams have been helpful. In some areas the options available to young people are regular out-patient appointments on a more frequent basis or admission to hospital. It might be helpful to have a specific intensive treatment team in every specialist CAMHS service.

**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

It would be good to see a full compliment of Allied Health Professionals in every CAMHS service

**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

**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?

Comments

More IT equipment would be helpful in recording and reporting on outcomes. Quite often computers are shared among many colleagues.

**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