Quality standards for adult secondary mental health services: consultation analysis

September 2023

Scottish Government
Riaghaltas na h-Alba

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Executive summary

Introduction

1. This document provides a summary of the consultation analysis of the Quality standards for adult secondary mental health services. As the consultation document contained many questions this summary provides a high-level overview.

2. The public consultation, which ran for 13 weeks from 14 December 2022 to 17 March 2023, received 102 validated responses. There was a relatively equal split of responses from individuals and organisations. The consultation attracted responses from a wide range of organisations, including: Health Boards, Health and Social Care Partnerships (HSCP) and services; health improvement organisations; mental health organisations; and organisations who support specific target groups.

3. The consultation was supplemented by several in-person and remote stakeholder events.

The consultation

4. The consultation was split into seven sections, with most structured in the same way (that is they contained the same closed questions).

5. Overall, there was a high level of support for the standards. Responses to closed questions shows that a majority of consultation respondents agreed or strongly agreed that the standards will:

    - improve the experience of people using services
    - improve outcomes for people using services
    - clearly set out to individuals, their families and carers what they can expect from a secondary mental health service
    - help to meet everyone's needs regardless of their background

6. While a majority of respondents ‘agreed’ with all closed questions (albeit to varying degrees) – and therefore expressed support in principle with the standards - there were some questions which attracted mixed feedback. For example, in some cases upwards of almost one-third of respondents ‘neither agreed nor disagreed’ with particular statements.

Key themes

7. Several key themes emerged from the consultation submissions leading to considerable repetition of points and views across the question set (that is points raised by many respondents). Rather than repeat these themes throughout the summary, they have been summarised once below.

The standards:

- further clarity, detail, guidance and consultation was requested on how the standards would be implemented, monitored, and audited

- there was a request for the standards to be clear, concise, appropriately described and defined, specific, measurable, and easily understood

- any terms used within the standards should be defined, consistent and not interchangeable (for example, “adult”, “care”, “support” and “treatment”)

Resources

- budgetary pressures and workforce challenges mean that constrained resources may make it difficult for services to meet and maintain the standards

- adequate and sustained financial resources for increased staffing and other support (for example, workforce planning, workforce development, continuing professional development, and digital infrastructure/support) are needed to build workforce capacity and capability

- some standards may also raise expectations of delivery of care which cannot currently be met

Services and service providers

- person-centred, collaborative care and holistic approaches are viewed as a key component of the delivery of adult secondary mental health services

- inclusive information and communication are considered essential - in plain English, in different languages, and in other accessible and user-friendly formats

- there could be more effective interfaces and improved information sharing, communication and collaborative working between services and professionals in the public, third and private sectors

- there could be more explicit reference to the role of primary care across the standards (that is, general practice and community pharmacy) as this is usually a person's first point of contact – for example, how the standards would interface with primary care, and how roles in primary care would complement care delivered by secondary services

- it was considered imperative that the standards seek to understand the wider social determinants of health in seeking to reduce inequalities in mental health (for example, housing, income levels, access to transport) – but also recognise that these factors are complex and largely out with the control or influence of adult secondary mental health services

People with lived experience

- the standards need to continue to foster a change in attitudes - people should be supported and empowered to be equal partners in their own care

- the views, experiences, and priorities of people who use adult secondary mental health services, their families and carers, and the workforce should remain connected to service development and policy

8. Note: The following sections in the summary outline any additional qualitative feedback from respondents - that is, feedback that is not described above in the key themes section.

9. More specific feedback on individual standards is contained in **Appendix E**.

Part 1: General comments on the standards

10. Key points to note from respondents on the standards more generally included that the standards could be applicable:

    - to anyone who needs to access secondary mental health services regardless of age – for example: children, adolescents, and older adults

    - to other parts of the healthcare system – for example: primary care; tertiary care; community health; third sector mental health services; in-patient care; crisis support; forensic services

    - to other services where there are transitions - for example, alcohol and drug recovery

Part 2: Access

11. A majority of consultation respondents who answered the closed questions relating to the access standards expressed agreement (to varying degrees):

    - 70% said it would improve the experience of people using services
    - 57% said it would improve outcomes for people using services
    - 68% said it clearly set out to individuals, their families and carers what they can expect from a secondary mental health service

- 58% said it would help to meet everyone's needs regardless of their background

12. Some respondents felt that achievement of the access standards may be difficult given current resource constraints experienced by adult secondary mental health services (for example, under-funding of services, staff shortages) and wider factors (for example, access to public transport for people living in remote and rural communities and digital and geographical connectivity issues).

13. The importance of inclusive communication was emphasised - in plain English, in different languages, in other accessible and user-friendly formats, as well as the important role of interpreters.

14. Some respondents also raised points relating to the links between transparency and accountability of the access standards and their impact on service delivery and managing expectations. It was suggested that services would need to have appropriate governance, policies, resources, and staff in place to establish the roles, responsibilities and lines of accountability required to deliver the standards.

Part 3: Assessment, care planning, treatment, and support

15. A majority of consultation respondents who answered the closed questions relating to the assessment, care planning, treatment and support standards expressed agreement (to varying degrees):

- 67% said it would improve the experience of people using services
- 62% said it would improve outcomes for people using services
- 69% said it clearly set out to individuals, their families and carers what they can expect from a secondary mental health service
- 64% said it would help to meet everyone's needs regardless of their background

16. Some respondents provided feedback that could be described as key principles to help underpin effective delivery of the assessment, care planning, treatment, and support standards. These respondents considered it important that this set of principles were fully reflected within the final standards and wider commentary.

17. Some principles raised relate to people with lived experience of accessing and using adult secondary mental health services (for example, access and choice on the right services at the right time and in the most appropriate setting based on a person's needs), while others relate to services themselves (for example, adopting person-centred and holistic approaches to assessment, care planning, treatment, and support).

18. Some respondents felt that the assessment, care planning, treatment, and support standards as set out in the consultation document could be amended, reworded, reframed, enhanced, and/or further strengthened in some way.

Part 4: Moving between and out of services

19. A majority of consultation respondents who answered the closed questions relating to the moving between and out of services standards expressed agreement (to varying degrees):

    - 70% said it would improve the experience of people using services
    - 61% said it would improve outcomes for people using services
    - 72% said it clearly set out to individuals, their families and carers what they can expect from a secondary mental health service
    - 56% said it would help to meet everyone's needs regardless of their background

20. Respondents also outlined key principles to help underpin effective delivery of the moving between and out of services standards. For people with lived experience, this included for example, access to consistency of care and treatment – to ensure that they do not have to constantly retell their experiences and only have to tell their story as few times as possible.

21. For services this included for example, ensuring open and strong lines of communication and improved information and record sharing, including between primary and secondary care services, social work, addiction services.

22. A few respondents suggested that something was missing. As above, this reflects calls from respondents for more detail, specification, and/or greater clarity on these standards, as well as proposed changes to language, wording, and terminology.

23. Most respondents also expressed strong support that the moving between and out of services standards should include a specific standard on support for people with lived and living experience of substance use. It was considered important that any such standard should align with existing strategies, plans, and standards (for example, National Drugs Mission Plan: 2022-2026 and Medication Assisted Treatment (MAT) standards) and with existing workstreams (for example, the development of the shared Health and Social Care Record).

Part 5: Workforce

24. A majority of consultation respondents who answered the closed questions relating to the workforce standards expressed agreement (to varying degrees):

- 65% said it would improve the experience of people using services
- 61% said it would improve outcomes for people using services
- 59% said it clearly set out to individuals, their families and carers what they can expect from a secondary mental health service
- 55% said it would help to meet everyone's needs regardless of their background

25. Much of the qualitative feedback from respondents on the workforce standards highlighted the range of workforce challenges experienced by adult secondary mental health services (for example, staff shortages, staff burnout and wellbeing).

26. A few respondents felt that the workforce standards could go further to better support workforce wellbeing, and that more action was needed to increase involvement of people with lived experience within the mental health workforce.

Part 6: Governance and Accountability

27. A majority of consultation respondents who answered the closed questions relating to the governance and accountability standards expressed agreement (to varying degrees):

- 66% said it would improve the experience of people using services
- 61% said it would improve outcomes for people using services
- 69% said it clearly set out to individuals, their families and carers what they can expect from a secondary mental health service
- 54% said it would help to meet everyone's needs regardless of their background

28. Additional feedback on governance and accountability standards included that there should be a range of ways to gather the views and experiences of people with lived experience, as well as a clear complaints process.

Part 7: Implementation and Measurement

29. Half of respondents who answered the closed question agreed or strongly agreed that some of the standards should be measured using a validated self-assessment tool (many of the remainder were unsure). There was additional feedback that: the workforce should be included in the design process; self-assessment should not replace external regulation or audit; and standardisation was essential to support meaningful comparisons between areas and services.

30. A majority of respondents agreed or strongly agreed that some of the standards should be measured using a range of indicators. Feedback included that provision of a national set of indicators/standards could help to ensure consistent provision of quality care and support across Scotland.

31. Wider feedback included that indicators should recognise regional differences, and some respondents proposed additional indicators that could be considered by the Scottish Government.

Glossary

Accessible: information which is accessible should be available in easy read formats, different languages and adjusted to meet different communication needs.

Advocacy: makes sure that people know and better understand their rights, their situation, and systems. Independent advocates help people to speak up for themselves and speak for those who need it. An independent advocate is someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires. Collective advocacy happens when groups of people with a shared agenda, identity or experience come together to influence legislation, policy, or services.

Carer: someone of any age who looks after or supports a family member, partner, friend, or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and can be unpaid.

Community: this is care and support which can be accessed without the need to be admitted to an in-patient hospital ward.

