

## 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.

BEMIS is the national Ethnic Minorities led umbrella body supporting the development of the Ethnic Minorities Voluntary Sector in Scotland. BEMIS was established in 2002 to promote the interest of minority ethnic voluntary organisations, develop capacity and support inclusion and integration of ethnic minorities' communities. It is a member-led and managed organisation with an elected board of directors.

The major aims and objectives of BEMIS are to represent and support the development of the ethnic minority voluntary sector across Scotland, and to support the diverse communities and individuals that this sector represents, especially those who are under-represented and disadvantaged. BEMIS aims to address inequalities by empowering communities, working towards an inclusive society by establishing structures, which recognise diversity and empowers ethnic minorities, and ensuring that they are fully recognised and supported as a valued part of the Scottish multicultural civic society.

#### Key aims and objectives:

- To strengthen the capacity of the ethnic minorities voluntary sector.
- Raise the profile of the ethnic minorities' voluntary sector and its needs at strategic, local and national levels.
- Have a coordinating role for the voice of the ethnic minorities' voluntary sector, ensuring pertinent issues are raised with the relevant bodies.
- To take a lead on policy issues and debate which are of concern to minority ethnic communities at both local and national levels.
- Work in partnership with all stakeholders and the diverse Ethnic Minorities communities in support of equality and a multicultural Scotland.

### 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

BEMIS believes there must be additional funding given to organisations researching BME communities and mental well-being. There needs to be a clearer understanding of the issues and barriers faced by BME communities in tackling mental health difficulties as well as accessing treatment.

In BEMIS' research report; ***Listening to the Voice: Feasibility Study Report***, we found that BME communities were not accessing services from 'mainstream organisation' but rather the BME voluntary sector. This shows that these organisations are in the best place to provide services as well as research and tackle the discrimination faced by BME community members suffering from mental health difficulties. The report also says that services are needed in order to alter the imbalance in health, employment and poverty.

There is also a gap in mental health research and services regarding asylum seekers. In a report jointly by BEMIS; ***Sanctuary, Safety and Solidarity (2011)*** it was found that "despite high incidence of mental ill-health, asylum seekers and refugees are often reticent in seeking support". This is believed to be because they feel they have to hide these problems. It was also found that they faced extra worries due to being an asylum seeker. Factors such as; discrimination due to race, isolation, lack of support and fear of deportation contribute to mental health difficulties. BEMIS believes there needs to be more focus on research and services focusing on asylum seekers and their mental wellbeing as well as accessing services.

## 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

We believe there needs to be more focus on BME communities. There has to be more work with local community groups in order to tackle stigma and discrimination. This will make talking about mental health easier, which we believe will lead to more people accessing services to tackle mental health difficulties.

**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**

It is BEMIS' belief that early intervention is key in tackling many mental health difficulties. We believe there should be more programs and initiatives to train individuals who work with young people in detecting and tackling mental health difficulties. Individuals working with young BME should feel confident in how and when to assist those with mental health difficulties. It has been found that 75% of mental disorders emerge for the first time before the age of 25 (Collishaw, Maughan, Goodman and Pickles, 2004). It has also been found that one in ten young Scots are affected by depression and other emotional or mental health difficulties (Depression Alliance Scotland). **There is however a lack of research focusing on BME and in particular BME youth.** BEMIS therefore believes more research focusing on BME is essential in understanding the number of people affected by mental health difficulties as well as the issues facing those from the BME community with mental health difficulties. A clear understanding of this demographic may give vital information in tackling self harm and suicide.

**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**

BEMIS believes that working with BEM community and faith leaders in community-led training programs is essential in tackling the long-standing misconceptions regarding mental health. Research has found that instead of the communities being told what mental health issues are there needed to be a more community-led system in order to better understand and construct beliefs regarding mental health (*Mosaics of Meaning, 2007*). This research has also shown that different communities have different misconceptions about mental health. This again stresses the need for community-led training. BEMIS believes working with local colleges, youths groups, religious institution, housing advice agencies and other similar agencies is essential in the understanding of mental health difficulties within 'hard to reach' groups (*Sanctuary, Safety and Solidarity, 2011*).

**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**

As said previously in this response, each community is different and therefore there needs to be individual tailored work in tackling mental health difficulties. BEMIS also believes that tackling the older BME generation's beliefs about mental health is important in tackling the issues surrounding accessing services. These views can often hinder the individual's ability to access services.

