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
We welcome the development of a mental health strategy for Scotland but have a few comments to make generally –

The views expressed here are those of members of the HUG Friday Forum, a collection of active HUG members, mainly based in the Inverness area, who have spent the last two months looking at this strategy in their meetings. It has also been sent to members of the HUG advisory group for further comment and reaction.

What is the broad direction needed for a strategy like this ? We worry that this strategy is too much aimed at mental health services and doesn't pay enough attention to areas of peoples lives that have a profound affect on their health and wellbeing such as employment, housing, benefits, relationships, purpose and poverty. We also feel that although a mental health strategy must cover the lives and services required by people with a mental illness that a mental health strategy also needs to cover the wellbeing, resilience and emotional literacy of the whole of the population.

In an era when people are now being asked to pay for basic mental health services and services are expected to make savings we find it hard to be enthusiastic about an aspirational mental health strategy when our everyday support is at risk. The need to pay for support workers has meant that some people disengage from services in order to maximise their income, sometimes without a full awareness of the benefit that they can get from such services.

We also feel that a strategy such as this must address emerging government policy around such things as housing and welfare reform where the impact on our income of policy change will have a profound effect on our everyday coping skills, mental health and ability to sustain an independant life.

Why are people with experience of mental health problems only being consulted on the strategy and not asked to participate inthe actual development of the strategy ?

In an era of cuts in service how will we be sure that suggestions for

improving services will not be met by cutting services that are already of value?

We would refer you to a talk that HUG gave at a Holyrood publications conference on the strategy on our involvement in policy developments such as this and our priorities for a strategy for mental health

We would refer you to our report –'Priorities in mental health 2010' which lists the main areas we would like addressed in our lives and which we think should be covered by a strategy for mental health. This includes areas of our lives that span employment, welfare reform, the physical environment spirituality and other areas.

We would refer you to previous publications by us that cover diagnosis, employment, poverty, stigma, social inclusion, recovery, peer support, hospital services, crisis services and so on. These are all available from our website.(Hug.uk.net.)

If you wish us to e.mail you any of these materials do feel free to contact us.

We are also worried that not enough attention is paid to key agencies that partner health services such as social work and housing and the voluntary sector in this strategy

We need the elements we experience such as isolation, loneliness, limited relationships, lack of hope, purpose or motivation. And the need for adequate food, shelter and freedom from harrassent and the ability and means to do things that we enjoy and the possibility to express ourselves to be embedded in the layers of a strategy such as this.

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

We would encourage the continued development of collective advocacy to ensure that the voice of people with experience of mental health problems are included in strategy development and local and national implementation.

In this way we can be sure that issues can be passed on as they arise and people at the heart of services play a part in commenting on and developing those services and the policies that affect them.

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 do not understand the question

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

- We need to remember that self harm and suicide are different actions and experiences.
- How has the target figure been arrived at? What evidence is there that 20% is achievable.
- Why always try to stop people killing themselves? –For some people it may appear to be a reasonable and logical act to take – what we should be doing is to make life for the general population and people with mental health problems in particular, of sufficient worth to make suicide or self harm unattractive actions
- Do we have evidence of what countries with reduced self harm or suicide rates have done to achieve this?
- Specific programs for people with borderline personality disorder can be helpful. Personality disorder services have been evaluated as cost effective and helpful. D.b.t. programs can be very useful too and therefore reduce suicide and self harm in this high risk group.
- Use different language – complete suicide is better than commit which gives connotations of criminality.
- People with bi polar can be at a high risk – if they could be

maintained in a stable state it would be good.

