

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.

Partnership working with voluntary sector to provide additionality.
Use of alternative therapies/medicine.

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.

Lack information on how existing local health areas meet Government targets but funding should be dependent on meeting the 14 outcomes identified.

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.

We will confine our comments here to trauma since that is the specialist area we work in. SAY Women provides support to young women survivors of childhood sexual abuse and rape/sexual assault who are homeless or at risk of homelessness. All of the young women using our services require support with mental health. Many also have multiple needs around addictions and challenging behaviour.

The main change that needs to take place is a recognition by NHS Boards is the added value brought by voluntary sector agencies. Some NHS staff will willing co-operate with ourselves in ensuring an appropriate care service but on the whole NHS staff are resistant to working with others who they view as not 'professionally trained'.

NHS staff will routinely refuse to provide support to those with PTSD and BPD and yet both these areas are identified by the NNS as requiring support. Our staff are highly qualified and skilled at supporting mental health needs and recognising when the young women need intervention from out of hours services or regular CPN input – despite this the NHS always refuses to respond to any requests on the basis that the young women's issues are related to their childhood abuse and behavioural. Yet our staff would not contact mental health services if they did not have genuine concerns that they needed them and that the young women have not responded to our crisis support intervention – surely the diagnosis is less important than the fact that support is required. In addition when the young women have been hospitalised due to a suicide attempt the referrals to community mental health teams are not followed up quickly enough and often not at all.

SAY Women have a high success rate in reducing self harming behaviour and provide training on the issue. The NHS should enlist the support of agencies such as ourselves to initially discuss joint approaches and working.

The time limited nature of NHS mental health services does not assist trauma based support work and therefore require redesign.

Due to time constraints we could have much more to say in this area and would be happy to contribute to any working groups etc on trauma and self harm.

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?

As above – require NHS to work in partnership with local voluntary sector agencies to identify pilot projects if necessary on both these areas.

Fund self harm training since our experience is that this is an area where marked improvement can be achieved once staff in agencies realise what is behind self harming behaviour.

NHS A&E staff particularly require training since their attitude in our experience is poor and unhelpful not only on self harm but to homeless people in general.

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

More campaigns such as 'See Me' but also school and youth work is crucial

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?

Perhaps a further advertising on 2-3 minutes slots on national TV stations along the lines of 'AfterThought' etc at peak times to address mental health and the stigmas faced by particularly homeless people.

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

No comment

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?

No comments

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

No doubt Boards would indicate increased resources if they are to meet the target for referrals and we would support this. But our staff also work with the CAMHS teams locally and agree which areas of trauma each organisation will support – this allows workload to be shared. NHS Boards should formalise and instruct CAMHS staff to make contact with any appropriate local voluntary sector support.

Addiction teams should be trained on the link between trauma and addictions.

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?

Provide national tools to be accessible through websites, etc.

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

No comments due to time constraint - sorry

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?

NHS staff and GPs particularly receive training on the main signs or potential mental ill health and pursue further assessment.

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?

Don't understand non value adding activities to comment.

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

Same comment as previously NHS should less discriminatory attitude to support services that don't come from a medical model of practise. Not sure Boards need any further support other than changing the climate within NHS towards the potential added value of other agencies.

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?

Each MHS Board should publish a strategy and workplan.

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

No comment

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?

Covered in previous comments.

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

Don't know what this is to comment.

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

No comment

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?

By acknowledging their role whilst maintaining patient confidentiality – information sheets/support toolkits, etc.

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 above

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

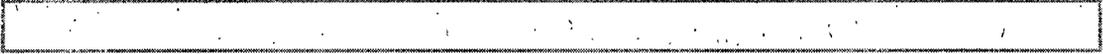
Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Yes if we have evidence.

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?

No comment



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

No comment

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

Improve resources to week-end and out of hours services.
Lack of therapeutic centres away from city/town for those with most complex mental health needs.
Lack of crisis intervention accommodation.

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?

The problem we have that whilst this is a priority and should be a high one, this doesn't happen. Therefore, we go back to previous – the government needs to implement some sort of requirement.

The support for prisoners is poor and needs resources and expansion. As an example, we were approached by another voluntary sector organisation to provide groupwork in Corntonvale on self harm but there was no funds available to do this and so joint initiative fell through.

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?

More training for staff – the issue we have found is that NHS staff cannot attend training due to lack of cover for their frontline work. Not sure whether routine enquiry training for staff has managed to overcome 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?

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?

No comment

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?

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?

Champions certainly needed within Health Boards. If we look at the change in the police attitudes and practises over the past 25 years towards male violence against women and children there has been a seismic shift due to leadership from the top and innovative ways of connecting with frontline women's organisations – there is no reason the NHS could not do the

same.

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

No comment

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?

No comment.