

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.

The Strategy was found to be inaccessible and not attuned to take into account the experiences of the majority of our members who include those with mental illness, dementia and learning disabilities and their families and who would be at the sharp end of any improvements or changes in services. However UCI consulted with a total of **93** service users, carers and interested parties to ensure that they were able to feed in their views on what was important to them from a personal view, what worked well, what could be improved on and gaps in service provision that they felt to be important. As many of the improvement challenges listed were either not relevant to them or out with the scope of their influence – e.g. workforce planning etc., we discussed the areas of importance around living with various mental health conditions and are feeding back responses to those.

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.

UCI were key to the formation of the Dementia Champions training through taking the concerns of Carers to the appropriate people and continue to play a major role in its ongoing work both locally and nationally through involvement of our Carers. This approach could be enhanced with national support.

Carers feedback:

- A greater recognition of the carer, both professional and family and an acknowledgement that this is a worthwhile career for the

professional and an appropriate activity for family members.

- Caring should attract the highest calibre of people not those who cannot find any other source of income or employment. More thought given to 'men' who are Carers.
- High quality training is crucial. The attitude of many health professionals towards mental health issues shows there are major issues around both recruitment training and monitoring.
- More dementia training for health service workers including doctors.
- Consideration and understanding for family carers who sacrifice careers, income, pensions and their own health. We may be solving one problem but creating another.
- I think hospitals etc. have to have a more enlightened and positive view of feedback, experience, criticism etc. They deal with this in a woefully inadequate way and the fact that so many people are frightened of complaining is nothing short of scandalous. No **business** would survive with this ostrich mentality. They do themselves no favours because the obvious view of the client has to be "well who else could provide me with the service I need."
- On going public education. We have come a long way but mental health is still surrounded by taboos.

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

Support plan for service users and Carers in order that they can consider the options prior to a crisis. This is not the same as an assessment but of what they would actually want rather than need. E.g. what supports are most helpful should the Carer be required to go to hospital and what would assist the Carer to get back on their feet and pick up the Caring role afterwards. More flexibility in the way that care is delivered – tailored to the family rather than to what services *can* provide and the family have to *put up* with.

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?

- Suicide and self harm among people with long term mental illness needs more focus.
- There is no clear pathway provided for people who are feeling suicidal and want to get help.
- Discharge planning should include crisis plans with contact telephone numbers
- People should be supported to develop a crisis plan where self harm and suicide has been identified.
- Public information (loop displays at Post Office, bus stands etc) should promote the value of talking and provision of help lines/services.
- Training for carers in coping with suicidal thoughts and triggers and self harm should be developed.
- Individuals with these issues should carry a 'card' with pertinent details as they are often in such a dark place that they don't know who to contact.
- Promote the use of ICE on mobile phones (in case of emergency)
- More discussion in schools of self-harm and suicide to take place as part of social education
- Make it easier to access a 'place of safety'
- Publication of the facts and figures of numbers attempting self harm and suicide might lessen isolation for those who think they are all alone in

feeling this way

- Promotion of 'distraction techniques' which some find helpful
- Non NHS help and support required
- Breathing Space and Samaritans can be helpful
- More talking therapies
- People with a long term mental illness can become lost in the system and the lack of support they may receive impacts on ideas of suicide.
- Language barriers make it harder to access the right help
- Crisis team may speak to the patient but not to the family/carer so they are left to flounder not knowing what to do – more involvement of family/carer required
- Need to balance 'zero tolerance' with needs of patient to ensure they receive the right help and support.
- Remote rural areas need a different approach and recognition that help for some may be a great distance from them and travelling to central services has financial implications for service user/family which in turn adds further stress.
- 24 hour Crisis Service needed

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 people feel the double stigma of **ageing** and mental illness / dementia diagnosis.
- Use of language to describe people with mental illnesses and dementias: 'Please stop calling me demented, I hate the word. It makes me sound like Lady Macbeth and I am not mad... Why can't you just say "she has memory problems" that's nicer'
- People recognised the value of raising awareness of mental ill health or dementia through the media especially TV serials, newspaper articles and magazines. This sometimes helps to make others aware of the issues the individual and / or their families might be facing.
- While celebrities' 'coming out' is felt useful, there is a feeling that their lives are too far removed from the public that they cannot represent them accurately.
- More public information series raising awareness about the value of diagnosis of dementia, mental illness or learning disability should be widened out to radio stations, TV, social media etc.
- Jobs where contact with the public is required need to learn more about customer care that includes respecting people who use their services. For instance some people felt that their Bus drivers were very helpful while others did not and the fact that many service users have a bus pass may in fact add to the stigma.
- Support in Mind's film 'Black Birds' was recommended for schools.
- It was felt that a lot of stigma remains for people with mental illness, dementia or a learning disability within other areas of the health service – particularly Accident and Emergency and there is a need for more staff training.
- Concerns about the discriminatory nature of benefits particularly around work capacity assessments.
- Television documentaries and well thought out 'soaps' can help