- Not being alone and isolated can make a huge difference to all sorts of people.
- Some faiths see suicide as a huge sin – this can be hugely distressing to people who have that faith – they may lose their community and feel they are beyond redemption.
- Is the reluctance to accept suicide as an option a useful aspect of stigma. It makes it harder to consider?
- Many people who attempt suicide have experienced childhood sexual abuse – help to deal with this is important as are precautions to help people when they engage in therapy to deal with these issues and become more vulnerable.
- Provide more help to children of parents who have addictions/ mental health problems and other issues that may cause later problems in them.
- Improve access to mental health services for children who are at risk. Many young people are very obviously distressed but this is not necessarily picked up by school or c.a.m.h.s.
- Help for young carers would also be helpful here.
- Improve living conditions in areas of deprivation.
- Support mums and dads with rearing their children
- Better access to learning support play therapists and behaviour therapists for children at risk or at risk in the future.
- Better use of the care program approach and communication and contact within mental health services would pick up on growing crisis in people who are at risk.
- Better support for people who are not tied into mental health services or who do not qualify for support.
- Support can take different forms – a listening ear, someone who observes the problem, creative activities – support in the evenings and weekends.
- Wrap is a useful tool
- Talking therapies such as c.b.t. and d.b.t. can be helpful.
- Better training of the police in how to intervene with someone at risk of suicide or self harm.

- The use of systems to alert police that people are at risk
- Discharge planning that ensures people are contacted very soon after being discharged from hospital.
- The use of transitional discharge programs.
- Support for carers and means for carers and relatives to alert people that there is a problem developing with people they know.
- The continued development of crisis cards
- Access to prompt support in crisis
- Access to people we know when in crisis
- Access to safehouses/crisis houses
- Help out of hours that is sympathetic and reassuring
- Help for people who are intoxicated and suicidal.
- Access to places or people who can provide safety including hospital.
- Access to phone lines at suicide spots
- Training for professionals and the public to help identify people at risk.
- Ensure that systems that measure risk are not used primarily to protect services.
- Help for people with addictions
- Decrease stigma to ensure better access to mental health services
- Ensure quick and accurate diagnosis

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

- We need to make mental illness more visible and more talked about.
- We need to challenge stereotypes.

- Perceptions can still be very extreme.
- It makes sense to concentrate on young people who are open to change and will influence future generations.
- We need to look at young peoples own awareness of their own mental health
- Working to reduce stigma in the NHS and local authorities and third sector is also important through mental health awareness training – direct stories from people with personal experience is the most powerful tool to use. This is best delivered locally from well established and well organised user organisations. These are often collective advocacy groups.
- Secondments and partnerships from/with the statutory sector into user run groups could be an effective way of changing attitudes.
- More work to listen to the views of collective advocacy groups on issues of concern to them is important but this would be better with better support and development for such groups.
- Work to address and make visible the experience of mental illness of employees working in the statutory sector.
- Positive stories and policies about mentally healthy work places in the statutory sector would be good
- Secondments of people with mental health problems into the statutory sector would also be good.
- Make sure questions about adjustment to disability for jobs are presented in a positive way.
- Promote a mentally healthy workplace for everyone.
- Encourage employers to sign the see me stigma pledge.
- Promote activities like the Scottish arts and mental health film festival and creative expression of people with mental health problems
- Reducing discrimination can be carried out by helping people with mental health problems gain the confidence to challenge it and also report discrimination
- We need to make hate crime as a result of mental illness more visible and understandable and more likely to be reported.
- We need to encourage respect for diversity within minority communities.

- We need work and support to help people with mental health problems gain self confidence and self respect and an ability to accept where they in are in their lives. By challenging self stigma we ultimately have a better likelihood of removing stigma.

- A greater understanding of peoples rights in employment if they have a mental illness.

- Encourage support and comradeship amongst people with mental health problems to challenge stigma

- Stigma reaches many other areas – we need to encourage respect for diversity across different communities of interest extending to sexuality, class, income race and so on.

- We need to challenge perceptions of how people are expected to react when they are ill – i.e. "why can you smile if you are meant to be ill?" "how can you go to a party if you are signed off with depression?" are attitudes we face which demonstrate a lack of understanding.

- We need to questions why employment is seen as the main signifier for status.

- We need to question what is seen as failure and what emotions are seen as acceptable.

