

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

Possibly as a result of the document structure, there is a lack of coherence to the overall strategy and a lack of vision. While there are often good reasons for adopting a strategic approach that is achievable this particular one does so at the expense of an overall vision that is more aspirational for the people of Scotland and especially the people of Scotland who experience mental distress. Additionally, the strategy is rather limited in scope to health and social care and fails to address wider social issues that impact on mental health. It is also disappointing that the focus on recovery is limited rather than being embraced throughout the strategy.

In summary, a bolder strategy is required that embraces a rights based, recovery focused approach that recognises that mental health touches on all areas of life and that people who experience mental distress should enjoy the same rights as all other citizens.

We also wish to note that some of the claims made in the document about what has already been achieved are somewhat overstated in places - for example, the claims made in relation to increased service provision for children and young people.

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

It is imperative that the public have confidence in establishments in which some of our most vulnerable citizens are cared for. We would like to see more robust national inspection processes that involve service users and carers. Such processes need to include the power to enforce standards of care and take action against any organisation that is not meeting standards.

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

There is a need to work beyond NHS boundaries and develop a comprehensive joined up health and social care approach that is not fragmented with some services only accessible to people from a particular group eg people with learning disabilities or a particular age.

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 is a need to recognise the range of social and economic factors that impact on mental health and lead to self harm and suicide in particular. Work needs to be undertaken to improve the social inclusion of people at risk.

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

There needs to be increased awareness of the Equalities Act and how this can be used to enable people with mental health issues to challenge discrimination particularly in employment. Alongside this there needs to be increased education in schools and other public settings to increase public knowledge of mental health and the fact that people can and do recover from mental distress.

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

See answer to Question 4. See Me has made some progress in raising awareness of mental health issues but hasn't effectively taken on a strong anti-discrimination message. This needs to be rectified and the organisation needs to promote the use of the relevant legislation (see above) to tackle discrimination and support people to take forward legal challenges.

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

Comments

The causes and impact of mental distress are multiple and complex and this needs to be acknowledged. The Scottish Government needs to recognise the potential effects of other social policy on mental health. Homelessness, poverty, racism and social isolation are some examples of areas that impact on mental health. A socially inclusive, mentally healthy society requires joined up social policy across all sectors.

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

Children and young people should have access to specific age appropriate independent advocacy.

There should be dedicated resources for early intervention work and promotion and prevention work within schools. Increased resources are needed at Tier 2 and 3 levels of service delivery. Service provision and individual work with children and young people should not be diagnostically led.

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

Comments

See response to Question 7 re resources and service provision.

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

Further evaluation and promotion of self management tools e.g. WRAP needs to be undertaken in Scotland. An audit of tools currently in use would be useful. Mental Health Workers require training in the use and effectiveness of self management tools and techniques.

Increased access to self directed support funding would also enable more people to take responsibility for their own mental health and support needs.

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

Comments

Services need to be easily accessible to people when they feel they need them and before a crisis occurs. There is a need to encourage more self referral to secondary services in particular and to ensure a timely response when service users do contact services. General service improvement work (especially to in-patient services) may also make people more likely to access services.

Recovery focused approaches to difficulties and crises rather than risk and safety focused approaches may also encourage service users to access support.

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

See Question 10

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

Work needs to be done to reach agreement as to what constitutes 'non-value adding activity' and to quantify how much time this currently takes up.

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

Comments

There needs to be increased awareness of ICPs amongst staff, service users and carers and some recognition that there remains scope for individualised care and treatment while using the ICP framework.

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

While considerable progress has been made in involving service users in care over the years there remains some unease as to how effective this has actually been. Continued support and recognition of collective and individual advocacy is crucial.

Perhaps now, however, we need to look beyond the involvement of service users in mental health services and instead look to the involvement of people with mental health issues in other roles within mental health services e.g. as nurses and as active citizens beyond the mental health arena.

