

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

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.

We believe that the support of carers of Dementia suffers is very important. Some of our students have had to become carers in their families, often at a young age. We believe that by clearly informing carers of the availability of support networks and additional support mechanisms.

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.

No response

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?

We believe it is vitally important to raise awareness of suicide and self-harm and to encourage acknowledgement of it without shame. While we are aware it is difficult to completely eradicate ignorance and fear, we believe that early education to encourage children and young adults to talk and deal with their issues, will help to bring more openness to mental health issues.

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

We believe that positive role models are a good way to reduce discrimination and stigma. By a more widespread and visible campaign using nationally recognized figures discussing their experiences of life, perhaps mental illness can be destigmified.

Stan Collymore, the footballer commentator (and former footballer), Tweeted about his own battle with depression, the day before the suicide last year of football manager Gary Speed.¹ These are two examples of male sports figures affected by mental health issues which raised the awareness of the public to these illnesses and effects.

¹ <http://www.twitlonger.com/show/ecoqm1>

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?

By continuing to address the issues that see me tackles.

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

We believe that when individuals and the community will not come you to, then you go to them. We have found that by reaching out to difficult-to-engage members of the student body who are affected by mental health issues, yet reluctant to acknowledge due to cultural differences, as a presence in a common safe ground, the effort is appreciated and welcomed. We believe that subsequent approaches to us and other services for advice and support stemmed from our initial outreach.

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?

No response

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

No response

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?

Think Positive research has found that students are unwilling to look for formal support for mental ill health.² This is due to a range of issues, particularly low awareness of the services available, low levels of general knowledge about mental health and mental health services. There is a need to improve the range of mental health services available to students and how these are promoted.

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

The recent report, *Mental Health of Students in Higher Education*, by the Royal College of Psychiatrists (RCP), indicated that NHS services should improve the way they adapt to the timescale and nature of student life.³ Flexibility and improved waiting times would benefit student access to services.

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?

We believe that the following are barriers to support: stigma/embarrassment, not sure where to find appropriate help, not fully understanding problem, waiting lists.⁴ Colleges and universities need to continue to work towards implementing better awareness and accessibility, helped by better funding from the Scottish Government.

² *Silently Stressed*, 2010: <http://bit.ly/oUGRH9>

³ Full report: <http://www.rcpsych.ac.uk/files/pdfversion/CR166.pdf>

⁴ NUS Briefing: Scottish Government Mental Health Strategy Consultation.

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?

No response

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

No response

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?

No response

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

The Scottish Government's current mental health strategy, *Towards a Mentally Flourishing Scotland*, contains a priority that recognises: "mental health problems can significantly disrupt the educational and emotional development and physical health of students". In order to advance student health, we agree with the NUS Scotland that it is vital the Scottish Government hears what students have to say through the consultation process.

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?

Please see response to Q11.

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

No response

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

No response

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?

As per the RCP report, we believe that if waiting times are improved and flexibility allowed to adapt to different demographic needs, families and carers would be able to participate meaningfully.

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?

No response

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?

No response

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?

No response

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

We believe that one way to improve wider accessibility is by ensuring a more widespread knowledge of availability of services through a range of media and methods of communication.

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

Please see response to Q15.

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?

No response

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?

No response

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?

No response

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?

No response

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

No response

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?

No response

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

No response

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?

Think Positive research⁵ has shown that colleges and universities need to prioritise funding for mental health support. This action must be prioritised on a national level by the Scottish Government, to support and ensure adequate funding is targeted effectively.

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

No response

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?

No response

Heriot Watt University Student Union Advice Hub would like to acknowledge the information provided in the *NUS Scotland Briefing: Scottish Government Mental Health Strategy Consultation (26/10/11)* in preparing this response.

⁵ *Silently Stressed*, 2010: <http://bit.ly/oUGRH9>