

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.

Comments

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

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

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

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?

Comments

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

Early educational about mental wellbeing is fundamental – mental health is still very much a taboo subject within society despite the steps being taken to tackle that. We think starting young is the best way to promote a healthy mental wellbeing. Schools need to be talking openly from a young age about “feeling sad” to “feeling down” as children grow and age.

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?

There must be action taken to create a more appropriate and supportive transition service between CAMHS and Adult Mental Health Services. At the moment, support between these two services is incredibly lacking and leaving a gap for those who are often most at risk – those just over 18 are at the highest risk of suicide and yet they have the least stable support systems available to them. Having been some of the 18 year olds just leaving CAMHS after significant inpatient treatment for anorexia nervosa and we know personally that the transition between CAMHS and adult services are not always helpful. We believe that action should be taken to extend the either the age or length of treatment available at CAMHS for those already part of the service. We understand that within EPSS in Lothian, they treat young people beyond the age of 18 and feel this is a strategy that should be taken further in CAMHS. The Intensive Treatment Service is a really great asset to CAMHS and I think the use of CPNs for young people approaching 18 and discharge should be more widely used and for longer periods of time. The continuity of face-to-face contact with a professional whilst many other aspects of a young person's situation may be changing can be likened to a walking stick helping the young person take

steps towards recovery over various terrains. Olivia has been fortunate enough to meet with the same psychologist throughout the whole course of her treatment at CAMHS, providing a lifeline as she underwent transitions from the inpatient unit to ITS, and eventually being treated as an outpatient. She feels this has substantially aided her recovery process. Jo found meeting with her CPN particularly helpful— she had had a chance to build a relationship with her, having known her for ten months. Trust is very important in mental health and so when Jo was discharged and had to build a new relationship with a psychiatrist, psychologist and dietician she found it very intimidating. Although some of us did continue to see my CAMHS CPN for couple of months during my transition to Adult Services we don't feel it was for long enough and that extending the length of the transition process would have been helpful. And so we would conclude that action needs to be taken in order to improve the services available to young people over 18 especially those who have already been part of CAMHS and need to continue receiving treatment and support.

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?

At the moment there is a significant lack of understanding of mental illness amongst GPs, especially lacking is the ability to recognise eating disorders, particularly in the early stages. There is a need for further education on the early signs of eating disorders, as prevention is better than cure. A growing number of people are coming away from GP surgeries feeling like they are perhaps "not ill enough" or that they are making a big deal out of nothing or sometimes even with a misdiagnosis such as treating anorexia nervosa as depression.

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

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

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

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

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

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?

Better communication needs to be implemented all round for families and carers to be able to participate in their relatives care – without adequate communication all form of treatment and care can breakdown and this leads to significant delays in a patients recovery. Personally we know of parents and even staff within a Scottish CAMHS services believing that a referral to a specialist Young Person's Unit had been made when in reality the consultant psychiatrist in charge of the case had not even begun to fill out these forms. Parents and staff continued to be unaware of the lack of progress for at least two months before being informed that actually, without being told or asked, a referral had never been placed despite the necessity of it at the time for the patient.

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

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

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

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

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