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

Comments

Individual and collective independent advocacy. The involvement of service users and carers in training and selection of staff. The recruitment of staff with lived experience of mental distress.

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

What is the evidence that suggests that this is already embedded? While it may be in some areas this is not the case throughout Scotland and work needs to be undertaken to ensure that everyone working in mental health services is trained in person-centred working and values and is then supported to implement these ways of working.

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

Comments

Appoint local or regional facilitators responsible for the implementation of SRI. Raise awareness of the tool with all professional groups not just nursing and enable the involvement of service users and carers in the process. Consideration needs to be given to how results of SRI are collated, distributed and acted upon and again this should be a multi-professional responsibility.

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

Comments

An educational project similar to that which arose out of *Rights, Relationships and Recovery* (SEHD 2006) needs to be established. Such a project could scope current pre and post registration education and training

on recovery amongst the various professional groups and make recommendations. Particular consideration needs to be given to the education of medical professionals as worldwide evidence suggests a low uptake of recovery educational opportunities (NES/SRN 2007).

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

There is a need to expand independent advocacy provision for carers.

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

Staff need to be clear about the need to balance confidentiality and the information needs of carers/family members/friends. Guidance is available in relation to this but perhaps there needs to be more awareness.

Consideration also needs to be given to the emotional and physical wellbeing of carers and staff need to be encouraged to see this as within their remit.

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

The sharing of good practice across sectors locally and nationally. Such sharing needs to be a mixture of virtual media and opportunities for face to face discussions. The establishment of regional cross sector action learning sets would allow learning to be put into practice.

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

The Government needs to support the collection of local and national data in relation to the ethnicity, age, faith, sexual orientation, gender etc of people accessing services. Analysis of such data needs to also identify groups who are not accessing services. Action can then be taken to improve access.

The Government needs to ensure that mental health service provision complies with the Equalities Act.

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

Comments

See Question 21 Comments.

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

Comments

People with acquired brain injury are at risk of exclusion and at times misdiagnosed and as a result given the wrong treatment.

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

As stated at the outset there is a need for a truly 'joined up' approach to mental health service provision that goes beyond the traditional health and social care boundaries. NHS Boards need to foster new partnerships with other agencies including those involved in the provision of housing, leisure facilities and employment providers. Some pilot sites should be identified to take forward this 'whole community' approach to mental health promotion, prevention and service delivery.

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

See Answer to Question 25

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

We suspect that in the current economic climate it will be increasingly difficult for agencies to devote time to staff training and development so consideration should be given for support for this.

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

Please see comments made earlier re audit, scoping and collection of data.

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

Comments

Continued attention needs to be given to the values base underpinning mental health services. While considerable educational work regarding this has been undertaken (in nursing in particular) anecdotal evidence suggests that the implementation of a rights based, recovery focused approach to mental health in Scotland is not a reality.

There needs to be increased opportunities for post-registration inter-professional values based learning and it is especially important that medical staff are engaged in this.

The workforce needs to be adequately prepared to work with older adults experiencing a range of mental health issues not just dementia.

Exploration should be undertaken for closer formal educational links between health and social care.

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

Professionals other than psychologists and psychology assistants should be trained to carry out common psychological therapies. Mental Health Nurses are already introduced to some common therapies and are utilising some of the skills associated with these therapies in practice but are constrained by lack of professional recognition.

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

The involvement of service users in setting standards especially for in-patient services.

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

Comments

In order to gain meaningful outcomes service users and carers should be involved in developing, monitoring and evaluating outcomes. These outcomes should be recovery focused.

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

Training, development and supervision for service managers to enable them to lead changes effectively and establish a 'new' culture across the mental health sector.

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

Comments

Clearly identified leadership at local and national levels.

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

There needs to be increased training for all staff. In addition, however, the legal framework needs to be expanded to include the Human Rights Act, Equalities Act and child protection legislation. This would more truly reflect a rights based approach as opposed to the narrow, protection based laws referred to in the preamble to this question.