Mental Health Improvement Special Interest Group
Consultation Response to The Mental Health Strategy for Scotland
Tuesday 6th of December 2011
Thistle House, Haymarket Terrace, Edinburgh
Prepared on behalf of the Network by NHS Health Scotland MHI Team

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.

General Comments
The MHI Special Interest Group is pleased to comment on the Mental Health strategy for Scotland: 2011 – 15.

Members of the group suggest that an integrated strategy is ambitious but is the right approach for mental health improvement in Scotland. However, members express concern about the lack of lead in and groundwork in preparation for this shift in policy, which the group feel has led to an imbalance within the current document; focusing on treatment and care and a real risk of wellbeing and mental health improvement being marginalised.

The group recommend wellbeing is made more prominent throughout the document, by taking cognisance of upstream preventive work.

The overarching context of the strategy needs further work with explicit emphasis placed on the contribution of wider agendas and strategies. In particular links should be made to the Christie Commission report; GIRFEC, Curriculum for Excellence, the Early Years Framework, Keep Well and Equally Well. Reflecting that, within an integrated framework, overall improvement in MH can only be achieved through partnership working, involvement of a range of agencies.

Within the strategic overview it would be vital to recognise the wider fiscal issues impacting on many already vulnerable communities and the potential impact of these for mental well being in particular if not mental health and the further impact on services.

A crucial omission is the lack of reference to reducing inequalities in health outcomes and health status. Clinicians accept the links between health inequalities and Mental health and well-being., as do local authority and third sector colleagues. Given the weight of Scottish Government policy

aimed to address inequalities this seems a missed opportunity at best.

Members would welcome a commitment to continue work on the MH logical modelling in local areas.

It was suggested the strategy should reflect more fully the Healthcare Quality Strategy which focuses on person centred care; therefore it is essential wellbeing is to be considered along a mental health continuum.

The direction is inconsistent with current approaches to TAMFS. MHI has been taken forward in a partnership context, with clarity of contributions from a range of agencies and service providers. This effort should be recognised and built on, if not, there is a risk that the current mental health and wellbeing work currently being carried out will be lost. The statement suggesting the delivery of the commitments in TAMFS has been achieved in the agenda undermines the complexities and the distance of travel mental health improvement has achieved and requires in the future.

The strategy needs to articulate what the local level responsibilities are, particularly in supporting the wider preventive agenda and links with the social determinants of health for which our local authority colleagues have an existing and significant role moving forward to achieve the Government's vision of mental health in Scotland.

There was a feeling that 14 outcomes are too many and instead there should be reference to a few higher level outcomes (articulating the direction of travel) and then intermediate and short term outcomes explained.

Core Consultation Questions:

Question 1: *"In these situations we are keen to understand where there is any additional action that could be taken at a national level to support local areas to implement the required changes."*

There was a commonly held view that the strategy should link to single outcome agreements to achieve local authority and partnership buy-in. The lack of reference to the importance of partnership working, by only speaking to NHS staff, specifically Mental Health Services, will create barriers to engagement, and undermines the collaborative approach of TAMFS.

The adult and the children and young people's mental health indicators work have demonstrated the spectrum of influences on mental health and wellbeing, which has shown the small part the NHS has to play in this. This strategy needs to reflect this. It also needs to question the extent to which the NHS is taking all the preventive opportunities that exist across its services and in support of this agenda.

Local authorities will welcome a steer, as they understand they have a role to play but need guidance on how to support mental health improvement through their services including housing, leisure, education and social services.

The document seems to only identify an NHS role and although this is recognised to be a vital element – it is just one of the aspects of an integrated approach.

The strategy should set the scene for targets and solutions being the responsibility of a partnership approach with key agencies and partners accountable for delivery - particularly in the light of Christie and other reports fostering streamlining of services.

There is no reflection on the current economic climate and its impact on employment issues, leading to an increased risk of poverty, higher levels of stress and anxiety.

More emphasis is needed throughout the strategy around inequalities particularly highlighting the causal and consequential nature of inequality on mental health. Other policies that reflect this e.g. Equally Well need to be referenced so service deliverers understand the wider agenda.