- We need to encourage self advocacy

- We need to give more information about mental illness so people are more capable of dealing with it and able to understand it and speak out on their own behalf.

- We need to challenge popular images of mental illness ie; how you look

- We need to make hospital admission seem ordinary.

- We need to make mental illness a part of ordinary conversation

- We should stop people having to hide mental illness

- We should make other peoples negative reaction to mental illness their problem.

- Creative expression and stories from people with mental health problems are very effective.

- Publicity about people with mental health problems is very helpful – newsletters, internet, dvd's, media

- The key thing that will change behaviour is if we change our own behaviour and stop feeling shame, assuming discrimination in any difficulty or hiding our illness. We need to be our own advocate and encourage others this way.

- If we can make mental illness a non event this would be a great step forward.

- We need to be open and honest about our own bizzare and damaging behaviour when this occurs and be able to find ways of overcoming this wound that we sometimes create when we are ill.

- We need to stop the extreme isolation we can experience and the lack of self worth this can promote in us.

- We need to enhance the voice of the mental health community to become more visible and more supportive.

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

- Promote and support local user initiatives in challenging stigma and make resources available to them and easy to access.
- Information about peoples rights and stories around discrimination on the see me web site would be good.
- Promote more in depth discussion within communities about stigma, self stigma, discrimination, acceptance self identity.
- Promote the talents and successes of people with mental health problems
- Promote a tone in social marketing that shows we are all in this together and need to jointly work to change it.
- But also promote an image that is challenging and eye catching.
- Help us to reduce the guilt we feel about mental illness
- Challenge assumptions we make about mental illness
- Celebrate the positives, celebrate what mental illness can actually do to help us – we can be better workers, more understanding, more self-reflective.
- Change cultural perceptions about present treatment – it is not the same as 'One flew over the cuckoos nest.'
- Differentiate between learning disability and mental illness.
- Have an open debate about violence and mental health
- See me should publicise poor treatment but not become a voice for users
- Publicise unheard stories – what goes on in a locked ward? What is the experience like within families?

Lwellbeing for individuals and within communities?

Comments

Fundamental to this is feeling: respected, valued, accepted, loved or lovable. To have relationships and to feel useful.
To feel secure by having enough money, things to do, people to speak to and things to believe in and look forward to.

Partly this can be achieved by the attitudes we have towards each other which can be promoted in all communities and within schools through education that is inspirational and involves the communities themselves.

Promoting a sense of community is important. This involves communities liking where they live and work and, by being able to do voluntary work within their own communities, find a sense of belonging.

This may be provided by creative expression, befriending, mentoring or many other things.

To promote these feelings we need a society that respects its members and promotes social justice and equality.

This also requires communities to have the facilities they need to help a sense of cohesion, ranging from shops and dentists to support workers and art projects.

People at risk of exclusion can gain great inspiration by helping each other and supporting each other and sharing experiences but grouping all vulnerable and disadvantaged people together can make communities hard to develop unless they are given the inspiration and resources to create neighbourhoods of mutual support and belonging.

We need to invest in work that reduce inequalities across society which includes ensuring that people on benefits have an adequate income and a security in their income.

Activities that promote wellbeing:

Promote ideas of recovery (consider changing the word)
Things that:

- Help us get into town
- Socialise
- Eat healthily
- Looking at the world positively
- Having meaningful activities or ways of seeing the world
- Having a satisfying life.
- Company of one's choice
- Achievements
- Hope
- Acceptance
- Sense of purpose
- Ability to express yourself

- To feel needed and respected
- To feel that you have a role i.e. as a parent.
- To have things to do that are fulfilling.
- Help to increase confidence
- Having something to look forward to.
- Having enough to look forward to so that the weekend is a pleasant prospect.