- Young people felt that you need to choose friends carefully to avoid stigma and discrimination
- Misinformation in press/media exacerbates the problem
- Anxiety and depression – do people see this as a mental illness – need to educate and inform the public (and in schools) regarding the debilitating nature of these conditions
- One community felt that there was very little stigma and discrimination and that there was a very accepting atmosphere towards those with a mental illness. They were well supported by local business for fundraising for their groups
- Further reports of older people feeling stigmatised by their age – the movement into older adult services was seen as discriminatory and less services appear to be available to older adults.

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?

- Continued promotion and awareness-raising around the issues of stigma by see me campaign using visual messages is required.
- See me campaign needs more emphasis in schools – primary and secondary. Teachers must recognise that in addition to many children at school having mental health problems, many children will also be 'young carers' or siblings of people with mental health problems.
- Recognition and support of young carers needs. One person reported that her 8 year old son felt responsible for his father's mental illness.
- Use the 1 in 4 message more to emphasise the normality of mental ill health.
- See Me advertising campaign felt by young people to be portraying self pitying people that were viewed as weak
- Young people related well to the English advert (Rethink/Mind) and would like something similar in Scotland
- Graphs and statistics in adverts seen as helpful – again the 1 in 4 message
- More factual information required
- Local adverts with local contact numbers
- Mystery Shopper model felt to be good idea to gauge public opinion

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

- WRAP felt to be useful for those who had heard of it but needs to be more widely available.
- Crisis plans with information on where to get help quickly to avoid further decline in mental illness
- Increase the range of activities available within the existing resource centres and form links with community groups to move on to once confidence has been built
- Young people willing to get involved in vast range of activities from

cycling, walking, gardening, drawing etc but needs to be more widely promoted to this age group

- Appropriate volunteering opportunities for all age groups
- One to one support to build confidence to take part in activities
- Specific mental illness Carer Support Service is essential
- Contact points for Carers at all hours
- Consistency in service provision and the people providing it
- Quicker access to psychology
- Specific support for young carers within mental health
- Service provision through third sector to work with those who have mild to moderate mental health problems and provide support before crisis sets in
- Access to more 'drop-in' facilities in rural areas where a range of activities take place both social and skill building. This is felt to boost self esteem, nurture new talent and build motivation and self confidence to go out into the community better prepared to take part in alternative activities.
- Recognition of individual skills to build on
- More befriending schemes
- Promotion of work related activities and skill building

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?

- Listen to the families/Carers
- Produce user friendly information
- Improve communication between CAMHS and CMHT
- Improve transitions for all age groups
- Promote within all educational systems (pre school, nursery, primary, secondary, higher etc).
- More access to educational psychologists
- Young people often feel they have been pigeonholed at school and this is difficult to shake off so further information to be made available to teachers and support staff.

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

Comments

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?

- Better education about what helps keep people mentally healthy.
- Most of the people we talked with gave a list of the activities and hobbies that find helpful to keep them mentally and physically well as follows: Walking, alone or in groups, pool, darts, swimming, gym, attending support groups, art, crafts, computing, photography, gardening, music, socialising within own peer group and out with. Feeling part of a community either peers or neighbours, volunteering. Being able to use places like libraries, sports centres, cafes, pubs allowed them to feel like they had a 'normal' life.

All of the above were felt to build confidence, boost morale, build skills, develop networks of social support and being valued as having something to contribute.

However there was some concern about the lack of motivation that often goes with mental illness and how to overcome this might require additional help and support.

Remote and rural areas can have additional challenges for people particularly if there is very limited access to public transport.

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

- Some people felt that they would be unable to do this due to the possible rapid decline in their mental illness
- Others noted that they know where to get help but can experience a negative reaction
- One person said they were 'off the books' of the CPN and therefore found it difficult to access help.
- Wellness Recovery Action Plan – promotion of
- Crisis planning with relevant information included for person to seek help
- Relatives may be helpful although
- Friends may be helpful
- Some felt they would continue to approach their support worker in the first instance
- NHS 24 can be helpful but felt they needed more consistent approach and to listen to families/carers as well as service user if in crisis
- Crisis can be very stressful for the family/Carer so more emphasis on supporting all those involved.
- Access to Early Intervention service
- Communities and neighbours were sometimes recognised as a source of help.
- Promotion of telephone help lines and other services in public places and public transport
- One stop shop for information and signposting

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?