Human rights: human rights are based on the principle of respect for the individual and they are the rights and freedoms that belong to every person, at every age. They are set out in international human rights treaties and are enshrined in UK law by the Human Rights Act 1998.

In-patient care: mental health care and support which is delivered in a hospital ward.

Integrated Joint Boards and Health Boards: these organisations are responsible for the planning and delivery of a range of health services, including adult secondary mental health services.

Membership body: is any organisation that allows people or entities to subscribe.

Needs: includes physical, social and psychological and neurodivergent needs.

Primary care: provides the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

Private sector: refers to businesses that have no affiliation to the government and that are privately owned make up the remainder of organisation respondents.

Professional body: is an organisation with individual members practicing a profession or occupation in which the organisation maintains an oversight of the knowledge, skills, conduct and practice of that profession or occupation.

Psychological interventions: is the term used for the application of psychological techniques that help people to improve their health by helping them understand their strengths and difficulties, make changes to their thinking, behaviour, and relationships to reduce distress, treat mental health difficulties, and improve wellbeing (e.g., a neuropsychological assessment following brain injury which helps guide a treatment plan).

Public sector: these organisations are responsible for providing public services including education, healthcare, and housing, and typically have a direct relationship with the Scottish Government or Scottish Parliament (such as local authorities and NHS Boards).

Secondary care: includes planned or elective care - usually in a hospital; urgent and emergency care, including 999 and 111 services, ambulance services, hospital emergency departments, and out-of-hours GP services; and mental health care.

Services: Community Mental Health Teams (CMHTs) and Adult Mental Health In-patient Wards. Health Boards and Integrated Joint Boards are responsible for the delivery of these services.

Tertiary care: is highly specialist treatment, such as: neurosurgery, transplants, plastic surgery, and secure forensic mental health services.

Third sector: this includes voluntary and community organisations (for example, registered charities and other organisations such as associations, self-help groups and community groups, social enterprises).

Trauma-informed practice: is a model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological, psychological, and social development. It involves understanding the prevalence and impacts of trauma, recognising when someone may be affected, and responding in ways that does no harm and supports recovery and resilience. Five key principles underlie trauma-informed practice these are: safety, trust, choice, collaboration, and empowerment. Further information and training support for trauma-informed practice is available via the National Trauma Training Programme website.

Titration services: is a plan to introduce and increase medication to a safe therapeutic dose. This will sometimes be done gradually whilst clinicians provide monitoring.

1 Introduction

1.1 Introduction

In December 2022 the Scottish Government launched the consultation 'Quality standards for adult secondary mental health services'. The consultation ran for 13 weeks and EKOS Ltd, an independent research consultancy, was commissioned to analyse the responses received. This report presents the findings from that analysis.

1.2 Background

Context

Secondary mental health care services are there to meet the needs of individuals who have longer-term or complex psychological or mental health conditions (for example, complex trauma, or severe depression) that cannot be met by their GP or other primary care services.

Secondary mental health care services are usually services which need a referral from a GP or another healthcare service. These services are usually made up of Community Mental Health Teams (CMHT) and adult in-patient mental health wards.

Secondary care services may be delivered in the community or in hospital by a team of mental health professionals who have the skills and training to meet people's needs. Examples include: Psychiatrists; Mental Health Nurses; Psychologists; Occupational Therapists; other Allied Health Professions; and Social Workers and Mental Health Officers.

Currently, there are no national standards for adult secondary mental health services in Scotland. Both people with lived experience of using secondary mental health services and people who work and volunteer in services have identified this as a barrier in the delivery and provision of quality care and support. The development of these standards aims to address this gap.

Existing strategic documents and other interlinking work

Demand for mental health services in Scotland had been growing gradually before the coronavirus (COVID-19) pandemic in 2020. The pandemic has made the situation worse, and the Mental Health Transition and Recovery Plan (October 2020) outlines the Scottish Government's response. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health and wellbeing. It has a key aim of ensuring safe, effective treatment and care of people living with mental illness. The Plan committed the Scottish Government to the development, implementation, and assessment of quality standards for adult mental health services.

The standards for adult secondary mental health services were published for consultation in the context of the development of the new Mental Health and Wellbeing Strategy for Scotland which is due to be published in June 2023. The Strategy sets out aims for a high-functioning mental health and wellbeing system and the standards government expect services within that system to deliver. Measurement of the standards will provide indicators that can form part of Scottish Government's activity related to the monitoring and evaluation of the Strategy and Delivery Plan.

The standards for adult secondary mental health services complement other ongoing and interlinking work, such as the:

- creation of the National Care Service (NCS)
- the findings from the recently published Mental Health Law Review
- the consultation relating to the Delivery of psychological therapies and interventions: national specification, which closed on 17 March 2023

Involvement of people with lived experience

Throughout the development of the standards, the Scottish Government engaged extensively with people who use mental health services, the mental health workforce and organisations who deliver mental health services. The engagement reports were published alongside the consultation document as supporting documents.

The Scottish Government set up and worked with the Mental Health and Wellbeing Standards Working Group which was made up of people from each of these groups. The Working Group was chaired by someone who had used adult mental health secondary services.

The Scottish Government also reported regularly to the Mental Health Quality and Safety Board which is chaired by the Minister for Mental Health and Wellbeing.

1.3 The consultation

The standards are structured around the themes that emerged from engagement with people lived experience of using adult secondary mental health services and the workforce. The five themes are:

- access
- assessment, care planning, treatment, and support
- moving between and out of services
- workforce
- governance and accountability

A key priority in developing these standards has been addressing the inequalities in outcomes and experiences for people accessing mental health services. The evidence base shows that access to and experience of mental health support and services is not experienced equally across the population. The standards have been developed to support equitable access to mental health care and support as well as equity in the experiences and outcomes of people using services.

The consultation sought views on a number of questions about the standards. The feedback from the consultation will be used by the Scottish Government to write the final standards and develop how it measures if these standards are being met.

A standalone executive summary has been prepared that highlights cross-cutting themes arising from this consultation and the Delivery of psychological therapies and interventions: national specification consultation.

2 Consultation methodology

2.1 Introduction

The consultation ran for 13 weeks from 14 December 2022 to 17 March 2023 on the Scottish Government Citizen Space website. Several remote and in-person events aimed at a variety of audiences supplemented the online consultation.

2.2 Public consultation

Total responses

The consultation received 104 responses. Two organisation respondents each submitted two responses – one response from each organisation was removed during the data review and cleaning process. We removed the response that answered fewer or no questions (for example, one non-Citizen Space response only contained a Respondent Information Form).

This resulted in 102 validated responses, **Table 2.1**. Key points to note include that:

- the majority of consultation responses were submitted through Citizen Space (88%), with the remainder submitted to the Scottish Government directly by email (12%)
- there was a relatively equal split of responses from organisations and individuals

Table 2.1: Number and type of respondent

Respondent	Number	Percentage
Individuals	50	49%
Organisations	52	51%
Total	**102**	**100%**

Organisations

Organisations were then grouped under four broad categories, **Table 2.2**.

It should be noted that organisations were placed under one category, although it is recognised that there may be some crossover. For example, a third sector membership organisation.

Table 2.2: Organisations by broad category

Organisation category	Number	Percentage
Public sector	23	44%
Third sector	15	29%
Membership/Professional Body	13	25%
Private sector	1	2%

Base = 52

Key points to note include:

- public sector organisations make up the largest organisation category at less than half of all organisation respondents (44%)
- the third sector is second largest and makes up 29% of all organisation respondents
- membership and/or professional bodies represent one-quarter (25%) of all organisation respondents
- the private sector make up the remainder of organisation respondents (2%)

Organisations were then coded thematically, **Table 2.3**.

Table 2.3: Organisations by thematic coding

Thematic area	Number	Percentage
Mental health	19	37%
Health improvement	9	17%
Organisations who support specific target groups	9	17%
Health Boards, Health and Social Care Partnerships (HSCP) and services	8	15%
Other	7	13%

Base = 52
Percentages may not total 100% due to rounding

Organisations were placed under one category, although there may be some crossover. The qualitative analysis in the report uses these categories as the basis for drawing out key themes, where appropriate. Where relevant we also highlight specific points raised by the mental health workforce and scrutiny bodies.

A total of 32 organisations or 62% of all organisation respondents support marginalised, socially excluded, or disadvantaged groups or people who share protected characteristics, **Table 2.4**. This includes a mix of organisations who provide support and services (or their members do):

- to all people in Scotland or those living within a specific geographic area. This includes population level interventions (for example, an NHS Board, HSCP or local authority), or services that are available or open to large parts of the population. By their very nature, these organisations will support people who share protected characteristics as defined in the Equality Act (2010). Equalities is, however, not the primary remit or purpose of these organisations, rather it may be one of a number of strategic priorities or things that they do

- some organisations provide services to marginalised, socially excluded or disadvantaged groups. This may also include engagement with people who share protected characteristics. These organisations have a specific focus on one or more groups of people with, for example, a shared experience or issue or background. Some examples include organisations who support people with mental health issues, carers, people with substance use issues, and people with experience of homelessness

- some organisation respondents have a sole or primary focus on a people with protected characteristics. Protected characteristics include: age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation

Table 2.4: Organisations who support people with a protected characteristic(s) or marginalised, socially excluded or disadvantaged groups

Organisations that support the following groups of people	Number	Percentage of all organisation respondents
Protected characteristic		
Age	2	4%
Disability	2	4%
Gender reassignment	0	0%
Marriage or civil partnership (in employment only)	0	0%
Pregnancy and maternity	0	0%
Race	0	0%
Religion or belief	0	0%
Sex	1	2%
Sexual orientation	1	2%
Sub-total (unique organisations)	**6**	**19%**
Marginalised, socially excluded, or disadvantaged groups	**26**	**81%**
Total	**32**	**100%**

Note: EKOS coding

Individuals

Individual respondents were asked to provide details from an equality, diversity, and inclusion perspective. Key points to note from the tables presented in **Appendix A** include that:

- females are over-represented in the profile of individual respondents (72%) compared to the population as a whole
- individuals aged 25 to 49 years or 50 to 64 years make up the vast majority of individual respondents (80%)
- over three-quarters of individuals (78%) describe themselves as heterosexual or straight
- 8% of individual respondents consider themselves to be trans or have a trans history

- 84% of individual respondents are from a Scottish or other British ethnic group – predominantly Scottish
- three-fifths of individuals (60%) do not belong to any religion, religious denomination, or body

2.3 Engagement events

The Scottish Government and key partners organised five engagement events between 21 February and 16 March 2023, **Table 2.5**. The events were advertised in a variety of ways, including the Scottish Government and partners promoted and circulated information through existing channels and networks. The events were also used to signpost attendees to prepare and submit a consultation response through Citizen Space.