There is also the belief in some BME groups that when they access services they will face discrimination and racism. This may mean that

service providers will need additional training to help BME groups when they access a service.

BEMIS also believe that there must be more communication of the services that are available and that the information or marketing used should be tailored to communities and their needs. It is not enough simply to provide information in appropriate languages. This is because it has been found that programmes which are peer led or culturally relevant are most effective (*Sainsbury Centre for Mental Health and Mentality, 2004*). This is echoed in the report by BEMIS; *Report on Poverty and Community Planning Survey for Ethnic Minority Communities (2009)* which shows that communities tend to disengage when they feel excluded or they feel their needs are not being addressed.

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

**Comments**

BEMIS believes that tackling access to employment and education barriers is an important factor in tackling mental health problems. It is well known that education and employment are influential in the promotion of mental health (*Department of Health, 2001*). A report by BEMIS; *Report on Poverty and Community Planning Survey for Ethnic Minority Communities (2009)* shows that BME communities feel there is discrimination in access to employment, lack of support in getting employment, low wages and discrimination within the work place.

**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**

Again BEMIS believes cultural sensitivity training is essential in positively engaging parents with the health service. Staff may need to be trained in helping parents disengage with their misconceptions about mental health and disability, which may have their roots in cultural or religious environments.

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

**Comments**

BEMIS is aware that at least one Health Board has set up a joint schools counselling project in conjunction with the Local Authority Education Department. This approach offers early intervention for young people who may have to wait some time to access the CAMHS service which is struggling to meet demand.

BEMIS believes that partnership working is critical if preventative work on mental health is to be successful, but it requires recognition by all partners that others bring different expertise to the teamwork.

**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.**

BEMIS believes that there remains a lot of education to be done in order for those in the BEM communities to recognise that looking after their mental health is as important as any other aspect of their wellbeing.

Using services that already exist (such as breathing space) but re-training staff to identify culturally suitable help and services which are available locally.

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

**Comments**

BEMIS believes we must first tackle the stigma that BME members face when they have mental health problems. As stated above this should be through changing the long-standing misconceptions that still exist in some communities.

A study found that television, personal contact and news influenced perceptions regarding mental health (*Scottish Government, 2008*). It may be important to work with marketing groups, television studios and journalist to broaden their knowledge of mental health which may in turn influence the communities which they are in.

**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

BEMIS is firmly of the belief that more training for community groups in detecting and helping those suffering from mental health difficulties is required. In particular this is true for young people because as they get older they spend less time with parents and more time with community networks and groups and are perhaps more inclined to talk to peer groups about such matters.

**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

It is critical to the success of preventative and early interventions that all key stakeholders are aware of, and understand, the particular needs of the BEM communities. This can only be achieved if all parties engage with these communities on an ongoing basis from the outset rather than just at times of crisis or specific initiatives.

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

Comments

BEMIS believes that sufficient resources to raise awareness of existing services to practitioners, partnerships and patients have to be available in appropriate formats. There needs to be a mapping exercise to establish the current levels of awareness of ICPs in BEM communities, using the knowledge and expertise of BEM national strategic partners to engage with the communities at local level.

**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 As stated above, there needs to be an ongoing process of engagement with BEM communities which will overtime build a relationship of trust and involvement. BEMIS believes that it is essential to work with local BEM community groups to establish group discussions and forums regarding service design and care. Ideally these groups would be convened at Health Board level This is important as community members may disengage if their needs are not being met or if they feel they are excluded.

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

Comments

BEMIS is convinced that training for staff on cultural sensitivity, as well as working with BME communities over the long-term, are key to tackling any mistrust they may feel towards health professionals.

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

The new Equality Act places responsibilities on all public bodies to demonstrate that they are acting in compliance with the legislation, so BEMIS believes that all proposals must be Equality Impact Assessed and that relevant outcome data is produced by each Health Board and partners.