A policy map highlighting relevant documents that support MHI would be helpful.

It is also suggested that the structure would benefit form linking the core principles to the outcomes more specifically. The document would also benefit from adding a principle of fairness at the centre of this document along with person centeredness (consistent with the Quality Strategy).

The strategy should be more specific around the life course: Who is 'people'? and why are children only identified in outcome 2?

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 second round of consultation would be beneficial following a significant reworking of the document.

There is little appetite to change or scrap current approaches and plans developed in response to TAMFS. Local areas have had insufficient time to embed these approaches. The strategy needs to state this work is valued and should be continued – a view held by most of those co-ordinating MHI at local level.

However, we do need national agreement on a set of key indicators to support local work, performance monitoring and priority setting, and in-year dialogue with Scottish Government.

Specific Outcome Feedback (questions 3-35)

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they become unwell.

Outcome 1 was of particular interest to many group members who felt that mental health improvement was central to actions related to individuals and communities in the protection and promotion of the mental health and wellbeing.

Question 3. Are there other actions we should be taking nationally to reduce self harm and suicide rates?

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

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?

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

We need to build resilience in communities and empower them to take responsibility for their own mental health. This can be done by social prescribing, asset based approaches and the guidance provided by the indicators. It is also important to recognise the support already in the community when they become unwell.

The Scottish Government needs to demonstrate buy-in to wellbeing.

It needs to be recognised that often people need someone to talk to and something to do, and emphasise the importance of individuals having a sense of control.

Much of the good work done by communities and Local Authorities supported by SG from social inclusion funding is an example of what can be achieved. Work to develop outcome indicators at individual level is promising as a basis for stronger performance monitoring for communities. We would want to build on this particularly in few of the range of ages it encompassed.

Outcome 2. Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

It was noted that comprehensive evidence base for the importance of parenting, particularly in the early years, in the promotion of mental wellbeing and prevention of mental ill-health has not been articulated within the document.

It would be beneficial to make specific reference to parenting and family support to promote wellbeing and prevent ill health.

Question 7. What additional actions must we take to meet these challenges and improve access to CAMHS?

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

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.

The general view of members was that this outcome would benefit from being broadened in order to appreciate what support is required to enable people to have increased knowledge and understanding of mental health and what skills are necessary for people to take action.

There needs to be an appreciation of enhancing mental health literacy in both the public and across all settings.

There was some concern related to the language used in this outcome, it could create a general sense of victim blaming; with too much emphasis on the individual not the system.

Activity and interventions should normalise positives appreciating when individuals participate or engage with an intervention they generally feel better. Examples such as social prescribing, exercise referral, bibliotherapy etc would be beneficial.

Question 9. What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

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

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?

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?

More support on the measurement of outputs and outcomes would be welcome, *supplemented* by support to apply service improvement approaches.

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

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?

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

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?

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

Question 18. How can the SRN develop its effectiveness to support embedding recovery approaches across different professional groups?

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?

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?

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?

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.

Welcome this focus to support continuous improvement in access pathways for example homeless people.

Question 22. How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

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

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

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?

Question 26. In addition to the proposed work in acute hospitals around people with dementia and the work identified 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?

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.

The group were disappointed to note there is no mention of the continued roll out of Scotland's Mental Health First Aid and other training in order to support the continued capacity of MHI workforce.

Members suggested it would be helpful to offer a wider view on the mental health improvement workforce beyond social care to include local authorities and the community and voluntary sector. For example, attitudes of libraries and leisure centres need support in the promotion of wellbeing, and a greater understanding of wellbeing.

A package of training that accommodates time pressures, but still tackles stigma and raises mental health awareness would be helpful in going forward.

Local training should be set in the context of a learning workforce development strategic approach which includes multidisciplinary courses, specific topically focused sessions and generic courses which incorporate MHI messages and skills development.

It would be helpful if the strategy could suggest identification of mental health champions and leaders across settings and sectors.

Question 27. How do we support implementation of Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers across all health and social care settings?

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?

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

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

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.

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

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 these challenges?

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

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?