A summary of the main points raised during these events is presented in **Appendix B**. The points raised at the events largely chime with themes that emerged from the public consultation.

Table 2.5: Engagement events

Event	Date	Number of attendees (approximately)	Mode	Duration
Consultation session – drug and alcohol networks	21 February 2023	20	Online	90 minutes
Equality and Human Rights Forum	22 February 2023	28	Online	75 minutes
Fife Voluntary Action	9 March 2023	20	Hybrid - Fife and online	120 minutes
People's National Disability Assembly	10 March 2023	40	Online	120 minutes
NHS Lothian - Thrive on Thursdays	16 March 2023	15	Online	40 minutes

Source: The Scottish Government

2.4 Analysis

All responses to the public consultation were moderated by Scottish Government officials in the Mental Health Directorate to ensure that they were valid and appropriate.

The analysis has sought to identify the most common themes and issues. It does not report on every single or specific point raised in the consultation responses. The analysis has been structured in line with the themed sections of the consultation document.

Summary tables for all closed questions are presented in the main report, with further detail provided in **Appendix C**. This analysis excludes consultation respondents that did not provide a response (meaning blank responses).

For open ended questions, we have undertaken an approach to help readers get a sense of the strength and frequency of themes and issues raised by respondents. This means that:

- most chapters in the report contain numbered themes (for example, Theme 1, Theme 2, Theme 3) - these have been set out in order of relative importance with Theme 1 being noted by the greatest number of respondents

- points raised have been quantified in some way - for example, we use the terms ‘all’ (100% of respondents), ‘most’ (between 75% and 99% of respondents), ‘many’ (between 50% and 74% respondents), ‘some’ (between 10% and 49% respondents), and ‘few’ (less than 10% of respondents) to articulate the strength of opinion

More information on the analysis is presented in **Appendix D**.

2.5 Key themes

Overall, respondents expressed a high level of support for the development of the standards.

Several key themes were, however, raised to many consultation questions leading to considerable repetition of points and views. Rather than repeat these themes in detail in each chapter of the report, the themes have been summarised below.

The standards:

- further clarity, detail, guidance and consultation was requested on how the standards would be implemented, monitored, and audited – that is, what services they are intending to apply to, what needs to be in place to implement and measure the standards, and how the Scottish Government would ensure compliance and independent assessment

- there was a request for the standards to be clear, concise, appropriately described and defined, specific, measurable, and easily understood

- any terms used within the standards should be defined, consistent and not interchangeable (for example, “adult”, “care”, “support” and “treatment”)

Resources

- budgetary pressures and workforce challenges (for example, staff shortages, recruitment and retention, workforce diversity, supervision and training, and staff wellbeing, morale, and burnout) mean that constrained resources may make it difficult for services to meet and maintain the standards

- adequate and sustained financial resources for increased staffing and other support (for example, workforce planning, training and continuing professional development and digital infrastructure/support) are needed to build workforce capacity and capability

- some standards may also raise expectations of delivery of care which cannot currently be met. While the standards are aspirational - they must also be achievable, and consideration should be given to where additional resource is required in order for the standards to be achieved

Services and service providers

- person-centred, collaborative care and holistic approaches are viewed as a key component of the delivery of adult secondary mental health services

- inclusive information and communication are considered essential - in plain English, in different languages, in other accessible and user-friendly formats, as well as the important role of interpreters

- there could be more effective interfaces and improved information sharing, communication and collaborative working between services and professionals in the public, third and private sectors

- there could be more explicit reference to the role of primary care across the standards (for example, general practice and community pharmacy) as this is usually a person's first point of contact – this could include how the standards would interface with primary care, and how roles in primary care would complement secondary mental health services

- it was considered imperative that the standards seek to understand the wider social determinants of health in seeking to reduce inequalities in mental health (for example, housing, income levels, education, access to transport) – but also recognise that these factors are complex and largely out with the control or influence of adult secondary mental health services

People with lived experience

- the standards need to continue to foster a change in attitudes - people should be supported and empowered to be equal partners in their own care

- the views, experiences, and priorities of people who use adult secondary mental health services, their families and carers, and the workforce should remain connected to service development and policy

3 General comments on the standards

3.1 Introduction

Part one of the consultation asked seven questions which sought feedback on the standards overall. Everyone was invited to provide a response to these questions, however, this section was aimed at those who perhaps had less time to complete the full consultation.

3.2 Question 1

Table 3.1 provides the quantitative response to Question 1.

The feedback shows that a majority of all consultation respondents who answered Question 1 either agreed or strongly agreed (71%) that the standards will improve the experiences of people using secondary mental health services.

Table 3.1: How far do you agree that the standards will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	22%	15%	19%
Agree	42%	64%	52%
Neither agree nor disagree	22%	15%	19%
Disagree	12%	5%	9%
Strongly disagree	2%	0%	1%

Base = 89 (individuals = 50 and organisations = 39)
Percentages may not total 100% due to rounding

3.3 Question 2

Table 3.2 provides the quantitative response to Question 2.

This shows that over half of all consultation respondents who answered Question 2 either agreed or strongly agreed (59%) that the standards will improve the outcomes of people using secondary mental health services. A relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement.

Table 3.2: How far do you agree that the standards will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	10%	15%	12%
Agree	44%	50%	47%
Neither agree nor disagree	30%	25%	28%
Disagree	10%	10%	10%
Strongly disagree	6%	0%	3%

Base = 90 (individuals = 50 and organisations = 40)
Percentages may not total 100% due to rounding

3.4 Question 3

Table 3.3 provides the quantitative response to Question 3.

This shows that three-quarters of all consultation respondents who answered Question 3 either agreed or strongly agreed (75%) that the standards clearly set out to individuals, their families, and carers what they can expect from a secondary mental health service.

Table 3.3: How far do you agree that the standards clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	30%	15%	23%
Agree	46%	60%	52%
Neither agree nor disagree	10%	10%	10%
Disagree	10%	13%	11%
Strongly disagree	4%	3%	3%

Base = 90 (individuals = 50 and organisations = 40)
Percentages may not total 100% due to rounding

3.5 Question 4

The Scottish Government recognises that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background.

Table 3.4 provides the quantitative response to Question 4.

This shows that just over half of all consultation respondents who answered Question 4 either agreed or strongly agreed (54%) that the standards will help do this. A relatively large proportion of respondents neither agreed nor disagreed (29%) with this statement.

Table 3.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the standards will help do this?

	Individuals	Organisations	Total
Strongly agree	10%	5%	8%
Agree	36%	58%	46%
Neither agree nor disagree	32%	25%	29%
Disagree	16%	10%	13%
Strongly disagree	6%	3%	4%

Base = 90 (individuals = 50 and organisations = 40)
Percentages may not total 100% due to rounding

3.6 Question 5

Almost three-quarters (74%) of all consultation respondents answered Question 5 which asked whether respondents had any suggestions for how the standards could go further to help ensure that services meet everyone's needs regardless of who they are or their background.

The main themes are presented below.

Theme 1: More detail on how the standards would be delivered, measured, and audited

Some respondents (all organisation sub-groups and individuals) called for further clarity, detail, consultation and/or guidance on how the standards would be delivered, measured, enforced, and independently audited. These respondents emphasised that organisations that provide adult secondary mental health services would need to have appropriate governance, policies, resources, and staff in place to establish the roles, responsibilities and lines of accountability required to deliver the standards.

Further, these respondents noted that services would need to have robust processes and procedures in place to: support a culture of service evaluation and improvement; provide evidence of progress and success; and highlight examples of best practice that could be shared nationally.