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

Comments **BEMIS is supportive of the 2008 review of the effectiveness of the SRI, and welcomes the development of SRI-2:** Strong strategic commitment to the SRI-2 will encourage participation from service providers and service users. Creating clear lines of accountability and/or formal approaches to the use of SRI is a helpful way to achieve buy-in. This might take the form of national level documentation, the SRI-2 being built in to local strategies on recovery and operational procedures or supporting information to set the SRI-2 in current local and national development initiative, policy and knowledge contexts. Another key

factor to achieving and sustaining buy-in is a local project manager with time to champion the SRI-2 (and recovery) and be close to the process, providing 'hands-on' support. This needs to be coupled with a non-judgemental and supportive ethos that emphasises SRI-2 as a development process and not an audit, and engender trust amongst participants and those who use, manage and plan the service(s)

Service users should be involved in a number of ways including as interview participants, administrators, scorers and action planners. It remains the view of BEMIS the service user interviews should be:

- Supported by provision of information on the purpose and content of SRI and implications of participation prior to the interview
- Less than one hour long (but may require more than one session)
- Held in a group setting (converse to many professionals' views)
- Conducted by an interviewer with whom service users are familiar
- Open to a carer or representative
- Supportive of practical needs of interviewees including transport, interpreter, childcare and expenses
- Held in a flexible and familiar environment

There remains a common perception amongst interview and focus group participants of a lack of active involvement in and support for the SRI from psychiatrists. These participants acknowledged that psychiatry has a lot to contribute potentially to the SRI-2 development process, and the need to commit further attention to involving this group in the future. A possible way to achieve this would be a top-down approach such as engaging the Royal College of Psychiatrists in the benefits and use of the SRI, building on the profession's existing commitment to the principles and values of recovery and its active participation in SRN.

Consideration should be given to engaging foreign language and hearing interpreters to assist administration of the SRI.

**BEMIS notes that the new SRI-2 website <http://www.sri2.net/> is for practitioners and allied professions, but believes that there would be considerable merit in creating a page for service users to feedback on their experiences of the process.**

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

**Comments** BEMIS believes it is important to challenge the persisting perception from some nursing professionals on acute wards, working with those under MHA and those with dementia, who consider that aspects of the recovery agenda such as occupation or shelter are not relevant to them and their service users.

**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**

BEMIS believes there must be clear research and dialogue to identify the issues BME family members face. This is because there is added pressure due to stigma and discrimination within communities when a family member is believed to have mental health problems.

**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.** There is some anecdotal evidence of a lack of trust between some BME communities and health professionals. Training in cultural sensitivity may be important in tackling this miss-trust.

**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** BEMIS believes that it is necessary to draw on the expertise and knowledge of those organisations familiar with working with BEM communities to engage with the communities in the long-term to ascertain whether there is measurable change in the attitudes of both service providers and BEM service users. The appropriate gathering of such contemporary data would then create a store of 'best practise' models which could be rolled out at a national level, or at least provide a source from which others could drawdown as a template.

**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 BEMIS believes that the use and publication of appropriately gathered service user data allied to proposed changes in service design, with the redesign based on improving the engagement outcomes for the BEM and high risk groups will over time improve the engagement levels of the aforementioned groups.

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

Comments BEMIS is of the opinion that, as the composition of BEM and high risk groups will change over time, there will be a need for constant periodic review of any steps that have been taken to improve accessibility. Maintaining accessibility will always be a 'work in progress' rather than static in time, and there is a risk that failure to continually review could result in "square pegs" being forced into round holes albeit that both the pegs and the holes may have changed over time.

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

Comments

Black and ethnic minorities as well as asylum seekers.

**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 There are currently 9 SIGN guidelines in place relating to aspects of mental health. BEMIS believes that it may be beneficial to explore the possibility of developing a SIGN, or something very similar, round the provision of person centred care. It may be appropriate to link such to SRI-2 and provide a holistic range of appropriate protocols and practise.



**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 BEMIS believes that there needs to be a concerted effort to identify the extent to which BEM communities engage, or not, with Mental Health services, and the extent to which mental health services engage, or not, with the BEM communities. To that end there is a real need for research into the realities of the current mutual engagement, to provide a baseline from which to assess progress.

**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 See Q26 response

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

Comments Please see previous comments throughout this response regarding areas of staff training and development and the BEM communities.

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 See Q26 response

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

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

Comments There needs to be an agreed number of outcomes and each partner should be required to publish their proposals for achieving them and provide a bi-annual report on progress.

**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 is supported so that care and treatment is delivered in line with legislative requirements?**

Comments  
By providing an on-going programme of CPD specifically related to the relevant legislative framework.