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.

Similarly to initial criticisms of the draft 'mental health of Children and Young people: a Framework for Promotion and prevention and Care', when it was put out for consultation in 2004/5, this document, whilst it acknowledges to a limited degree the range of activities that other partner agencies are involved in which focus on supporting Scotland's mental health and wellbeing, it seems to be broadly presented from an NHS perspective. If services are to work well together, the national Government can help by publishing multi-agency Frameworks and Strategies and Action Plans, with multi-agency ownership and responsibility for delivery. Scotland would benefit from a shared vision regarding mental health and wellbeing, and this has to connect joint leadership, planning and delivery. Mental health is about more than Health Services. Local providers need good practice in 'joined-up working' to be modelled by National Government. There are at the moment too many overlapping documents and guidance which serves only to muddy the waters for service users and professionals across all relevant disciplines - an example is the number of other government documents referenced in this document.

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.

There is great mileage as mentioned in the document in identifying, mapping and working alongside other non-NHS services who can (and do) provide early intervention support services for people (including children and young people) with developmental disorders and/or trauma.

Better outcomes might be secured by encouraging and supporting Local Authority and Third-Sector partners to secure continued funding for these services. Working in partnership with them to deliver tiered services will lead to better outcomes, and the right help at the right time for those in need.

For example, as a profession, Educational Psychology Services are well placed to offer easily-accessible, low intensity treatments for low mood and anxiety, bereavement and loss, and the effects of trauma for children and young people. We do this as part of individual case work using EMDR or similar approaches, and also in groups/ as part of whole-class or school based interventions (eg. FRIENDS for Life; Lessons for Living: Think Well Do Well; Cool In School; Bounce Back; Positive Attitude for Life Skills (PALS); The North Lanarkshire Psychological Services evaluation of Roots of Empathy in partnership with Action for Children; Dundee STAGES project in partnership with Barnardos Rollercoaster Youth Bereavement project; the Dundee En-ABLe project to establish and evaluate nurture classes; etc.)

Within Education Services across Scotland, Educational Psychologists are increasingly trained in and use EMDR, CBT, Narrative Therapy, Solution-Focused approaches and Human Givens Therapy in their practice with children, young people and their families to address trauma, low mood, phobias and anxiety. However currently the training programme for Educational Psychologists is under threat as the Scottish Government is proposing that as of next year they will no longer fund trainees through the 2-year M.Sc. This will very quickly have an impact on the ability of an already over-stretched profession to provide easily accessible, low-intensity treatments to Scotland's children and young people who have less complex mental health difficulties and therefore do not meet the threshold for access to CAMHS. In addition, EP services contribute to building "mental health capacity" and awareness of health and well-being across the network of children's services, an area of central importance in early intervention approaches to mental health.

Similarly, Guidance staff in schools have already had their numbers reduced due to budget restrictions, and these staff are often key in

identifying and supporting young people when mental health difficulties first begin to emerge, as well as signposting them to appropriate specialised support. Support for Learning Teachers likewise often do an essential job alongside educational psychologists to skill subject teachers and classroom teachers up to adapt their teaching and school environments to support the needs of children and young people with developmental disorders, and their families. It seems unlikely that these proposals will lead to improved outcomes for these children, and if these services and staffing could be protected, young people and their mental wellbeing would benefit.

There is evidence that the Health Promoting Schools initiative has supported positive change.

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?

There is good evidence (see the work of Dr Lynne Friedli http://www.euro.who.int/__data/assets/pdf_file/0012/100821/E92227.pdf) that by addressing social exclusion and the gap between rich and poor has a positive impact on mental health and well being of the community. Strategic approaches need to adopt a 'social capital' model and ensure we 'work with' and 'for' rather than 'do to' communities, and make sure we focus on building resilience as well as addressing mental health problems as they arise. As Dr Friedli's latest report states, 'levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing'

We all need opportunities to connect with our communities and the people in them, to belong and be accepted, to spend time in safe, green spaces, to help others, to play, to be able to make choices and exercise control over our lives; and to enter meaningful and well-paid employment. We as a Nation need to tackle youth unemployment so our young people have hope for the future, and we could do much more to offer work experience opportunities for young people within the public sector.