Common feedback from organisation respondents was that the Scottish Government could consider and provide further clarity on a range of issues, including:

- whether there would be a "central commitment to support the development of data collection and establishing baseline data" (NHS Greater Glasgow and Clyde) in order to help demonstrate whether the standards have been met

- the wealth of existing data (and sources) that is routinely captured and reported on within health and social care in Scotland – for example, it was noted that existing data-strands were not currently brought together as a composite, and that there could be more effective and efficient use of existing datasets to minimise duplication of effort in monitoring arrangements for the standards

- whether there may to scope to develop a "single mental health dataset" (Mental Welfare Commission for Scotland) – for example, in keeping with a suggestion around aligned datasets within the Scottish Mental Health Law Review (2022)

- how best to involve people with lived experience, their families and carers, and the workforce in monitoring and evaluation of the standards – while not placing undue burden on any of those involved

Theme 2: Format of the standards

Some respondents (all organisation sub-groups and individuals) highlighted a range of points to do with the format of the standards, as summarised below. It was considered important that the final standards for adult secondary mental health services should for example:

- comprise clear and concise statements – use plain English and incorporate graphics and visuals to aid readability and to make sure language is accessible for all. The Royal College of General Practitioners Scotland also suggested that consideration could be given to a 'patient-friendly version' of the standards

- be easily understood and measured – for example, the Mental Welfare Commission for Scotland note that "With a total of 50 standards, that are split into what I can expect and how services will support me, this may be too many and confusing for both individuals with lived experience to apply, and services to measure". Wider feedback included that there needs to be clear definitions provided of terms used (for example, 'adult' ,'person-centred', 'trauma-informed', 'better outcomes')

- be specific and sufficiently defined to ensure a shared understanding among both the workforce and people looking to access services – it was suggested that the standards could be 'less high-level' by describing 'what' type of service should be delivered and 'what' needs to be in place to implement the standards

- be capable of measurement – it was suggested that amendments to phrasing or wording in some of the standards and more detail on appropriate metrics would make it easier for services to measure whether the standards have been met

- not be open or subject to interpretation in any way, nor should they have the potential to cause confusion or be considered contradictory

- provide clarity on the timescales for implementation - not least because services were said to be “starting from a very significant capacity shortfall” (Royal College of General Practitioners Scotland)

- create realistic expectations – it was suggested that the standards and commentary could acknowledge that Health Boards vary in Scotland in terms of size, resources, and service offering. “Whilst consistency of outcomes is necessary, consideration should be given throughout the standards to ensuring they do not create the expectation that care provision will be identical across Scotland” (COSLA). Local variation is important to ensure services can deliver for their communities - whilst retaining consistency in quality and outcomes variation should not be construed as a “postcode lottery” but a “legitimate difference due to differing demographics, culture and delivery landscape” (Social Work Scotland)

Theme 3: Wider factors and their impact on deliverability

The rationale for, and aspirations of, the adult secondary mental health standards were acknowledged within some consultation responses, as was their focus on reducing inequality in mental health (for example, health improvement and mental health organisations). The development of national quality standards were viewed as a ‘welcome development’ in this regard.

Some respondents (all organisation sub-groups and individuals) emphasised that the deliverability and achievement of the standards would depend on, or be influenced by, a range of factors – the feedback highlighted that these factors should be acknowledged sufficiently within the standards and within the wider commentary.

Factors raised by these respondents included:

- the demand for services – service demand was said to be greater than current staff capacity. It was also considered important to set the standards within the context of the COVID-19 pandemic which was said to have negatively impacted the mental health and wellbeing of many people and that increased demand has placed ‘unprecedented pressure’ on adult secondary mental health services and its workforce. The current cost of living crisis may also make the situation worse

- that ‘existing gaps in service provision’ may make it harder to achieve the standards due to insufficient resource and capacity

- workforce capacity constraints – a range of workforce challenges were identified, including staff recruitment and retention. As well as wider factors such as workforce wellbeing, morale, and burnout

- more financial resources, an increase in the number and diversity of frontline workers, and the provision of other support (for example, workforce development, digital infrastructure/support) would be required to help service providers operationalise the standards and to achieve meaningful change for people accessing and using these services

- there was also recognition of workforce challenges across the healthcare ecosystem, with wider feedback that more needs to be done to ensure the mental health workforce feel supported and valued, and to increase the number of people with lived experienced within the workforce

- wider social determinants of health – there was recognition that many factors influence a person’s mental health, and respondents noted that many of these are largely out with the control or influence of adult secondary mental health services. It was suggested that the standards should define clearly “what areas of mental health should be addressed by secondary care services” (individual)

The following quote is reflective of points raised:

“Overall AHSCP is supportive of these standards but with recognition that these can only be met with adequate, ongoing resource. With resource as it currently stands the standards will be hard to meet.

Support is required to meet and maintain standards and we have concerns that the standards could be subjective, and may create unrealistic expectations, leading to complaints about Mental Health Services not meeting the standards. To meet these standards additional resources are required to increase capacity to meet the ever increasing demand for mental health support. Services know where there are gaps but these can't be met due to resource and capacity.

Adequate implementation, training, enforcement and monitoring on a national basis is required to meet these standards. Staff need to have continual opportunities and training which at the moment is difficult due to pressures on services. The standards need to be part of a continuous improvement model and evaluation which is meaningful”.

Angus Health and Social Care Partnership

Theme 4: Key principles to enhance deliverability of the standards

A few Health Boards, HSCPs and services and mental health organisations emphasised points they considered essential to help enhance the deliverability and achievement of the standards, and to improve the experiences and outcomes for people with lived experience. The feedback was that these points should be acknowledged sufficiently within the standards and within the wider commentary.

The points raised by these respondents included, for example:

- whole-person whole-system approaches
- continuity of care/relational care and compassionate care
- early intervention and prevention
- equal and non-discriminatory access to services (for example, addressing inequality of access to mental health services among older people and people from cultural or ethnically diverse backgrounds)

- an intersectional approach to implementation of the standards (for example, LGBT+ inclusivity)
- that recognition of the 'Rights, Will and Preference' of a person with lived experience should apply across all of the standards
- the valuable role of third sector mental health services which act as a bridge between those with particular conditions, combinations of conditions or protected characteristics
- the role of community resources and supports, including peer networks, advocacy and other specialist support, in helping people to stay well
- ongoing and meaningful engagement and involvement of people with lived experience, their families, and carers

3.7 Question 6

Three-quarters (75%) of all consultation respondents answered Question 6 which asked respondents whether there are any other areas of mental health services in which these think these standards could apply outside of adult secondary services.

Table 4.5 provides the quantitative response to Question 6.

This shows that a vast majority of consultation respondents who answered Question 6 (82%) reported that there are other areas of mental health services where these standards could apply, outside of adult secondary services.

Table 4.5: Are there any other areas of mental health services in which you think these standards could apply outside of adult secondary services? If so, which services?

	Individuals	Organisations	Total
Yes	78%	87%	82%
No	22%	13%	18%

Base = 76 (individuals = 45 and organisations = 31)
Tables may not total 100% due to rounding

Theme 1: The standards could apply to anyone regardless of age

Some respondents (individuals, health improvement, mental health, and organisations who support specific target groups) suggested that the adult secondary services standards could be applicable to anyone who needed access to secondary mental health services regardless of age.

More specifically, there was reference to the standards applicability to children, adolescents, and older adults (and associated services).

Theme 2: The standards could apply to other parts of the healthcare system

Some respondents (all organisation sub-groups and individuals) considered it important that the standards were not developed and implemented in isolation from the wider healthcare ecosystem, and that they could be broadened out from adult secondary services to help ensure joined-up and collaborative care.

The following quote is reflective of points raised.

“In broad terms the generic principles described are relevant to all mental health services”.

Scottish Mental Health Pharmacy Strategy Group

Suggestions included applicability of the standards to: primary care; tertiary care; community health; third sector mental health services; in-patient care; crisis support; forensic services; and social care/independent sector.

The standards were also considered applicable to other services where there are transitions. For example, the following services were mentioned in consultation responses:

- alcohol and drug recovery
- attention autism and deficit hyperactivity disorder (ADHD)
- eating disorders
- gynaecology
- learning difficulties

- neurology
- perinatal
- specialist trauma
- young-onset dementia

The following quote is reflective of points raised:

“Alcohol and Drug Recovery Services, Services for people with Eating Disorders, Learning Disability Services, or Specialist Trauma Services. Including these additional services would promote consistency of high quality service provision. This will also ensure consistency of care for people with complex presentations and who require the support of multiple services”.

NHS Greater Glasgow and Clyde

It was suggested that it may be helpful for the Scottish Government to develop a “suite of related standards to improve mental health and psychological care” (NHS Greater Glasgow and Clyde Older People's Psychology Service).

A few respondents noted that the standards were comprehensive and have the potential to “significantly improve the quality of mental health service provision and its consistency across Scotland” (for example, NHS Greater Glasgow and Clyde, NHS Greater Glasgow and Clyde Older People's Psychology Service).

There was also feedback that the standards complement and cross-over with other existing and developing standards (for example, the Health and Social Care Standards, the Child and Adolescent Mental Health Services (CAMHS) service specification, the neurodevelopmental service specification, and a specification for phycological therapies), and that “Consideration should be given to consolidating mental health standards to ensure they are effective in supporting implementation” (COSLA).

3.8 Question 7

Over three-quarters (76%) of all consultation respondents answered Question 7 which asked respondents to share any of their thinking on the answers provided to Question 1 to Question 6, and to provide views on the standards overall. The main themes are presented below.

Theme 1: A repeat of the key themes

Many respondents (individuals and all organisation sub-groups) reiterated points raised to previous consultation questions - see **Section 2.5** (Key themes).

Theme 2: Key principles that underpin delivery and measurement of the standards

Some respondents (all organisation sub-groups) highlighted aspects that they considered important in the delivery of the standards and/or in how they would be measured. This included:

- continuity and consistency of care
- trauma-informed care and practice
- clear and effective referral and service pathways
- reducing stigma in accessing mental health services
- the role of people with lived experience and their families and carers
- more national data and measurement to understand if the standards have been met and to enable benchmarking
- capturing and sharing lessons learned

4 Access

4.1 Introduction

Part two of consultation asked seven questions on the access standards.

4.2 Question 8

Table 4.1 provides the quantitative response to Question 8.

This shows that a majority of all consultation respondents who answered Question 8 either agreed or strongly agreed (70%) that the standards within the access theme will improve the experiences of people using secondary mental health services.