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

- We need to help the parents know there is a problem and access help on their child's behalf. If the parents have a difficult background they may need support to help their children access services
- Parents with mental health problems or with experience of abuse may lose their children or have children prone to mental ill-health. These parents may need early and sensitive support to keep their children and, if necessary, considerable help in dealing with the trauma of losing their children.
- Play therapy and early intervention for children with challenging behaviour resulting from trauma is helpful.
- There is a need for more foster carers, they can be very good and a need to home children near to their biological parents
- Play therapy, art therapy and so on can be vital for children, however these services are being cut.
- Children subject to trauma need very early intervention.
- Children who have been damaged by their parent's mental health need help in coming to terms with this and understanding it.
- We need help to be able to identify the need to intervene with children: schools sometimes don't recognise there is a problem or refer them or may not be able to refer to support services.
- We need to intervene earlier with children liable exclusion.
- We need to recognise people as having a need and this assessment needs to cover the whole of a person's life: home and school.

- Some routes to support and help rely on parents being active on their children's behalf and gaining services by making complaints or threatening legal action . This can result in children getting help that others would also benefit from but don't get and is an unethical way for the system to respond to unmet need.

- Parents may recognise that there is a problem and not be listened to.

- Children may not be visible in the system – quiet bullied or ignored children sometimes have great problems that are not picked up on but are revealed in very poor mental health when they leave school.

- Schools need support in delivering basic mental health first aid

- G.p's need alternatives to over pressured specialist services for children at risk of ill health maybe there is a role for the voluntary sector here.

- Children need to be able to know when they are having difficulties; their understanding of child line reveals that they can understand these concepts. However they need help in understanding mental health and mental ill health and, from that recognition, sources of support that they can access without fear of the consequences of doing so.

- We need to promote resilience and responsibility and dealing with everyday stresses and coping mechanisms amongst all children – an emotional literacy program for children is very important

- Children affected by suicide need support. Children are at risk of this and sensitively delivered sessions that remove taboos and help children access help would be good.

- The nearest mother and baby unit to Highland is Livingstone. We do not think this is acceptable. We also think there are a large number of mothers with mental illness and infants who need interventions at this stage that would be better served than by a trip of 200 miles or by limited home treatment.

- What happens to 16, 17 and 18 year olds who are at high risk? They may not be seen as needing young peoples services but adult services may be inappropriate.

- There is a huge need for community support when young people complete suicide.

- A lot of children in areas of deprivation may be at risk, but better community support may avoid the need for specialist services

- Children in care may be at risk when they leave foster care at 16 years old.

- The support of grandparents or extended family may be very helpful when parents lose the ability to look after their children.
- Fear of services and losing children when accessing help can be a great impediment when trying to provide support for children.

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

Comments
We don't know.

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

- We need to have a realistic view of what is acceptable behaviour.
- We need to have good information about mental illness and mental health – with good information that shows the pros and cons of treatment we can make sensible decisions.
- We need to make recovery approaches understandable to the general population – too many people find the word offensive and struggle to understand the concept.
- We need to promote and develop peer support initiatives
- We need to promote and support collective advocacy which helps educate communities and campaign for appropriate treatments
- We need communities to recognise and accept difference
- We need a population approach that recognises that mental health applies to us all
- We need to continue to promote user led anti stigma initiatives
- We need to understand the benefits that many of us take from having things to do, people to speak, people to provide support and reassurance and a healthy diet and exercise underpinned by an adequate income to achieve this.
- We need to promote better understanding of the benefits of mental health services and de-stigmatise these as well as people.
- We need to counter the historic perception of abuse within mental health compared with present services.
- We need to provide education and information that will discourage dismissive patronising and power based attitudes from mental health professionals.
- We need to ensure that people are guaranteed support and assistance once they do ask for help – too many people are turned away or seen as not needing help once they finally pluck up courage to seek assistance
- We need to provide emotional literacy training and mental health awareness training from an early age.