- Involvement of people who use services and their families/Carers more fully involved in the planning and design of services
- Early detection and intervention services with a fast referral system
- Quick way back into a service where person been discharged
- Carers concerns need to be given importance and acted upon
- Discharge planning to be carried out with all those who will be involved in the care of a patient including the Carer. Coordinated approach across all the services that the patient uses or may need to use.
- Assumption that Carers/families are able and willing to take on the caring role needs to be discussed in full with them in a safe and confidential environment. Carers may need more help to continue caring and this needs to be taken into account. Or they not wish to continue caring/may need their own supports.
- More use of keep well or befriending services.
- Support worker needs to be listened to by statutory services.
- One to one support useful for people who don't want to use groups or who cannot get to the support groups
- Example given where young person receiving help and support at school but which finished at end of schooling without any further help put in place and then leading to a crisis some months later which may have been avoided.
- Identify Mental Health Champion within G.P. services as first point of contact

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?

- Development of crisis plans and WRAP with involvement from patients and Carers
- Involve group and individual advocacy and third sector providers from the outset.
- Time invested in Carers issues and recognition of their expertise.
- One stop shop for accessing information on all relevant services etc.
- Use of varied forms of media and accessible information for all abilities/needs
- Promotion and use of telehealth and telecare for functional mental illness
- Specific service for those with personality disorders.

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

- ICP's do not take account of those with an undiagnosed mental health condition which is a worry to sufferers who do not 'tick the box'. This needs to be addressed through other initiatives

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?

As a group advocacy service we have been able to have input into a wide range of topics within mental illness, dementia or learning disabilities from redesign of services to medical training, service reviews and consultations etc. Our experience within this field is held in high esteem by our stakeholders. This could be built upon locally, regionally and nationally if adequately resourced.

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

- Listen to people, ensure their views have been heard and acted upon
- Group advocacy and involvement – see 14.

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?

- Shared training across all sectors in person-centred care, recovery approach, development of WRAP, crisis plans, talking therapy skills, working with carers and promote the use of service user and carer involvement in the gathering of qualitative and quantitative monitoring and evaluation. See response at 14

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

- Promote the benefits to all service providers. Again engage group advocacy to carry out independent evaluation and monitoring of implementation

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

- Training delivered by service users supported by group advocacy service to assist with facilitation and teaching of skills for delivering training to 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?

- Promotion of Carer's Strategy at all levels
- Create safe environments for Carer's views and concerns to be heard and if necessary taken forward on their behalf to the relevant providers (see 14)
- Training around the involvement of Carers to be rolled out to professional groups.
- Understanding the benefits of having Carer Involvement at all levels (see 14)
- Ensure Carers are given information that is relevant to them and their caring role.
- Ensure that training for Carers is available regarding the benefits of being involved at all levels and have the skills required to deal with any crisis.
- Advocacy for Carers as a **right** – not on 'ad hock' or 'postcode lottery' basis.

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?

- Mental Health Services Directory to be made available in variety of formats and in different mediums (Easy Read).
- Information events for staff from all sectors
- Specific and relevant websites for local information which can then be updated but would need resourcing.

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.

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?

- Shared events
- Website that is specific to topics
- Local media campaigns
- Ensure that local providers – group and individual advocacy, third sector and PPF are adequately resourced and coordinated in their approach to disseminate information to patients and families and the public.

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

- Alcohol and mental illness needs a closer link
- Specific services for people with a personality disorder
- Transition between schools and other services needs coordinating as it crosses several age groups and services
- Coordination between health and police felt to be important
- More focus on ensuring that rehabilitation service may be best placed to keep people well and may be first point of contact for those who have been discharged.
- Link between long term physical conditions and the impact on existing mental illness or cause of additional conditions – e.g. depressions etc.
- More third sector provision for support, recreation and wellbeing for users and Carers particularly in rural areas
- Problems solving courses felt to be helpful
- Services for people with Aspergers felt to be needed
- Training for Carers
- Support services 7 days a week
- Self harm needs a stronger focus.

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 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?

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

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

Comments

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

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge?

Comments

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

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

- Efficient use and recognition of expertise within 3rd sector

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

- Robust Change Programme with all stakeholders providing range of services as partners.
- Use of group advocacy with user and carer involvement to independently monitor quantitative and qualitative outcomes

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?

- Ensure that Millan principles are considered as first reference point by staff for all their interaction with service users and carers will enhance practice at all levels including legislative requirements.