Table 4.1: How far do you agree that the standards within the access theme will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	23%	19%	21%
Agree	38%	65%	49%
Neither agree nor disagree	27%	8%	19%
Disagree	8%	8%	8%
Strongly disagree	4%	0%	2%

Base = 85 (individuals = 48 and organisations = 37)
Percentages may not total 100% due to rounding

4.3 Question 9

Table 4.2 provides the quantitative response to Question 9.

This shows that over half of all consultation respondents who answered Question 9 either agreed or strongly agreed (57%) that the standards within the access theme will improve the outcomes of people using secondary mental health services. A relatively large proportion of respondents neither agreed nor disagreed (32%) with this statement.

Table 4.2: How far do you agree that the standards within the access theme will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	19%	11%	15%
Agree	33%	54%	42%
Neither agree nor disagree	35%	27%	32%
Disagree	6%	8%	7%
Strongly disagree	6%	0%	4%

Base = 85 (individuals = 48 and organisations = 37)
Percentages may not total 100% due to rounding

4.4 Question 10

Table 4.3 provides the quantitative response to Question 10.

This shows that more than two-thirds of all consultation respondents who answered Question 10 either agreed or strongly agreed (68%) that the standards within the access theme clearly set out to individuals, their families, and carers what they can expect from a secondary mental health service.

Table 4.3: How far do you agree that the standards within the access theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	23%	22%	23%
Agree	43%	49%	45%
Neither agree nor disagree	21%	14%	18%
Disagree	2%	14%	7%
Strongly disagree	11%	3%	7%

Base = 84 (individuals = 47 and organisations = 37)
Percentages may not total 100% due to rounding

4.5 Question 11

Around two-thirds (65%) of all consultation respondents answered Question 11 which asked respondents whether they think there is anything missing from the access standards.

Theme 1: The role of external factors and constraints

Many respondents (individuals and all organisation sub-groups) noted support in principle for the access standards in their consultation response. This support is reflected in selected extracts from consultation responses including: “Generally we are pleased with the standards” (See Me); “The standards are well set out” (individual); “The standards are good in an ideal world” (individual); “It sounds good, all the important things are covered” (individual); and “Commendable and places the needs of the individual at the centre of the support” (Police Scotland).

Most respondents who noted support in principle for the access standards, identified issues or caveated their positive response in some way.

Resource constraints

First, some respondents (individuals and all organisation sub-groups) felt that achievement of the access standards may be difficult given current resource constraints experienced by adult secondary mental health services. The main points raised by these respondents included that:

- adult secondary mental health services have historically been under-funded, and current staff shortages and staff burnout means that services continue to be under significant pressure and strain

- constrained resources and capacity within services present additional challenges both in terms of how realistic and achievable the access standards are, and for services to manage the expectations of people accessing support

- digital infrastructure improvements and/or developments would be required to support effective delivery of the access standards (for example, standardised IT system, fully integrated electronic health records)

"Whilst the standards are welcomed, there is much dependent on how they are implemented in practice and how willing agencies are to deliver upon the standards. They could be considered idealistic and may not reflect current challenges in terms of resources, workforce".

South Lanarkshire Health and Social Care Partnership

Wider factors

Some respondents (individuals, health improvement, mental health and other organisations) suggested that many factors potentially impact access, such as:

- access to public transport for people living in remote/rural communities
- digital and geographical connectivity for digital options
- limited services/professionals
- long waiting lists
- stigma

A related point raised was that the access standards alone may not lead to an improvement in the outcomes of people accessing and using adult secondary mental health services.

Points raised by these respondents included that: "it is likely resource and staffing will be required" (COSLA); an improvement in outcomes could be "deeply subjective" (Social Work Scotland): and "The needs of some people might be better met in other parts of the system…The standards assume that people's circumstances and symptoms will not change, we need to consider how people's journeys evolve over time" (South Lanarkshire Health and Social Care Partnership).

Theme 2: Accountability and transparency in delivery of the standards

Some respondents (individuals, health improvement, mental health, and organisations who support specific target groups) raised points relating to the links between transparency and accountability of the access standards and their impact on service delivery and managing expectations.

Typical points raised by these respondents included calls for:

- the access standards to have a clear and transparent process of accountability and monitoring
- more specific detail on how the access standards would be implemented, alongside examples of what positive change around access might look like
- more detail on how the access standards would be measured, monitored and audited – including clarity on roles and responsibilities, indictors and metrics, and how the Scottish Government would ensure compliance

While broadly supportive of the access standards, some of these respondents reported that the access standards (and all of the standards) outlined in the consultation document may benefit from being reviewed by the Scottish Government to:

- ensure that they are clearly and sufficiently defined
- consider how they relate to one another
- ensure they are not open or subject to interpretation in any way
- ensure that they do not have the potential to cause confusion, be considered contradictory, or run the risk of "raising false expectations"

"There may be contrasting perceptions of need and priorities between patient and the service. Consideration needs to be given as to how these standards would be balanced, supporting a service to meet individuals needs and providing realistic expectations of service provision. The way in which service user views and professional experience and expertise are balanced will also be key in any data collection exercise".

COSLA

Theme 3: Accessible information and communication is vital

In relation to people's ability to access adult secondary mental health services, respondents (individuals and all organisation sub-groups) raised several points regarding the provision of clear information and communication on the range of services that are available, and how people can access them.

These respondents felt that more accessible and inclusive information and communication was needed - in plain English, in different languages, and in other accessible and user-friendly formats. Support was expressed for approaches which adopt the principles of inclusive information and communication. The role of, and access, to interpreters was also considered important.

“Access to translation, easy-read materials is currently a challenge and would require considerable resources to meet this standard”.

South Lanarkshire Health and Social Care Partnership

These respondents suggested that the needs and preferences of different groups of people should be taken into consideration where possible. The feedback highlighted that the access standards should seek to:

- empower and enable people to choose and access the right services at the right time based on their needs – a person-centred approach
- provide more opportunities for people with lived experience to choose appointment styles that suit them and their preferred way of engaging with services – choice was emphasised as important
- ensure that services have flexible opening times – to ensure that people could access support out with traditional office hours
- have in-built flexibility from the outset – to ensure that adult secondary mental health services were responsive to the changing needs, preferences and demands of people who access these support services

Albeit there was some acknowledgement among health improvement organisations that there may be practical challenges around supporting people’s preferred ways of engaging with services and that the standards should be “realistic about these challenges so expectations are managed appropriately” (Royal Pharmaceutical Society).

Theme 4: Something missing from the access standards

A few respondents (all organisation sub-groups) considered there something missing from the access standards and/or felt that these standards could be enhanced or strengthened in some way.

Much of the feedback provided was not framed or explicitly connected to the specific access standards as outlined within the consultation document – that is 'What I can expect' (access standard 1.1 to 1.6) or 'How services will support me' (access standard 1.7 to 1.12).

Rather, a range of individual points were in the main identified, and a few examples included that the access standards:

- did not sufficiently consider or were not drafted from the perspective of certain groups of people – for example, families and carers, and people who may not traditionally look to access mental health services (for example, individuals subject to orders within the Mental Health Act) are mentioned in a couple of consultation responses

- could further highlight the role and value of peer support networks, outreach support, and to the range of formal and informal community resources and assets that help people to remain well

- could include explicit reference to the reasonable adjustments duty in order for those seeking treatment via secondary mental health services to be aware of their statutory right to reasonable adjustments, as well as any expectations created by the standards

Wider examples are contained in **Appendix F**.

Where comments were provided on specific access standards, some examples are provided in **Appendix E**.

4.6 Question 12

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background.

Table 4.4 provides the quantitative response to Question 12.

This shows that over half of all consultation respondents who answered Question 12 either agreed or strongly agreed (58%) that the access standards will help do this. A relatively large proportion neither agree nor disagree (30%).

Table 4.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the access standards will help do this?

	Individuals	Organisations	Total
Strongly agree	15%	11%	13%
Agree	37%	56%	45%
Neither agree nor disagree	33%	28%	30%
Disagree	11%	3%	7%
Strongly disagree	4%	3%	4%

Base = 82 (individuals = 46 and organisations = 36)
Percentages may not total 100% due to rounding

4.7 Question 13

Almost two-thirds (64%) of all consultation respondents answered Question 13 which asked respondents whether they had any suggestions for how the access standards could go further to help ensure that services meet everyone's needs.

Theme 1: A repeat of the key themes

Most respondents (individuals and all organisation sub-groups) repeated points made earlier at Question 11 and to other consultation questions - see **Section 2.5** (Key themes) for more detail.

Theme 2: Continued engagement with a range of stakeholders

A few respondents (individuals and mental health and other organisations) called for the Scottish Government to make sure that appropriate processes and mechanisms were in place to ensure continued engagement with a range of key stakeholders, including:

- the mental health workforce in the public, third and private sectors
- with people with lived experience of accessing adult secondary mental health services (and their families and carers and organisations that support them)
- with groups of people who may be 'hidden' or 'harder to reach' and who, for example, do not wish to engage with these services, do not seek support for their mental health, or who find it difficult to take the first step and ask for help (and their families and carers and organisations that support them)

Such an approach was considered key to: ensuring that access to adult secondary mental health services reflected the needs of those who access these services; ensuring stakeholders, including people with lived experience, were at the centre of policy design and service development, and improving access to services.

