

## 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

As the 14 broad outcomes are linked to work carried out to date they are in line with what has been identified already.

The identified key challenges cover the main areas that need to be addressed at present.

Actions that prioritise the need to improve links between MH and Primary and secondary care are essential to achieve the desired outcomes and meet the challenges. Although there has been improvement here there is still too much of a gap between MH and the other NHS services – this results in patients falling through gaps, receiving less effective treatment and being given conflicting advice.

### 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

There needs to be a national requirement for MH services to be more effectively aligned (where appropriate) to physical/general medical services.

Whilst MH services continue to be so separate we are not able to afford the best care for patients with MH issues and continue to stigmatise patients with MH conditions whilst also making a person-centred approach to care

difficult.

Improved joint training for staff - physical/psychological – two way for more straightforward MH presentations could only be beneficial to patients and the NHS alike.

## 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

As before. Trying to ensure that there are clear approaches to achieving streamlined patient pathways that do not allow patients to fall between the gaps in services is essential. It is still all too possible for services to abdicate responsibility for certain 'conditions' and the patient/family suffer as a result.

**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

No comment.

**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

Stop separating MH and physical health so absolutely.

**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**

Staff training. Public awareness. HB review of service provision/structure in line with 'see me' philosophy.

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

**Comments**

Try to think of another way of describing 'mental wellbeing' – without using the word mental as this has historic connotations that are very negative.

**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**

No comment.

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

**Comments**

No comment.

**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**

National campaigns to further help people understand that most people will have problems with their personal wellbeing related to psychological issues at some time in their life.

Educate all NHS staff to understand the effect that poor psychological wellbeing can have on people.

Together this should help to de-stigmatise and support people to seek help.

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

**Comments**

A/A.

**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**

Educate NHS staff to approach the issues of psychological wellbeing as part of general assessment + train staff to identify problems/flags/signals.

**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

Strengthen national networks.

Sharing best practice through JIT.

Self-assessment/HIS assessment – based on examples of good practice.

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

Comments

A/A.

**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

More of the same but widen it across 'general' NHS sector and not just MH. Consider MH questions/issues as a routine (small but important) part of any redesign/service delivery/change.

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

Comments

No comment.

**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  
No comment.

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

Comments  
Inform/Educate wider groups of staff – managers and clinical staff etc.

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

Comments  
Through HEI's, clinical networks, Professional Advisory Structures, HB clinical directors etc.

**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  
Through being person-centred in every contact/assessment.  
Encourage the use of 'Teach-Back Technique'.

**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  
National templates.  
Effective team approaches to care that include the need for information – thus avoiding mis-information and duplication/gaps.

Encourage the use of 'Teach-Back Technique'.

**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**

Through effective working with JIT and sharing best practice.

Self-assessment/HIS as above.

**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**

Support staff to understand the benefits of good information/feedback.

Share best practice.

Acknowledge that having good feedback comes at a price – time!

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

**Comments**

As described above for other sections.

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

**Comments**

No comment.

**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**

As described above – break down the barriers between 'separate' services. More joint working with shared goals.

**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**

As already described – reduce the separation between MH services and other NHS services.

**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**

Involve staff, carers, patients and the public in order that there is the widest understanding.

**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**

Survey of AHP interventions.

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

Comments  
No comment.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Answer to Q. 30

Promote training for a wider group of staff (all clinical staff???) re simple psychological therapy approaches.

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  
No comment.

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

Comments  
Evidence of change directly related to outcomes.

**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**

**Outcome 13 is by far the most important.**

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

**Comments**

**Wider understanding, sharing best practice, improved links between MH and other NHS services.**

**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**

**Education.**

**Effective team working.**

**Person-centred approaches to care in every aspect of service provision.**

**Good leadership.**