

**Mental Health Strategy for Scotland 2011-15: A consultation**  
**Response from Camphill Scotland**  
**January 2012**

Camphill Scotland is the association of Camphill communities in Scotland, promoting their common interests and assisting them to respond to changing legislative, regulatory and financial situations.

Camphill is a worldwide movement, with over ninety centres ('communities') in twenty countries. Camphill communities adopt a holistic approach to supporting individuals who may have a range of complex needs to find meaning in their lives and to develop their social, spiritual and practical skills and potential.

Scotland is host to 12 Camphill communities, supporting around 425 children, young people, adults and older people, primarily with learning disabilities. All 12 communities are members of Camphill Scotland.

This response focuses on communities' experiences of supporting people who have both a learning disability and a mental health problem. Sometimes the two issues are linked, for example some people with Down's syndrome or other learning disabilities develop early onset dementia, but as one in four of the population will experience poor mental health during their lifetime it is important to remember that mental health problems can affect someone with a learning disability as readily as anybody else.

Communities' experiences of working with other agencies to support people who have both a learning disability and a mental health problem are mixed. We provide general comments on these experiences below, before answering a number of the specific questions from the consultation.

### **Integrated services**

When asked about joint working with other services, communities primarily provided examples of working together with health services. In some situations this joint working was felt to be very good, but some communities had experienced problems with waiting lists (18 months for psychology) and a lack of specialist knowledge:

*"[our local authority] has a specialist psychiatrist, and he certainly tries to help us and he and his team have invested a lot of time, nevertheless we do not find that they have a depth of understanding to know how to help a person with a learning disability and their support workers when that person has a mental health crisis."*

It may be that more work needs to be done to look specifically at the mental health needs of those who have a learning disability. Within this work, the role that could be played by those who are already supporting someone with a learning disability should not be overlooked (see below).

In relation to joint working, one community did specifically mention that *"we have had good experiences of teamwork between psychiatrists, social workers, nurses, psychologists, parents and ourselves (in several cases)"* so given the right personnel this is obviously possible, and should be encouraged.

## **The role of support providers**

For many people with a learning disability, the people who support them professionally are a key part of their life. This is particularly the case in the Camphill model, where people with and without support needs live and work alongside each other, but is also the case in more traditional support services.

Support providers can therefore play a key role in noticing change in people's moods, and should be an important part of the mental health system in terms of identifying mental health support needs and helping people to access low tier support at an early stage. If those who are already engaged in supporting people with learning disabilities are properly equipped to promote positive mental health, prevent mental health problems, and support people if issues do arise, the value for money impacts would be considerable, but more importantly would also be beneficial to the individual.

We are not suggesting that those who support people with a learning disability can or should 'go it alone'; support from other specialists will always be necessary, but support workers should not be forgotten in considering the people involved in a person's life who can assist. It might even be useful in some situations to consider existing (in this case learning disability) support workers in the same bracket as family members and carers, when other professionals are thinking about who to involve in supporting someone with a mental health problem.

### **Qu.6 What other actions should we be taking to support promotion of mental wellbeing for individuals within communities?**

We would endorse the comment in the strategy that early recognition and prevention of mental illness needs to be embedded across organisational boundaries. In particular, we believe that people who support people with learning disabilities could, with access to the right training, play a key role.

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

### **Qu.10 What approaches do we need to encourage people to seek help when they need to?**

Some of the people we support, who have very severe learning disabilities, would be unable either to recognise and/or to articulate that they were experiencing mental ill health. It is important in this regard that the people who support them on a daily basis are enabled to spot these signs, and that appropriate support is available once issues have been identified.

### **Qu.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?**

Professionals in other services could play a key role in identifying mental illness and disorder at an early stage. This will only reap rewards, however, if there is access to appropriate support services once needs have been identified. We are therefore very supportive of the HEAT targets to ensure that no one waits longer than 18 weeks from referral to treatment for a psychological therapy, although we would ideally like the waiting time to be even shorter. In some areas communities have experienced a waiting time of 18 months for an appointment, or been told not to bother waiting and seek psychiatric help instead. This is unacceptable and we are

pleased to see this being tackled, while noting the challenge of reducing waiting times by as much as a factor of twelve.

**Qu.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?**

It seems from our experience that further training of NHS staff in issues affecting people with learning disabilities and mental health problems would be beneficial. It may also be useful to explore the possibilities of providing mental health training to non mental health staff, such as learning disability support workers.

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

**Qu. 19 How do we support families and carers to participate meaningfully in care and treatment?**

In both of these questions, a group apparently missing are the support staff who work with people who have both a learning disability (or other support need) and a mental health problem. In many cases support staff will be working with individuals on a daily basis, and could/should play a key role in supporting their mental health, as well as their other needs.

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

We welcome the recognition in the strategy that there is a gap in provision of mental health services for people with learning disabilities/developmental disorders.

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

Several Camphill communities have experience of supporting people through the early stages of dementia, including early onset dementia. Communities report finding this difficult, due to the different ways that dementia affects different people, and due to the difficulties caused when the community is no longer able to support that person safely. It is therefore important that learning disability support providers are included in the roll out of *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers*.

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