Co-production is important

These respondents considered "co-production" important in order to:

- improve the commissioning, planning, design, and redesign of services – and to ensure that the access standards remain responsive to the needs of people with lived experience
- increase awareness and understanding of the mental health system, the services that are available, and make it clearer and easier for people trying to access help
- improve access to services - ensuring that there is "no wrong door" at the point of first contact, and that the first point of contact always engages in support or signposts, and does not dismiss concerns

- identify and address the barriers and underlying issues experienced by different groups of people (for example, people who share protected characteristics) when they look to access adult secondary mental health services, and tackle stigma and discrimination
- ensure information and communication is understandable, available in a range of formats, targets the needs of service users, and made available to advocates, families and carers of people
- ensure people with lived experience are engaged as “active partners” in the process - that is, supporting people to be equal partners in their own care and involving them in shared decision-making

4.8 Question 14

Over half (57%) of all consultation respondents answered Question 14 which asked respondents to share any of their thinking on the answers provided to Questions 8 to 13, and to provide views on the access standards overall.

From a review of the qualitative responses to Question 14, no new themes emerged that are not already captured above at Question 11 and Question 13.

5 Assessment, care planning, treatment, and support

5.1 Introduction

Part three of the consultation asked seven questions on the assessment, care planning, treatment, and support standards.

5.2 Question 15

Table 5.1 provides the quantitative response to Question 15.

This shows that around two-thirds of all consultation respondents who answered Question 15 either agreed or strongly agreed (67%) that the standards within the assessment, care planning, treatment, and support theme will improve the experiences of people using secondary mental health services.

Table 5.1: How far do you agree that the standards within the assessment, care planning, treatment, and support theme will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	27%	19%	23%
Agree	32%	59%	44%
Neither agree nor disagree	27%	11%	20%
Disagree	11%	11%	11%
Strongly disagree	2%	0%	1%

Base = 81 (individuals = 44 and organisations = 37)
Percentages may not total 100% due to rounding

5.3 Question 16

Table 5.2 provides the quantitative response to Question 16. This shows that just under two-thirds of all consultation respondents who answered Question 16 either agreed or strongly agreed (62%) that the standards within the assessment, care planning, treatment, and support theme will improve the outcomes of people using secondary mental health services. A relatively large proportion of respondents neither agreed nor disagreed (26%) with this statement.

Table 5.2: How far do you agree that the standards within the assessment, care planning, treatment, and support theme will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	20%	16%	19%
Agree	36%	51%	43%
Neither agree nor disagree	30%	22%	26%
Disagree	11%	11%	11%
Strongly disagree	2%	0%	1%

Base = 81 (individuals = 44 and organisations = 37)
Percentages may not total 100% due to rounding

5.4 Question 17

Table 5.3 provides the quantitative response to Question 17.

This shows that over two-thirds of all consultation respondents who answered Question 17 either agreed or strongly agreed (69%) that the standards within this theme clearly set out to individuals, their families, and carers what they can expect from a secondary mental health service.

Table 5.3: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	25%	14%	20%
Agree	41%	59%	49%
Neither agree nor disagree	20%	16%	19%
Disagree	7%	8%	7%
Strongly disagree	7%	3%	5%

Base = 81 (individuals = 44 and organisations = 37)
Percentages may not total 100% due to rounding

5.5 Question 18

Three-fifths (60%) of all consultation respondents answered Question 18 which asked respondents whether they think there is anything missing from the assessment, care planning, treatment, and support standards.

Theme 1: A repeat of the key themes

Many respondents (individuals and all organisation sub-groups) repeated points they made earlier and to other consultation questions - see **Section 2.5** (Key themes).

Theme 2: Key principles to underpin effective delivery of the assessment, care planning, treatment, and support standards

Some respondents (individuals and all organisation sub-groups) provided feedback that could be described as key principles to help underpin effective delivery of the assessment, care planning, treatment, and support standards. These respondents considered it important that this set of principles were fully reflected within the final standards and wider commentary.

Some points raised relate to people with lived experience of accessing and using adult secondary mental health services, while others relate to services themselves, and are summarised below.

People with lived experience should:

- have access and choice on the right services at the right time and in the most appropriate setting based on their needs
- have access to self-management support to ensure that they do not only receive care when acutely unwell or are in crisis
- have access to ongoing care and support if it is needed again (that is access to support and services that is not time-limited and without a predetermined end date)
- be genuinely listened to, and treated with compassion, empathy, dignity, and respect at all times

Services should:

- adopt person-centred and holistic approaches to assessment, care planning, treatment, and support
- be equally accessible – both in terms of levels of accessibility in services across Scotland and regardless of personal circumstances or background
- ensure shorter waiting times between referral, assessment, and treatment
- adopt consistent criteria to assess access to services and support
- provide both consistency and continuity of care and treatment
- adopt human rights based approach and practice and trauma-informed care and support
- have appropriate processes and procedures to ensure that people are kept informed and kept up to date with progress
- be inclusive of carers and family members
- ensure improved communication and links between services and professionals
- routinely monitor the experiences of staff (alongside the experiences of those accessing adult secondary mental health services) to further support the improvement of services

Theme 3: The standards could be improved or strengthened

Some respondents (individuals and all organisation sub-groups) felt that the assessment, care planning, treatment, and support standards as set out in the consultation document could be amended, reworded, reframed, enhanced, and/or further strengthened in some way. This feedback in part reflects calls from respondents for more detail, specification and/or greater clarity on these standards, including terms used.

General comments on the standards

A few examples include that:

- consideration of the wider determinants of health do not normally sit within secondary mental health provision – feedback included that: it would be important to allow the standards to focus on what services can deliver and avoid being held to a standards on matters out with the control or influence of adult secondary mental health services; delivering on the standards requires a “whole system approach” beyond adult secondary mental health services; others questioned what this standard refers to in practice, and how it could be made clearer to achieve its intended aim

- it was felt that emphasis was currently placed on some elements of the assessment, care planning, treatment, and support standards than others – for example, it was suggested that the ‘treatment’ element could be further elaborated on to: help inform people of what treatment they can expect and how it would be delivered; provide clarity on the wide range of psychological therapies and interventions available (including reference to the Matrix of Evidence Based Psychological Therapies); clearly delineate adult secondary mental health services from the mental health and wellbeing support provided by public health, the third sector and wider society; explain that it would be reasonable for people to expect to be treated as close to home as possible; explain informed consent; and acknowledge that the range of treatments and evidence base continually evolves and that this should aid service planning and commissioning

- access to social and other forms of support out with adult secondary mental health services was felt to have a valuable role to play in supporting people to keep well – for example, family relationships networks, peer support networks, kinship networks, access to leisure and physical activity, and other community resources were all mentioned in consultation responses

- terms used could be clearly defined and further clarified – a few examples include: ‘a range of professionals who can meet my assessed needs’, ‘adequate staffing skill mix’, ‘crisis’, ‘trauma-informed’, ‘If I need support from multiple professionals and agencies, I will have a designated named person who will offer support in coordinating these’

- the standards could acknowledge that it may be appropriate to draw upon a range of models of care planning, tailored to the identified needs of individuals accessing services – “This would help to avoid a formulaic approach which assumes one model of formulating an individual’s needs and describing the interventions which will be offered will suit all. Such approaches tend to inevitably become a ‘tick box’ exercise, rather than an individualised description of how the person’s needs have emerged or changed over time and the strengths they possess/can draw upon in their recovery, with appropriate treatment intervention alongside. Similarly, it may be helpful to include an explanation that all therapies, treatments or supports will not only be tailored to the needs identified in collaboration with the client; but will also be based on a scientific evidence base, of proven efficacy” (NHS Greater Glasgow and Clyde Older People's Psychology Service).

- services must be able to deliver these standards for all people – “including those from minority groups and those who experience healthcare inequality” (LGBT Health and Wellbeing, Equality Network)

Wider general comments made by respondents are provided in **Appendix F**.

Some examples of points raised in relation to specific assessment, care planning, treatment, and support standards are outlined in **Appendix E**.

Additional standards proposed

A few respondents proposed that additional standards could be considered, including:

- "I will have a choice in what service I am referred to" (See Me) – in order to align with a recent Health and Social Care Alliance Scotland and VOX Scotland's report which prioritises empowering patients to choose and access the right services at the right time based on their needs

- "I will be contacted with support if there is an internal issue impacting my appointment" (See Me) – to ensure a person has check-in call or support with a trained professional if another clinician is, for example, on sick leave staff

- it is suggested that there be a standard, within each section, relating to the interface with general practice (Royal College of General Practitioners Scotland) - as specialist services become increasingly pushed due to rising demand and workforce shortages, patients turn to their GPs, and sharing care plans could help GPs signpost and support

- a standard around prescribing (Royal College of General Practitioners Scotland)

- a standard relating to tackling stigma (Scottish Women's Convention)

5.6 Question 19

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background.

Table 5.4 provides the quantitative response to Question 19.

This shows that just under two-thirds of all consultation respondents who answered Question 19 either agreed or strongly agreed (64%) that the assessment, care planning, treatment, and support standards will help do this.

Table 5.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the assessment, care planning, treatment and support standards will help do this?

	Individuals	Organisations	Total
Strongly agree	19%	11%	15%
Agree	44%	54%	49%
Neither agree nor disagree	16%	23%	19%
Disagree	12%	9%	10%
Strongly disagree	9%	3%	6%

Base = 78 (individuals = 43 and organisations = 35)
Percentages may not total 100% due to rounding

5.7 Question 20

Three-fifths (60%) of all consultation respondents answered Question 20 which asked respondents whether they had any suggestions for how the assessment, care planning, treatment, and support standards could go further to help ensure that services meet everyone's needs. The main themes are presented below.

Theme 1: A repeat of the key themes

Many respondents (individuals and all organisation sub-groups) repeated points made earlier at Question 18 and to other consultation questions (**Section 2.5**).

5.8 Question 21

Around half (51%) of all consultation respondents answered Question 21 which asked respondents to share any of their thinking on the answers provided to Questions 15 to 20, and to provide views on the assessment, care planning, treatment, and support standards.