- We need our parents to be able to teach us emotional and daily living skills and we need these skills passed to us when we become parents
- We should promote partnerships approaches to treatment and overcome previously paternalistic attitudes.
- We need to promote self-management skills to deal with our conditions or ill health
- Tools such as 'wrap' can be helpful to everyone
- We need to promote community support and cohesion that encourages people to support and look out for each other
- We need to train professionals to understand us as people in the context of the environment we live in and to work alongside us to help us maintain our health. This should not mean that we can never relinquish responsibility when we are no longer able to cope.
- We should provide awareness training to help professionals and others to understand what it is like to have a mental illness
- If we can manage our illness we can be employed, parents, homeowners but to do this we need a consistent and supportive approach that recognises the lifestyle and circumstances we live under.

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

Comments

- If people seek help we need to be sure that help will be available. All too often people pluck up the courage to ask for help and find that they get none or help they regard as unhelpful.
- Programs that many people can access that help people maintain and increase their wellbeing whether they have serious mental health problems or not would be useful. In order that people can access help, services need to be known about and accessible.
- In order to be accessible services need to lose some of the popular fear people have about psychiatry.
- We also need, in many cases, services that people can self refer to.
- We need to continue work to de stigmatise mental illness so that

people can acknowledge they have a problem and seek help without undue anxiety.

- People also need basic information about mental illness in order that they can recognise that they have a problem.
- G.P's need access to specialist help that they can easily refer people on to. Specific services in health centres such as guided self help and counselling that people can use would also be helpful.
- We also need to address self-stigma and the feeling that many people have that they don't deserve help and that by asking for help they create a burden on society that is not justified.

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

- People need to feel that they will be listened to and taken seriously when they seek help.
- People often know they are ill and seek help but are turned away because they need to fit referral criteria.
- We need to deal with people's basic needs for people to chat to and share problems with. Many people who are mentally ill are lonely and isolated and have no networks within which to feel accepted in and to share problems and solutions.
- We need to ensure that the stigma of mental illness is not so bad that when a doctor or worker identifies potential illness that they are not worried that they will cause offence or break down relationships by raising the issue.
- People who are disadvantaged and ignored and alienated may withdraw from society and actively resist help. Work to stop the impact of exclusion and the fear that this can cause in us would help us engage more willingly.
- We need to encourage mental health/illness awareness training and

the promotion of trust and resilience and emotional literacy in the population starting with young people.

- We need to be sure that when we seek help we will receive a positive and sensitive reaction. First contact is critical in the trust we develop and our willingness and faith in engaging with treatment.

- We need continuity in services – being referred from person to person can leave us bewildered angry and confused.

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

There needs to be a balance between innovation and creative approaches that will ultimately result in more effective services and on using services that are already well known to be effective.

Some services are not simply aimed at recovery or cure, they have a moral and ethical dimension for instance; challenging stigma, promoting a communities voice through collective advocacy and challenging exclusion may only obliquely act in the name of recovery but are essential ingredients to services where social justice and active citizenship are a core ingredient. Therefore measures of their effectiveness may be very varied.

There needs to be a balance between the individuality of people, what may work very well for one person may not work for another – we need a balance that focusses services on individual need as well as services that are known to help large numbers of people.

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

Comments

The Highland integrated care pathways were not fully implemented because funding for the implementation team was withdrawn. The solution seems obvious.

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

- Collective advocacy is an ideal vehicle for this. The right to it in the mental health act has not resulted in sufficient investment in collective advocacy across Scotland.

- Collective advocacy is as much about a communities voice and creative expression as user involvement. The empowerment involved in gaining an 'identity' delivers increased capacity and skills to be involved in service design and delivery.

- Involving service users needs to be based in their culture, community and interests. We need to avoid the process of involvement that occurs to satisfy the needs of service providers and concentrate on the areas of peoples experience and wishes that they are keen to express to planners and policy makers.

- We need to encourage collective advocacy to reach out to as wide a range of communities as possible, if they are to express a community voice then this needs to be as inclusive as they can manage.

- We need to encourage user involvement at different levels of ability and interest, some people may be happy to briefly comment on their service while others may be keen to be heavily involved in the development of national policy development.