Again, to quote Dr Friedli, 'both health-damaging behaviours and violence, for example, may be survival strategies in the face of multiple problems, anger and despair related to occupational insecurity, poverty, debt, poor housing, exclusion and other indicators of low status. These problems impact on intimate relationships, the care of children and care of the self. In the United Kingdom, the 20% - 25% of people who are obese or continue to smoke are concentrated among the 26% of the population living in poverty, measured in terms of low income and indices of multiple deprivation. This is also the population with the highest prevalence of anxiety and depression.'

Channelling funding into non-Health services with a proven efficacy could have a significant positive impact, for example, Nurture Classes for young children identified at pre-school as having social, emotional and behavioural difficulties; and funding a roll-out of parenting supports that focus in improving the emotional warmth of parent-child interactions. Other interventions could include the Soliul approach or other evidence-based parenting programmes such as Triple P, or the incredible years.

While self-harm and suicide is often seen as a problem for young adults, the seeds of this behaviour are often sown much earlier when children fail to develop secure attachments to their caregivers or to learn coping and problem-solving skills in real world environments.

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

To continue with the 'See Me' programme.

Continue to encourage public figures and high-status working people to tell their stories of success over adversity. Tackle media reporting of unhelpful stereotypes and make work-place mental health support easier to access.

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?

Work with individuals and communities in-situ, for example through schools, colleges and work places, and apply the growing positive psychology research base. The work of the Centre for Confidence and Wellbeing is a Scottish based source of good quality information and research which could be more effectively publicised.

This document would be improved if there was reference made to the contribution Scotland's Curriculum for Excellence can make to this area, as a result of the expectation contained with in it that promotion of health and well being is a responsibility of all: the health and wellbeing experiences and outcomes are that children and young people will be taught to :

- *develop self-awareness, self-worth and respect for others*
- *meet challenges, manage change and build relationships*
- *experience personal achievement and build resilience and confidence*
- *understand and develop physical, mental and spiritual wellbeing and social skills*

- *understand how what they eat, how active they are and how decisions they make about behaviour and relationships affect physical and mental wellbeing*
- *participate in a wide range of activities which promote a healthy lifestyle*
- *understand that adults in the school community have a responsibility to look after them, listen to their concerns and involve others where necessary*
- *learn about where to find help and resources to inform choices*
- *assess and manage risk and understand the impact of risk-taking behaviour*
- *reflect on strengths and skills to help make informed choices when planning next steps*
- *acknowledge diversity and understand that it is everyone's responsibility to challenge discrimination.*

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?

It is important to recognise that for some, accessing CAMHS is in itself the main barrier to receiving appropriate support. Mental Health and Wellbeing input can and should where possible be delivered where young people are already, for example in youth work centres and schools, by appropriately trained professionals who can work directly with the young people in familiar settings, or through consultation with staff who already know the families and young people.

There are other services and professionals whose contribution to the delivery of appropriate support for mental health could be given greater recognition - this input does not have to be delivered only by CAMHS, and indeed is already being delivered by other agencies already, for example private sector, third sector and Education Services such as Educational Psychology; school counselling services; charities such as the place 2 be and Barnardos; community-based youth work services, etc.

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

As stated in previous comments, perhaps this target is not the full picture, and provision of input and support from other services needs also to be recognised, as well as the much wider impact of social policy on health outcomes and inequality.

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?