From a review of the qualitative responses to Question 21, no new themes emerged that are not already captured above at Question 18 and Question 20.

6 Moving between and out of services

6.1 Introduction

Part four of consultation asked nine questions on the moving between and out of services standards.

6.2 Question 22

Table 6.1 provides the quantitative response to Question 22.

This shows that a majority of all consultation respondents who answered Question 22 either agreed or strongly agreed (70%) that the standards within the moving between and out of services theme will improve the experiences of people using secondary mental health services.

Table 6.1: How far do you agree that the standards within the moving between and out of services theme will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	27%	25%	26%
Agree	41%	47%	44%
Neither agree nor disagree	22%	22%	22%
Disagree	5%	6%	5%
Strongly disagree	5%	0%	3%

Base = 77 (individuals = 41 and organisations = 36)
Percentages may not total 100% due to rounding

6.3 Question 23

Table 6.2 provides the quantitative response to Question 23. This shows that around three-fifths of all consultation respondents who answered Question 23 either agreed or strongly agreed (61%) that the standards within this theme will improve the outcomes of people using secondary mental health services.

A relatively large proportion of respondents neither agreed nor disagreed (26%) with this statement.

Table 6.2: How far do you agree that the standards within the moving between and out of service theme will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	24%	17%	21%
Agree	34%	47%	40%
Neither agree nor disagree	29%	22%	26%
Disagree	7%	14%	10%
Strongly disagree	5%	0%	3%

Base = 77 (individuals = 41 and organisations = 36)
Percentages may not total 100% due to rounding

6.4 Question 24

Table 6.3 provides the quantitative response to Question 24.

This shows that just below three-quarters all consultation respondents who answered Question 24 either agreed or strongly agreed (72%) that the standards within the moving between and out of service theme clearly set out to individuals, their families, and carers what they can expect from a secondary mental health service.

Table 6.3: How far do you agree that the standards within the moving between and out of service theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	32%	17%	25%
Agree	44%	50%	47%
Neither agree nor disagree	12%	25%	18%
Disagree	5%	6%	5%
Strongly disagree	7%	3%	5%

Base = 77 (individuals = 41 and organisations = 36)
Percentages may not total 100% due to rounding

6.5 Question 25

Around half (49%) of all consultation respondents answered Question 25 which asked respondents whether they think there is anything missing from the moving between and out of services standards.

Theme 1: Key principles that underpin effective delivery of moving between and out of services standards

Some respondents (individuals and all organisation sub-groups) provided feedback that could be described as key principles to help underpin effective delivery of the moving between and out of services standards. These respondents considered it important that this set of principles were fully reflected within the final set of standards and wider commentary.

Some points raised relate to people with lived experience of accessing and using adult secondary mental health services, while others relate to services themselves, and are summarised below.

People with lived experience should:

- have access to consistency of care and treatment – to ensure that they do not have to constantly retell their experiences and only have to tell their story as few times as possible
- be able to move through a service at a consistent pace that suits them - and that access should not come to an end sooner than desired
- have access to ongoing care and support if it is needed again (that is access to support and services without a predetermined end date)
- be able to reengage with services if initially discharged but support is needed again - for example, planned and supported ‘step up and step down’ approaches
- have access to person centred and collaborative care
- be supported and empowered to make shared decisions about their move between and out of services

Services should:

- ensure open and strong lines of communication and improved information and record sharing, including between primary and secondary care services, social work, addiction services
- continue to move towards a more integrated and holistic approach to care and support - to ensure that people move easily and seamlessly between services
- be able to signpost and connect people to peer support networks and other community resources and assets as part of a more holistic approach to supporting people as they move between and out of services
- have efficient and effective organisational processes and practices in place to help keep people with lived experience informed at each stage of the process of moving between and out of services

Theme 2: Something missing from the moving between and out of services standards or the standards could be improved

A few respondents (individuals and all organisation sub-groups) suggested that something was missing from the moving between and out of services standards. This feedback reflects calls from respondents for more detail, specification, and/or greater clarity on these standards, as well as proposed changes to language, wording, and terminology. A few examples (see also **Appendix F**) include that:

- greater consideration could be given to the different processes, procedures, and IT systems that services currently use, and what action may be required to enable improved and timely information and data sharing between services (including between services in different Health Board areas)
- there were various comments regarding a person's discharge from a service, including that:
    - there should be no unplanned discharges
    - there could be greater reference to people with lived experience feeling supported to transition out from services - 'step down' approaches

    - there could be recognition within the standards that people may choose to opt out of services at any time – it should be clear that people would not be penalised for disengagement during transition points
    - there could be a standard relating to discharge planning and letters, and ensuring the GPs are aware when a patient has been discharged
    - services should ensure that if a person's move out of in-patient care or between services is delayed, this would be recorded with the reason for the delay made clear
    - delays between services should be acknowledged and reported on – but there was considered to be a lack of clarity on needs to be done about the delays (for example, what constitutes a delay and do I get to choose if the delay is in line with receiving person centred care?)

- there should be standard for those moving from Child and Adolescent Mental Health Services into Adult Mental Health Services, and a standard for those moving from Adult Mental Health Services into Older Adults Mental Health Services

A few Health Boards, HSCPs and services felt that the standards could be improved and further clarified, as outlined below:

"This section is very brief and does little justice to the collaborative approach which most clinicians would take in relation to transitions of care. The content is written in a tone which suggests that clients will simply be 'informed' of decisions made about them, by other people/services. This wording does not support the implementation of person-centred care and does little to inform or reassure potential clients about what they can expect from services. It also offers little guidance to services on what good transitions should look like (that is, who should be supported to be involved in informed decision-making, how best to collaborate/share decision-making)".

NHS Greater Glasgow and Clyde

“Acknowledgment from services that the stakeholders involved in a person’s care may all have different standards and timescales, and the mental health standards should acknowledge and relate to other relevant standards, for example MAT standards”.

Angus Health and Social Care Partnership

“Clarity is required on a Care Plan moving between services. This is not reflective of practice as a Care Plan would change based on need and may not be detail the individual’s story”.

East Ayrshire Health and Social Care Partnership

Theme 3: A repeat of the key themes

A few respondents reiterated comments made to previous questions (see **Section 2.5** – Key themes), and in the main the feedback relates to how services could realistically deliver the moving between and out of services standards.

6.6 Question 26

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone’s needs whoever you are and whatever your background.

Table 6.4 provides the quantitative response to Question 26.

This shows that over half of all consultation respondents who answered Question 26 either agreed or strongly agreed (56%) that the moving between and out of services standards will help do this. A relatively large proportion of respondents neither agreed nor disagreed (31%) with the statement.

Table 6.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the moving between and out of services standards will help do this?

	Individuals	Organisations	Total
Strongly agree	21%	12%	17%
Agree	33%	45%	39%
Neither agree nor disagree	28%	33%	31%
Disagree	10%	6%	8%
Strongly disagree	8%	3%	6%

Base = 72 (individuals = 39 and organisations = 33)
Percentages may not total 100% due to rounding

6.7 Question 27

Just over half (53%) of all consultation respondents answered Question 27 which asked respondents whether they had any suggestions for how the moving between and out of services standards could go further to help ensure that services meet everyone's needs.

Theme 1: A repeat of the key themes

Some respondents (individuals and all organisation sub-groups) reiterated previous points as suggestions for how the moving between and out of services standards could go further to help ensure that services meet everyone's needs (**Section 2.5**).

Theme 2: Further clarification required

A few respondents called for further elaboration or clarification regarding specific standards. Some examples are provided in **Appendix E**.

Additional points

Please refer to **Appendix F**.

6.8 Question 28

The Scottish Government understand that substance use and mental health difficulties can be co-occurring. They want to ensure that people with both a mental wellbeing concern and substance use receive access to treatment that is tailored to their needs.

Table 6.5 provides the quantitative response to Question 28. This shows that over four-fifths of all consultation respondents who answered Question 28 either agreed or strongly agreed (82%) that the Scottish Government should include a specific standard on support for those with substance use issues within these standards.

Table 6.5: We know that substance use and mental health difficulties can be co-occurring. We want to ensure that people with both a mental wellbeing concern and substance use receive access to treatment that is tailored to their needs. How far do you agree that we should include a specific standard on support for those with substance use issues within these standards?

	Individuals	Organisations	Total
Strongly agree	49%	47%	48%
Agree	33%	34%	34%
Neither agree nor disagree	5%	9%	7%
Disagree	8%	3%	6%
Strongly disagree	5%	6%	6%

Base = 71 (individuals = 39 and organisations = 32)
Percentages may not total 100% due to rounding

6.9 Question 29

A total of 61% of all consultation respondents answered Question 29 which asked respondents what a standard around substance use could contain. Most of these respondents expressed strong support that the moving between and out of services standards should include a specific standard on support for people with lived and living experience of substance use.

Theme 1: Alignment with existing strategies, plans and standards

Some respondents (Health Boards, HSCPs and services, mental health and other organisations) recommended that the adult secondary mental health standards should align with existing strategies, plans, and standards, including:

- National Drugs Mission Plan: 2022-2026 – which sets out the actions needed to reduce deaths and improve lives impacted by drugs, and more specifically Outcome 3 'People at most risk have access to treatment and recovery', and Outcome 4 'People receive high quality treatment and recovery services'

- MAT Standards - which define what is needed for the consistent delivery of safe and accessible drug treatment and support in Scotland - and more specifically to MAT Standard 9 – Mental Health: "All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care"

It was also proposed that the standards should take account of other national strategies, polices, guidelines and report recommendations that consider the co-occurring nature of substance use and mental health difficulties.