- Effective user involvement would flow from a national, regional and local linkage of user groups that is given time to develop and create a voice and activity that is rooted in its membership rather than the needs of service providers. This healthy network can only lead to more effective involvement at all levels. From the national to specific service streams

- Effective service user involvement means that we need ensure that when we do speak out we are listened to and our messages acted on. Equally it is important that mutual respect is embedded in the process, we can be patronised and become ineffective when our voice is not listened to and equally when we are not challenged when our voice/view is not helpful or widely shared.

- Developing user involvement needs some basic awareness of the needs and rights of service users to be involved in service development that includes an understanding of our lives, culture and experiences.

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

Comments

- Key to this is appreciating how special everyone is in the process and by, as far as possible, giving people including us and our carers the possibility of playing key roles in our treatment.

- This involves all parties engaging in a process to break down misconceptions about the respective roles we are all engaged in – fear and distrust and inequality all conspire to breakdown partnerships.

- In areas of inequality we may have especial need for the support of individual advocacy (and when achieving culture change, collective advocacy.)

- The use of 'wraps' and advance statements when developing partnerships can be very useful when we find it difficult to participate.

- Being validated and respected is important for all parties and can be especially important for services users who may feel that they are frequently not listened to.

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

- Provide more opportunities for direct contact between psychiatric staff and patients.

- Provide more opportunities for dialogue between psychiatric staff and patients in a setting of equality.

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

Comments

We don't know

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

Comments

- Recovery comes from and is based in the person – they should be in control of it themselves.
- We need to ensure that professional groups do not take over recovery.
- The word recovery is very unfortunate as it does not correspond to its mainstream meaning.
- We need to help people understand that recovery does not have to be seen as wellness/cure.
- We need better understanding of recovery amongst people with mental health problems, many of them still, when first hearing it, find the word and perceived idea of what it involves hard to understand and sometimes offensive.
- The key stumbling block to recovery is the lack of having worthwhile things to do and the lack of clear achievable goals, professionals can help with this as can efforts to challenge isolation, disadvantage and exclusion.
- Peer support can be incredibly helpful both on an informal and formal basis.
- 'Wrap' plans need to be acknowledged.
- Recovery can be promoted by encouraging a person centred approach to people.

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 don't always want family to participate in our treatment but can acknowledge there can be circumstances when they should do even if we don't want them to.

- Family can find it hard to understand our condition and may be hostile towards us; they need places and ways of understanding our conditions and lives.
- They may also need sources of support and advice to help them deal with their own mental health before they will feel able to participate in our treatment.
- They need to know they will be listened to.
- We need to deal with issues of information sharing and confidentiality.
- We need to examine the idea of family – many of us may be estranged from or alienated from our biological family.
- We often find that carers of us have a much better understanding of us if they have also been through the system.
- Some of us substitute family for professsional helpers.
- We may have traumatic experience of family that makes it hard for us to engage with family members.
- Family and carers should not be automatically be involved in our care. Ideally we would give prior permission perhaps through advance statements.
- Family can sometimes be exploitative and abusive or unaware of the reality of our lives.
- Sometimes family are completely disinterested.
- Family are sometimes given too much responsibility for the people that they can care for.
- Sometimes family are the only source of what can be life saving help for their members either by providing it themselves or by accessing help on our behalf.
- Sometimes services have very judgemental and uncaring attitudes to family members.

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

- The areas in between hospital and community care needs examined more, for instance safehouses, rehabilitation units, recovery centres, respite facilities. These could complement both forms of provision.
- The need for hospital will continue to exist, reducing hospital beds without safe places for people to go to will put people at risk.
- Equally people needing acute care in hospital may be seen as a greater priority than people who are not very visible but are not coping in the community. Is this justified?
- Some people have a great need for admission to safe place and are denied psychiatric care in an in patient unit and may instead get involved with the justice system.

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

- We would think that the information about prevalence of mental illness in high risk groups and minority groups already exists.
- We would suggest targeted action be applied to assist these groups access services rather than just investigating this data again.
- We would think that much of the increased mental illness amongst

minority groups is as a result of double exclusion and prejudice and that this area would be usefully addressed.

