

Alzheimer Scotland

Mental Health Strategy for Scotland: 2011-15

Introduction

Alzheimer Scotland is Scotland's leading dementia voluntary organisation. We work to improve the lives of everyone affected by dementia through our campaigning work nationally and locally and through facilitating the involvement of people with dementia and carers in getting their views and experiences heard. We provide specialist and personalised services to people with dementia and their families and carers in over 60 locations and offer information and support through our 24 hour freephone Dementia Helpline, our website (www.alzscot.org) and our wide range of publications. We welcome the opportunity to respond to the consultation on the Mental Health Strategy for 2011-15.

Our key message

Alzheimer Scotland recommends the National Dementia Strategy is used as a model to underpin a human rights approach to the Mental Health Strategy.

We consider it more appropriate for planners, providers and practitioners to have a Mental Health Strategy that is separate and distinct from the National Dementia Strategy. There should be a link between the two documents where appropriate; for example, the care of people with dementia in NHS psychiatric continuing care wards.

We believe the focus to drive improvement in dementia support and services should be through the National Dementia Strategy to ensure a clear and consistent direction of travel for dementia services. Including dementia as a priority within the Mental Health Strategy is likely to result in confusion.

We are not well placed to answer many of the questions within the consultation and we have discussed this with SAMH and are reassured by their extensive consultation process on the strategy and whose representative role we support; we would however request that you take into account the specific issues we have raised below.

Specific issues

Promoting Excellence

The Promoting Excellence Framework provides an appropriate tool to develop the knowledge and skill levels of all those working with people with dementia. It provides a framework for measuring existing skills against and identifying gaps relative to the specific role health and social care (social work and housing) staff play in supporting people with a diagnosis of dementia, their families and carers. We are satisfied with the national structures in place to support the implementation of the Promoting Excellence Framework.

Greater knowledge and understanding of dementia in acute psychiatric care environments

There is a false assumption that staff in acute psychiatry environments know a lot about dementia and how to respond appropriately to the symptoms of the illness. We do not think this is the case and we believe that Promoting Excellence is an essential driver to ensure all those providing some level of care and support to people with dementia have the appropriate skills and knowledge.

Staff working in acute psychiatric admission units should be operating at an enhanced practice level; we believe the current level of awareness of dementia is inadequate in these settings.

Continuing care

ISD statistics demonstrate 75% of continuing care patients are 65 years and over; the vast majority of continuing care patients are within Psychiatry of Old Age and Geriatric Medicine¹. Shifting the balance of care provides a commitment to ensure older people are cared for in their own homes or a homely setting in the community. However, the growth in the absolute numbers of people with dementia means a proportion will continue to be cared for within these settings.

There is a lack of dedicated assistance for continuing care wards; those working within these long term care wards are not receiving sufficient support. There is a need for greater skilled psychological therapies, psychiatric support and the full range of Allied Health Professions input within these wards. Again Promoting Excellence will provide a useful focus to support improving knowledge and skills within continuing care settings.

We believe there are significant issues in continuing care environments that are not well understood and we intend to continue working with the Scottish Government Mental Health Nurse Advisor and NHS NES to develop a response to this similar to the investments that have been made in Acute General Hospitals. We further believe this should become one of the areas of change identified in the next National Dementia Strategy.

Henry Simmons
Chief Executive
January 2011¹

¹ Category A patients (those who meet the criteria for NHS continuing care) at time of 2011 continuing care census