

## 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.

We are disappointed that most of the 14 outcomes apply solely to those with mental ill-health issues and not at all to people with learning disabilities. This reinforces for us that the Mental Health Act is not about us at all. There are many elements of the 2003 act which do not serve people with learning disabilities well and we would like to see a strategic review of those things in relation to us.

### 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.**

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.

We believe that the inclusion of learning disability under the term "mental disorder" - and therefore throughout the 2003 Act - is not in the interests of people with learning disabilities.

The differences between learning disability and recoverable mental illness needs to be unpicked and openly discussed to provide a new legal framework that will be of benefit to people who have learning disabilities. This should be based on a solid understanding of the social model of disability.

## 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.**

**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.**

A different approach to people with learning disabilities is required, based on a social model of disability, rather than the medical model which clearly informs the Mental Health strategy.

**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?**

We believe that the way people with learning disabilities are treated in society as a whole – including in mental health services – causes mental ill-health in this group of people. Mental distress is, we believe, mainly related to the discrimination and abusive treatment we experience. Therefore, increased mental wellbeing will require broader legal and policy changes than those outlined in this consultation.  
Good advocacy support would help to tackle the treatment we receive.

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

Many of our members prefer the label of mental illness to learning disability because of the attitudes in society towards us.  
Again, we see good advocacy as being crucial to tackling these attitudes.

**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?**

*See Me* has made no impact on how people with learning disabilities are stigmatised.

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

We believe that the starting point of promoting mental wellbeing among people with learning disabilities is removing the barriers to equal citizenship and participation in the community. It would therefore help us if learning disability was not seen as a mental disorder. We believe that a different piece of law only about learning disability would be better for us.

**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?

We have no view on this.

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

We have no view on this.

**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?

There should be a programme to tackle attitudes towards people with learning disability to reduce the discrimination, assaults, harassment and intimidation we receive and to allow us to have support to take part in everyday life including education, work and other things.

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

Greater investment in independent advocacy would help us identify when we need help from services. We hope that commissioners consider the full range of advocacy services and the specific needs of different groups during planning. Generic, one-size-fits-all advocacy is often unhelpful for us.

**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?

There are a number of places where early recognition of learning disability would benefit us. We want to emphasise that there is no "treatment" for learning disability but there are many supportive actions and approaches that would benefit us. We are not convinced that they should be part of a mental health system or strategy.

**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?

This is not relevant to people with learning disabilities.

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

We do not think this is relevant to people with learning disability.

**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?

We would want to be involved in care and support (and other non-medical services) and we think the best way to organise this is through disabled peoples' own organisations like People First.

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

If this is about "treatment", we do not think it applies to people with a learning disability.

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?

Most of our members' experiences of mental health settings is not person-centred or values-led. The biggest step forward for us would be to allow us not to be included in the category of mental disorder.

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

We do not think this is relevant to people with a learning disability.

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

The idea of recovery from a learning disability is not useful to us since we do not recover from the learning disability.

**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?

Families can sometimes be part of the problem and we often need support to help our families to be less protective and allow us to have opportunities to grow and develop like other people. Independent Advocacy is our preferred support system to help this happen.

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?

For people with learning disability, it is often the other way round. What support do staff need to stop them assuming that our families have rights to make decisions on our behalf? Again, independent advocacy would be useful.

**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?

There should be no "inpatient services" for people with learning disability who do not have another condition. There needs to be developmental work with education, social work and criminal justice systems to genuinely develop approaches in those systems when we need to access them, rather than having the responsibility rest in mental health services for us (unless we develop mental ill-health).

**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?**

We have no view on this.

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

We have no comment.

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

See earlier comments about learning disability being wrongly placed in these systems.

**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?**

Remove learning disability as a "mental disorder" and open the door to us participating in everyday life (with reasonable adjustments in the other service systems).

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?

No further comment on this.

**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?

We would be interested, as an organisation of people who use some health and social care services, to be involved in staff training, especially in relation to: person-centredness; social inclusion; access to human rights; developing and maintaining relationships; independence and independent living.

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?

We have 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?

Tackle the attitudes and stigma towards people with learning disability as entitled citizens instead of mentally disordered people.

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

We have no comment.

**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.**

We have no comment

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

We have 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?**

We have no comment

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

Increased commitment to independent advocacy for specific and different client groups.

**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?**

Some legal changes are needed to ensure that people with learning disabilities are not assumed to have a treatable mental health condition. Staff attitudes need to shift towards a more social model of understanding disability. This will support changes that recognise people with learning disabilities as equal citizens.