

## 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

See question 2

## 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

In answer to both questions 1 and 2:

Improvement is a theme of both challenges, and both questions, however neither focuses on improvements in mental wellbeing, but rather are focused on aspects of care and treatment. Mental health improvement is included in the document but has little focus or emphasis, apart from in outcome 1. For the integration of the mental health improvement strategy with the care & treatment strategy to achieve it's potential, there needs to be emphasis on improvement throughout the strategy. There is no framework for improvement from a public health viewpoint and so what mention there is of mental wellbeing is dilute and has little consequence. There is a need for much greater prominence for mental wellbeing and upstream work to improve it. In the wake of Towards a Mentally Flourishing Scotland, much of the benefit gained will be undermined by the strategy as it stands.

**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

There is a need to provide much better linkage here to integration of the wellbeing agenda with other supporting agendas (eg regeneration, welfare, housing, etc). The wellbeing issues are approached from a medical model where a health improvement model is more appropriate and would steer the strategy towards integration with other agendas and with partners from outside the health care and treatment community.

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**

Extending this work to include those experiencing dementia and learning disability.

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

See above

A commitment is needed to continue support for the See Me campaign for the duration of the strategy and to support the outcomes of the ongoing review of See Me.

There is a need to engage services in a wider range of settings than health care and treatment, continuing to support Local Authorities' mental health inclusion work and engaging with the wider public sector and commercial & voluntary sectors

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

Comments

See above

There is a need to engage services in a wider range of settings than health care and treatment, continuing to support Local Authorities' mental health inclusion work and engaging with the wider public sector and commercial & voluntary sectors

Additionally, This should be a key priority for the new Health & Community Care Partnerships in Scotland.

**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

The emphasis of this outcome is largely focused on CAMHS and needs to be widened to include the settings in which preventive work can and does take place, such as schools, leisure and cultural settings, youth clubs etc, as well as the family setting and care settings.

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

Comments  
See above

**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

(Question 9 and 10)

We noted that responsibility for one's own health is also related to having appropriate and timely access to services.

Comments on this question returned to the major theme of a broader emphasis on health promotion and stigma, with a focus on working across communities to strengthen mental well being.

Alongside promotion of self-help, there needs to be greater emphasis here on knowledge and understanding of mental health issues and a multi-agency approach to supporting mental wellbeing. This also needs to integrate with the anti-stigma aspects of outcome 1 to increase the likelihood that individuals will seek help.

Investment is needed into mental health literacy on a whole-population basis, engaging with all public sector and community/voluntary agencies, not just those involved in care and treatment. Guidance and support for agencies not directly involved in mental health will help to ensure a common approach.

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

Comments

See above

**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

The introduction and roll out of Integrated Care Pathways would be a key tool to achieve the above objectives.

It was noted that specific mental health training for junior doctors is no longer a compulsory part of their training. We felt that this could be a disadvantage in the early detection of mental ill health.

Closer links between community mental health services and primary care services are important in achieving the above objectives.

**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**

We consider that the consistent use of ICP is required, along with appropriate IT infrastructure, to achieve minimal time spent on non-value adding activities.

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

**Comments**

Consistency across all Scottish Health Boards on the content of their ICPs would best meet the needs of patients and care teams, and minimise the risk of "post code" care and treatment within Scotland.

**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?**

**Comments**

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?

Comments

We consider it vital that families and carers are supported to avoid any potential impact on their own mental health while acting as carers for others. Clarity about the role they play, their right to be consulted and involved, but also clarity about limitations and where there may be limitation or intervention imposed.

The importance of Advocacy Services was noted as significant.

Information, including leaflets, in easily understood format, produced centrally to avoid duplication of effort.

**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**

It was noted that recent work using the LEAN methodology in Highland should lead to better support for all.

Additionally, at times of financial constraint it is even more important to retain a focus on client and patient centred care. There is a risk at such times that increasing work loads may constrain this focus.

**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**

The maximal use of sites such as PIRAMHIDS is vital in order to share successful work as broadly as possible.

Previous work in Highland using the LEAN methodology is currently in the process of being rolled out across the NHS Highland, and is an example of the practical application of service development work.

**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**

It was noted that often relatively simple initiatives and solutions are able to improve communications and thus improve service accessibility. A recent example in Highland is the use of text messaging reminders to patients who have their first and second appointments with the acute day hospital. This simple solution has been well received by patients, as well as reduced non attendance (DNA) at appointments.

Accessibility is also wider than health and social care services, and the impact of poor transport links on patient's ability to maintain links with services was noted.

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

Comments

We noted that there are various sources of information with respect to service provision. This information often lies out with direct mental health services.

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

Comments

The following areas were noted where development or discussion would be helpful:

Respite or step-down care, linked to anticipatory care planning, structured admissions, etc.

Integration of this strategy with those for Acquired brain injured patients, ASD, substance misuse, etc.

We noted that there was a lack of emphasis throughout this consultation document on services for patients/clients without serious mental illness.

**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

In recognising that the workforce relevant to mental wellbeing is very much wider than the care & treatment workforce, development plans need to be wide-ranging.

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**

Key priorities should remain a focus on best practice, patient focused care and best value, with a regard to resources rather than a focus.

Best practice should be the regular review of services and cutting out of inefficiencies.

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

**Comments**

The strategy should not be implemented in isolation from other national and local work that focuses on improved mental wellbeing.

**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**

Protection of learning and development is vital to achieve the support that staff need in order to deliver appropriate care and treatment for clients/patients.