

Subject: Response to Mental Health Strategy

The following is a response on behalf of the Greater Glasgow and Clyde Psychiatric Advisory Committee to the Mental Health Strategy for Scotland 2011-15 Consultation Document. The committee is happy for the response to be made public.

Overall Approach

The principles underlying the Strategy, as highlighted in the Foreword and Introduction, are to be commended. By its nature, such a strategy incorporates a very broad remit. It is therefore appreciated that a pragmatic approach has been adopted focusing on 14 high level outcomes, what has been done and hence the key challenges ahead. However, it has resulted in the paper being very information dense and difficult to read (each outcome being individually highly complex) In addition, the set questions make the process rather prescriptive and it may therefore have benefited from an additional invitation to more open ended responses.

Question 3

Self harm and suicide rates are significantly linked to levels of alcohol use, which is of course a particular concern in Scotland. The reduction of alcohol use should therefore also be prioritised as part of this outcome.

Question 4

The stigmatisation of mental health services occurs alongside the stigmatisation of mental illness. That therefore should also be targeted as a priority. This should include developing more positive images of these services. From a medical perspective this starts with how psychiatry is portrayed to medical students, ensuring they receive adequate training in it and also providing foundation doctors with more experience in it.

Question 6

It is good that the importance of individual responsibility is highlighted as an integral part of this outcome. The promotion of mental health should also be linked in with the promotion of health in general. Reducing levels of alcohol use should once again be highlighted as a priority.

Question 8

Focusing on improving access to CAMHS is important, but achieving this outcome will require much broader, more integrated work.

Question 9

It is essential that this is underpinned by well informed, evidence based, adequately shared information, especially in the area of more difficult diagnostic labels, such as Personality Disorder, Asperger's, ADHD, Bipolar disorder etc, to help guard against overmedicalisation and inappropriate treatments.

Question 11

Points of access to services should be simplified as much as possible. There should be particular emphasis on ensuring good continuity and integration of service delivery and treatment. All of this requires the continued development of effective IT systems and information sharing across services.

Question 12

This requires to be underpinned by appropriate, effective and manageable information gathering and outcome measures. Once again, it needs to be backed up by effective IT systems.

Question 13

This should not only focus on implementing "changes to reduce unwanted variation" but also requires further assessment of ICP's to ensure that they are helping to improve patient care.

Question 14

The effective, broad involvement of "users" is crucial to forwarding the Strategy.

Question 16

An ethos should be developed of all service initiatives being tried and tested from a "user" perspective and the importance of good customer care and "user friendly" services emphasised.

Question 19

As in the answer to question 14, this is also a crucial part of the Strategy and recognising it as such is a first step towards it.

Question 20

Services should emphasise the importance on not only being "user friendly" but also "family and carer friendly" There should also be an emphasis on good communication with families etc, which can potentially be achieved in the vast majority of cases while still respecting patient confidentiality. Clear information about this within services is essential, such as highlighting the guidance by the Mental welfare Commission in this area.

Question 21

That national picture is already being built up. Indeed there is concern that inpatient treatment is becoming synonymous with community treatment failure and there is excessive emphasis on minimising lengths of stay and reducing readmission rates. The Strategy provides an opportunity to address that, reappraising inpatient treatment as a part of the treatment options available in the community (albeit a highly specialised one) and emphasising the importance of continuity and cohesiveness of treatment from home to hospital.

Question 24

To ensure continuity of care for age related disorders (such as developmental disorders, ADHD etc) it is essential to have effective communication and links across services. It is also necessary to ensure that services in general are effectively connected with addiction services, especially given the extent of alcohol problems within Scotland and co morbid mental disorders.

Question 28

It is important to identify the range of psychotherapies being practised and to continue to assess what is most effective.

Question 31

This and question 32 are essential in terms of improving service effectiveness. Guiding principles include being "user friendly" and being able to be incorporated with minimum disruption to patient care.

Question 33

This outcome is particularly challenging in the current financial climate and requires transparency and clarity of information and goal setting, emphasis on an inclusive and collaborative approach and commitment to staff development, training and fostering morale.

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