

## 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.

#### Comments

The following remarks are offered as background to HOPE's contribution to the Scottish Government's consultation on a Mental Health Strategy For Scotland. HOPE's submission refers solely to mentally ill prisoners in prison and their transition to the community.

A recent thematic report by Her Majesty's Chief Inspector of prisons, Andrew McLellan, entitled "Out of Sight – Severe and Enduring Mental Health Problems in Scotland's Prisons" (4 December 2008), gives an approximate total of 350 prisoners in Scotland suffering from severe and enduring mental health problems (4% of population) but states that a very large proportion of prisoners have some form of mental health problems. HMIP reports "some work is being done in prisons to assist prisoners for their release", but states that many of the problems are compounded on release by chaotic lifestyles, drug and alcohol use, lack of economic and social participation, stigma, and a lack of suitable support services in the community.

The manager of the Health Centre in HMP Barlinnie, agreed wholeheartedly with this assessment, and expressed an interest in facilitating and working in partnership with HOPE in delivering an initiative to improve this situation. He felt that the greatest unmet need was not medical, but help to acquire normal coping skills, and most of all advocacy (there are only 2.5 advocates in Glasgow for those with mental health problems). Of the twenty recommendations in the report only one addressed release, and stated that a multi-agency planning process should be set up to identify release needs and to ensure that arrangements were made for continuity of care in the community. Beyond medical care and some measures to provide dedicated areas for association within the Health Centre or a special unit, there is little evidence of special care being available to prepare for or on release.

HOPE met with the Manager of The Health Centre and the meeting resulted in a successful application to the Trusthouse Charitable Foundation for a 3 year project to support prisoners with less serious mental health conditions prepare for release, and on release.

The prisoner is met on release and is accompanied to first appointments

and other first steps in the process of resettlement, according to his circumstances and whatever accommodation he has. Many are homeless and steps are taken in advance to identify suitable accommodation. In helping the individual to resettle, HOPE will pay particular attention to checking on his ability to make the best possible connections, and advice to manage the processes and activities for day to day living. Particular attention is paid at a later stage to encouraging social relations to avoid isolation and the effects this can bring, often leading to depression. The individual will receive support for as long as it takes to resettle and achieve a decent measure of independence, at which stage support will be reduced to befriending visits.

The Trusthouse Charitable Foundation has funded 6 other organisations for other interventions for prisoners with mental health in England, and all the projects are being evaluated by Revolving Doors and the evaluation will be presented mid February at an event in London.

### 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.**

**Comments Look again at the case of the mentally ill in prison and on release. They are a group who have multiple needs who do not have sufficient control in prison to protect and promote their own mental health and in fact over a period the opposite is in most cases true.**

## 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

There is a need to focus on the lack of resources and opportunities available to vulnerable prisoners who are released from prison with little or no support in place. This group often fall through the net, as their mental health issues are not deemed serious enough to merit intervention. In a lot of situations the person is not equipped to deal with the challenges of life in the community and may be homeless at the point of liberation. This often leads to a cycle of reoffending behaviour which could be prevented if proper supports were in place.

The cost of keeping low level repeat offenders in prison is significantly higher than funding services which can help address these issues

**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?

### Comments

Provide more support to help people in prison cope day to day rather than relying on medication. The basic approach is to limit opportunities for self harm, rather than steps that would reduce isolation, encourage self esteem and give positive opportunities for constructive activity.

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

### Comments

More social integration is required to help change attitudes. Discrimination on the grounds of mental illness should be challenged and dealt with in the same manner as racism or homophobia. Those in prison who are mentally ill generally do not have a voice and do not receive the required level of medical attention unless they are volatile or disruptive.

Question 5: How do we build on the progress that we have made in addressing stigma to address the challenges in engaging services to address discrimination?

**Comments**

There is little done in prison to re-enforce the identity of the mentally ill, very often because of lack of time or resources. It is the equivalent of the saying that the poor you always have with you. Those with mental illness are accepted as mostly benign in the prison environment, and are likely to be disregarded, with little positive attempt to reduce discrimination. There is an acceptance that on release they will mostly return to prison, since it has not been possible to address their problems or behaviour, nor was there any priority to do so. There is also an acceptance that many of them should not be in prison but there is nothing else for them. In contrast most of them leave prison with the hope that things will be different this time.

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

**Comments**

There should be more joined up help for prisoners with mental illness to access appropriate services and support on release. Each one could, for example, be given a mentor for a period of time (one week?) to welcome them back into the community and help them resettle, and deal with initial problems and barriers. Since the first days are critical, this could be a most effective and cost effective measure in making a successful "soft landing", especially for those who do not have family or a place to live, and give them a point of reference for future support. It might be worth piloting a initiative like this as a positive step towards reducing the number in prison.

**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?**

Comments

**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?**

**Comments**

There needs to be more emphasis placed on the provision of services which help people to cope better. While medication and hospitalisation is necessary in certain situations, there are a lot of circumstances where this type of treatment is not required but some other form of intervention is.

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

**Comments**

**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?**

**Comments**

A greater understanding of the impact the particular issue is having on the quality of life of the individual is required. It might be possible that medical intervention is not appropriate initially but if the proper support is not offered, a higher degree of intervention could be required at a later date.

**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?**

**Comments**

**A greater degree of joint working approaches would be more beneficial.**

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

**Comments**

**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?**

**Comments It is more difficult for those in prison to self manage their growth and recovery.**

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

**Comments**

**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?**

**Comments**

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

**Comments**

By proving that the model makes a significant difference to the life of the individual and is not just theory or statistic gathering papers exercise.

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

**Comments**

**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?**

**Comments**



**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?**

Comments

**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?**

Comments

**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?**

Comments

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

Comments

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

Comments

There is a lack of throughcare provision for prisoners suffering low level mental health issues and also for those who have poor coping skills and or learning difficulties. Proper preventative intervention could diminish the escalation of issues such as self harm and suicide.

**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?

Comments

A more comprehensive approach could be taken to record the effectiveness of prisoner throughcare that incorporates the work done within the prison and in the community

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?

Comments

All vulnerable prisoners should have a mandatory throughcare package as a matter of course. This should record the needs of the individual and identify the processes and resources required prior to release. It should not be left to chance that a prisoner may or may not be assessed for suitability. People experiencing any level of mental ill health should not be released into the community without an offer of support in place.

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?**

**Comments**

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

**Comments**

A national database of support services and networks would help identify the appropriate care package for each individual and improve efficiency.

**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?**

**Comments**