I think we need to recognise the impact of social policy on individuals. Whilst there is of course individual responsibility, there is great inequality of life opportunity which means we don't all start from the same place with regard to health of any kind. The Friedli Report highlights the importance of policies and programmes to support improved mental health for the whole population. Just as we know that a small reduction in the overall consumption of alcohol among the whole population results in a reduction in alcohol related harm, so a small improvement in population wide levels of wellbeing will reduce the prevalence of mental illness, as well as bringing the benefits associated with positive mental health. Priorities for action [should] include:
• social, cultural and economic conditions that support family and community life
• education that equips children to flourish both economically and emotionally
• employment opportunities and workplace pay and conditions that promote and protect mental health
• partnerships between health and other sectors to address social and economic problems that are a catalyst for psychological distress
• reducing policy and environmental barriers to social contact'.

The properly supported implementation of the health and well-being strand of Curriculum for Excellence has potential to teach children to flourish emotionally, but they also need to live in communities where there are opportunities and role models.

We could also apply what we have learned from positive psychology and avoid a deficit model e.g see Centre for Confidence and Wellbeing

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

Improve access to work-place based support services. Also improve access to non medical sources of support through social prescribing/community referral or co production models e.g. timebanking, to address basic skills, housing/transport problems, debt, isolation, limitations in daily living, opportunities for arts, leisure and physical activity etc.

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?

In the spirit of the GIRFEC 'my world triangle,' could mental health assessments also incorporate assessment of and targeting of other areas of need / lifestyle stressors which may in fact be contributing significantly to the person's mental distress. This would require multi-agency teams working together, for example social work, housing, education, job centres,

leisure and communities; befriending, citizen's advice bureaux, etc -

Realistically, people are sometime depressed for 'good' reasons: mental health is in many ways socially created. To be able to acknowledge this and tackle it in creative ways rather than always through talking therapies or medication would be refreshing. Someone may be referred to CAMHS for example, or adult mental health services but perhaps the 'treatment' could be being re-housed, or supported with debt management, or accessing community-based social supports. Whilst for some, their mental illness is the most significant contributory factor leading to poor outcomes, for others, their mental health difficulties are simply a by-product of external factors, which when addressed may lead to alleviation of mental distress. Evidence for this statement is the link between areas of significant deprivation, and suicide rates.

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?

Identify a policy and stick to it. The evidence is there, lets apply it.

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

Comments

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?

Publicise existing good practice that is already in place, including the international evidence base and roll it out.

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

Person-centred planning approaches have a good pedigree and adopting the GIRFEC 'my world triangle' adapted for adults.

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?

As above - model person centred values by using person-centred planning as standard for those accessing mental health services.

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?

Listen to them, engage them in person-centred plans and help them find practical solutions to their difficulties where possible.

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?

Engage with community services and service users when writing a national strategy, not just at the consultation stage. Look also to the national and international data.

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?

We would identify the following areas as potential gaps:

family therapy

children with developmental attachment disorder

play therapy

art and music therapy

good quality housing stock

job opportunities

improved maternity and paternity leave

consistent access to high quality parenting courses from pre-birth

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?

Other actions that would be helpful would include a focus on:

infant mental health

developmental trauma / attachment disorder treatments/ interventions

parental mental health - eg extension of family nurse partnerships and community mothers

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?

There is adequate data available on how to improve health. It now needs to be effectively analysed and applied.

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

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?

Link it up with objectives shared by social work, education, leisure and communities, the private sector and the third sector. Priorities for action include:

• social, cultural and economic conditions that support family and community life, for example:

- systematically work to reduce child poverty
- support parents and the development of children in early years through parenting skills training and high quality pre-school education
- strengthen inter agency partnerships to reduce violence and sexual abuse
- increase access to safe places for children to play, especially outdoors
- make the business case for good work/life balance and provide adequate maternity and paternity leave

• education that equips children to flourish both economically and emotionally

• employment opportunities and workplace pay and conditions that promote and protect mental health
• partnerships between health and other sectors to address social and economic problems that are a catalyst for psychological distress
• reducing policy and environmental barriers to social contact

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?

Leadership, management, supervision and staff training.