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

Comments

Enable direct communication from the minority groups to the people who provide services.

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

Comments

Main gaps that we can think of at the moment:

- Services for people with 'mild to moderate' illnesses.
- Services for people with personality disorder.
- Services for deaf people
- Services for people with long term conditions, physical disabilities and terminal illnesses
- Homeless people
- Prisoners
- Lgbt community
- Services for people in work.
- People with learning disability.
- Refugees and asylum seekers
- People with substance misuse and mental health problems
- People of high intelligence

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

- Would it be good to integrate related services – such as health and social work, housing and social work? (we don't know)

- We need to train people in paying attention to the needs and values and cultures of service users.
- We need to ensure that workers look beyond the confines of professional roles.
- We need to ensure that the change process doesn't reduce itself to accepting the lowest tender for new services or that old but valued services are stopped in the name of progress. This would work against person centered approaches.
- We need to ensure that in a time of cuts that we respond to the needs of service users rather than being led purely by cost savings. Savings can prevent person centred planning.
- We need to listen to, respect and believe in service users collectively and in their individual treatment.
- We need to ensure continuity of care – this can lead to relationships that are likely to be person centred.

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

We do not know how to decide on priorities but some that spring to mind are:

- Young people with mental health problems
- People developing mental health problems for the first time.
- People at risk of homelessness
- People who are vulnerable and may have mental health problems but principally are seen as having social problems and therefore do not qualify for support.

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

- To ensure that workers respect and act appropriately we need to ensure that they have adequate training. A key component is awareness training in various forms delivered by service users and carers.

- In order to ensure this we need to ensure mutual accountability. If workers make a mistake they need to learn from this and acknowledge this to others and their clients. Part of this process is realising that we are all a part of this – the division between worker and client and mental health and mental illness is often blurred.

- We may struggle in turn to express our feelings towards workers in respectful ways due to our condition or past experience. We need to be helped to overcome this and ultimately to attempt to be responsible for these behaviours.

- We need to also address the inherent power imbalances in a system that can inevitably lead to mutual suspicion and distrust and therefore negative behaviours.

- In some ways this can be distilled down to mutual respect and loving and compassionate attitudes between people.

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

Research into spirituality and its effect on mental health?

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

Comments

- Key to workforce development and planning is to hear direct from service users and carers and for workers in mental health to examine and understand their own experience of mental ill health and mental health.
- There should be a greater recruitment of people with mental health problems into the mental health workforce and an acknowledgement that this experience when combined with the skills needed is beneficial to all.

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

Don't know

More feedback from service users about what helps them?

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

Comments

Don't know

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

- We should ensure that change is communal and is something we agree on.
- We should ensure that change is not engaged in for its own sake
- We should not continue a constant cycle of change that is demoralising to the work force and confusing to service users. Change can be needed but continuity is also important.
- We need to look at the elements that made past services and treatments good and useful and try to decide how to incorporate them into present services or new services.
- Some of the key ingredients are compassion and respect and love they are the route and key to any change.

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

Comments

- Pay attention to the views of service users carers and other stakeholders.
- Ensure that concepts such as recovery or self directed care which we may support in many ways are not used to provide efficiency savings that we do not support – independence (and interdependence) for instance, is an ambition but is not provided by reducing services or saying that inclusion means we should do without services such as drop in centres that cater only to people with a mental health problem.

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

- One of the key things we need to provide is respect and compassion. This may be hard to provide when we are restricting peoples liberty and yet this reality is also sometimes necessary.
- The public view of people with mental health problems and in particular the state hospital is influenced by the media and staff. We need to challenge this reality and continue to educate the public in both mental illness and mental health.
- We also need to promote the sort of values that lead to changes in attitudes such as respect, tolerance and acceptance. This shift in attitude may ultimately mean that people are inclined to seek help and be thankful for services rather than resistant and unwilling to get help and therefore more prone to intervention under the mental health act.