

CONSULTATION QUESTIONS

Overall Approach

Responses to specific Qs

1. Support for a managed network to deliver more integrated services across health, social care and voluntary organisations would be helpful and could improve delivery of care on the ground.
2. Develop a simple care pathway of essential care and support services, define who should be referred to other services and at what stage. Have a joint agreement to prevent inappropriate referrals. Look at resources and see who would benefit most, ensuring a basic minimum service without a postcode lottery effect.
3. A national awareness campaign of services to help distressed people, and a national awareness of the prevalence of people with suicidal ideation and the benefits of talking to someone who expresses these thoughts.
4. Continued work on stigma, frequency mental illness, signs of mental illness and frequency of recovery from mental illness. What the general population can do to help those who are mentally ill.
5. Identify what services are doing that are not appropriate. Set standards of care and audit against them.
6. Identify those at high risk of becoming mentally unwell and deliver targeted support, e.g. new mothers, new students, recently bereaved, unemployed. Publicise wellbeing and health improvement resources, identify communities with high prevalence of mental illness and start to build up community groups and resources to enable the community to support one and other. Develop tier 0 and 1 services.
7. Rapid assessment by for instance the primary care mental health team and triage to the appropriate level of service. A 26 week wait for specialist service is still too long. What can be provided in the interim to support and monitor progress?
8. Training of generic health, social care and voluntary sector workers to identify and deal with mental health problems before they become entrenched. Treat as many people as possible before they reach the stage of needing specialist services.
9. Publicise actions that maintain good mental health similar to the salt/5 a day campaigns. Help people identify when they are ill so that they know when to seek help. Publicise where to find help e.g. libraries websites, NHS 24 as well as GPs and primary care settings.
10. Provide open access therapy which people can access confidentially without having to see a GP. Further work on stigma, mental illness and stress.
11. We need to make staff who work with children more skilled at identifying potential problems e.g. nursery nurses, youth leaders. We need to develop tier 0 and 1 services in general. We need a crisis intervention services for CAMHS. Not all children can wait 26 weeks. It's a long time in the life of a 3 year old.
12. Monitor clients progress and identify where there is not improvement and where more intensive help is required.

13. A model of working together similar to that developed in Clackmannanshire would be very worthwhile, but it would require the health and social service to work together. There are issues in relation to this in Glasgow.
14. Enable service users to participate in the consultation exercise, and preferably consult the users before you write the strategy! Consider what has been successful with the service user in the past and the pros and cons of different services including waiting lists.
15. Use a validated tool for both service users and carers, make use of a single shared assessment where appropriate and develop a care plan involving all agencies who will be committing to providing that care. Provide a copy of the care plan highlighting individual roles and channels of communication to patient and other agencies tailored to each service provider. Hold review meeting as scheduled where all can meet to discuss progress.
16. Develop a mental health record which can be hand held by patient and used by all persons delivering as service with space for patient or carer to comment.
17. no comment
18. no comment
19. Inform patients of the right to involve carers in all routine consultations. Incorporate questions in routine and crisis reviews on the role of carers.
20. Develop national information for new and existing patients of their rights to nominate and involve carers of their choice where appropriate.
21. Show case examples of where changes have improved care, identifying barriers and opportunities and options considered for different delivery of services.
22. There will need to be some monitoring of the quality of information provided to service planners and an audit of the impact that this monitoring is having on future service provision.
23. Show case examples of good practice. Identify relevant potential factors which will be different in each area and have some means of monitoring the use of information.
24. Prisoners, non incarcerated offenders, asylum seekers, refugees, veterans, co-ordination with those providing addiction services, those in the workforce who may not recognise they are mentally ill.
25. Map the delivery of all mental health services over the live course and identify specific key partners and transitions and how they should link together from cradle to grave.
26. Look at transitions between prison and the community, primary care and mental health services enable the two way exchange of information for people with more serious illness. Improve the recording of community mental health services using digital media to improve monitoring and delivery of services.
27. Audit random samples of patients looking at care pathways and follow up gaps in service.
28. -

29. Develop universal and tier A½ services across the piece. Involve LA and Vol' orgs in building this up. Design services with mental health improvement incorporated into every service.
30. Train trainers, Have an on going training programme in local boards. Incorporate training as part of KSF or equivalent standards.
31. Remember the community and voluntary sector
32. Look at the costs of delivering the service and compare with the costs of not delivering the service. Record costs saved on average for specific groups of people against cost of delivering the service.