For example, the following documents are referenced in consultation submissions across all organisation sub-groups: Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, Independent Forensic Mental Health Review: final report, Drug Deaths Taskforce response: cross government approach, Scotland's Suicide Prevention Strategy, National Institute for Health and Care Excellence (NICE) guidelines).

Here, it was suggested that read across "would support multidisciplinary approaches and a holistic understanding of how best to support an individual" (Social Work Scotland).

Theme 2: Wider factors considered important to ensure consistent access

Aligned to Theme 1, some respondents (individuals and all organisation sub-groups) described a range of factors they considered important in order to help ensure consistent access to adult secondary mental health and the provision of high-quality care across Scotland for people with lived and living experience of substance use. These factors are summarised below, and include:

- clear guidance on what a person with lived and living experience of substance use when they access support (in different settings)
- person-centred, trauma-informed, holistic, and joined-up care
- integrated multi-agency planning and working - including clear protocols, interfaces, pathways of referral, communication, and information sharing
- tackling stigma
- informed choice about care and treatment
- access to support out with traditional office hours
- no unplanned discharges
- support to reengage with services
- harm reduction
- retention
- independent advocacy
- positive relationships and social connection
- continuity of care – and a named worker as a main point of contact with services

Some of the points outlined above are reflected in the following organisation quote:

> "… any substance use standard included within the secondary Mental Health quality standards, should reflect a person-centred, trauma informed approach while also considering the impact of stigma on accessing treatment. The Cross Government Action Plan on drug deaths recognises, and aims to address, stigma as a barrier preventing access to treatment. As there is long-standing research on the impact stigma has on those with mental health conditions, it would be beneficial to include a standard aiming to tackle this". Social Work Scotland

Theme 3: Why a specific standard for people with lived and living experience of substance use was important

A few respondents also acknowledged that substance use and mental health difficulties can be co-occurring, and there was explicit reference to the importance of "dual diagnosis" (AHP Mental Health National Leads Group), reducing "siloed care" (Royal College of General Practitioners Scotland), and recognition of "comorbidities" in mental health (CMHT Larkfield, East Dunbartonshire, Greater Glasgow and Clyde) – that is, more than one disorder in the same person.

There was also feedback, including from a few mental health organisations that set out that they often hear from people with living experience of substance use that they were denied access to mental health services until they were fully drug and/or alcohol free. This point is reflected in the organisation quote:

> "A standard would contain the right for people living with substance use to have access to mental health services that are truly trauma informed and responsive. This would require a change in mindset and understanding that substance use is very often a way for people to deal with trauma and poor wellbeing as well as a factor in continued trauma and poor wellbeing".
>
> Scottish Recovery Network

The Mental Welfare Commission for Scotland pointed to its own report (September 2022) – which identified the need for a standard on a clear protocol at service level for those with these difficulties outlining the way that addictions and general adult secondary care services ought to work together (see **Appendix F** for more detail).

Additional points

Please refer to **Appendix F** for more detail.

6.10 Question 30

Almost half (48%) of all consultation respondents answered Question 30 which asked respondents to share any of their thinking on the answers provided to Questions 22 to 29, and their views on the moving between and out of services standards overall.

From a review of the qualitative responses to Question 30, the only new theme that emerged was that the moving between and out of services standards be mindful of existing workstreams, including:

- COSLA mentioned the development of the shared Health and Social Care Record which aims to make information sharing less resource intensive for those working in the service and reduce the number of times a person needs to repeat their story to professionals

- COSLA also mentioned the Improvement Service is supporting the development of a digital platform which aims to streamline all data collected by local authorities

7 Workforce

7.1 Introduction

Part five of consultation asked seven questions on the workforce standards.

7.2 Question 31

Table 7.1 provides the quantitative response to Question 31.

This shows that around two-thirds of all consultation respondents who answered Question 31 either agreed or strongly agreed (65%) that the standards within this theme will improve the experiences of people using secondary mental health services.

Table 7.1: How far do you agree that the standards within the workforce theme will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	27%	13%	21%
Agree	36%	53%	44%
Neither agree nor disagree	23%	24%	23%
Disagree	9%	8%	9%
Strongly disagree	5%	3%	4%

Base = 82 (individuals = 44 and organisations = 38)
Tables may not total 100% due to rounding

7.3 Question 32

Table 7.2 provides the quantitative response to Question 32.

This shows that roughly three-fifths of all consultation respondents who answered Question 32 either agreed or strongly agreed (61%) that the standards within this theme will improve the outcomes of people using secondary mental health services. A relatively large proportion of respondents neither agreed nor disagreed (25%) with this statement.

Table 7.2: How far do you agree that the standards within the workforce theme will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	23%	13%	19%
Agree	37%	47%	42%
Neither agree nor disagree	26%	24%	25%
Disagree	9%	13%	11%
Strongly disagree	5%	3%	4%

Base = 81 (individuals = 43 and organisations = 38)
Tables may not total 100% due to rounding

7.4 Question 33

Table 7.3 provides the quantitative response to Question 33.

This shows that over half of all consultation respondents who answered Question 33 either agreed or strongly agreed (59%) that the standards within this theme clearly set out to individuals, their families, and carers what they can expect from a secondary mental health service. A relatively large proportion of respondents neither agreed nor disagreed (26%) with this statement.

Table 7.3: How far do you agree that the standards within the workforce theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	30%	16%	23%
Agree	33%	39%	36%
Neither agree nor disagree	23%	29%	26%
Disagree	7%	11%	9%
Strongly disagree	7%	5%	6%

Base = 81 (individuals = 43 and organisations = 38)
Tables may not total 100% due to rounding

7.5 Question 34

Almost two-thirds (65%) of all consultation respondents answered Question 34 which asked respondents whether they think there is anything missing from the workforce standards.

Theme 1: A repeat of the key themes

Some respondents (individuals and all organisation sub-groups) repeated points they made to earlier consultation questions (see **Section 2.5** – Key themes) – this typically related to the need for additional funding, more detail on how the standards would be implemented, and how the standards would be underpinned by appropriate scrutiny and accountability arrangements.

"No recognition on the current challenges of recruitment and retention. No recognition of budget resource required and the lack of funding for development of the workforce. It would be very difficult to meet the standards with the current staffing issues".

East Ayrshire Health and Social Care Partnership

Theme 2: Scope for the standards to be improved or strengthened

A few respondents felt that the standards as set out in the consultation document could be enhanced or further strengthened in some way.

The points raised were generally single points, and included that:

- neurodiversity training was considered lacking among the workforce - this makes it more difficult to treat people with diverse and complex needs
- more time could be set aside for the workforce to be able to familiarise themselves with people's care and treatment plans in advance of meetings
- the values of care, compassion, dignity and respect should underpin the workforce standards
- there may be a need to create and support more of a culture of innovation in mental health and learning disability services
- other relevant standards could be acknowledged, and there should be consistent messaging around how the adult secondary mental health standards relate to other standards – for example, the Royal College of Psychiatry, MAT standards, Primary Care Standards, Health and Social Care Standards

7.6 Question 35

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background.

Table 7.4 provides the quantitative response to Question 35.

This shows that more than half of all consultation respondents who answered Question 35 either agreed or strongly agreed (55%) that the workforce standards will help do this. A relatively large proportion of respondents neither agreed nor disagreed (25%) with this statement.

Table 7.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the workforce standards will help do this?

	Individuals	Organisations	Total
Strongly agree	16%	6%	11%
Agree	44%	44%	44%
Neither agree nor disagree	16%	36%	25%
Disagree	16%	8%	13%
Strongly disagree	7%	6%	6%

Base = 79 (individuals = 43 and organisations = 86)
Tables may not total 100% due to rounding

7.7 Question 36

Just over half (52%) of all consultation respondents answered Question 36 which asked respondents whether they had any suggestions for how the workforce standards could go further to help ensure that services meet everyone's needs.

Theme 1: A repeat of the key themes

Some respondents (individuals and all organisation sub-groups) repeated points they made to earlier consultation questions – see **Section 2.5** for more detail (for example, additional funding and workforce development to ensure staff have the skills, knowledge, capacity and capability to deliver the standards).

Related points on workforce development and continuing professional development (CPD) are reflected in the organisation quote below.

“Standards might require that training needs analyses are conducted and that training plans are in place. Routine training needs analysis, linked to client need and implementation of a rolling programme of planned CPD is key to improving service delivery; as is adequate workforce planning. Given the challenges in recruiting to posts at present, adequate access to appropriate, high quality, planned CPD will enhance recruitment and retention; and therefore is worthy of inclusion in the MH Standards.

Standards might also make reference to staff who are trainees / students / on placement to acknowledge that secondary care mental health services actively engage in supporting staff who are still in training, and it may be helpful for people accessing services to know this and to have assurances about the governance arrangements in place should part of their care be provided by a trainee/student.

Standards might also make reference to value of the non-clinical staff that work within secondary mental health services and can / are involved in, and support, patient contact”.

NHS Greater Glasgow and Clyde

Theme 2: The standards could go further to better support the workforce wellbeing

A few respondents (individuals, Health Boards, other organisations and organisations who support specific target groups) felt that the workforce standards could go further in terms of how the standards would best support the wellbeing of the workforce.

These respondents reported that the COVID-19 pandemic and pressure on health budgets had increased workforce stress and burnout and had a wider impact on service delivery.

The Standards should go further by explaining that an assessment of population need will guide workforce planning, service improvement work, training plans for staff etc. Although trauma-informed and equality and diversity training is essential for all staff, this is insufficient for a mental health service supporting people with complex needs, including diversity".

NHS Greater Glasgow and Clyde

Theme 3: Increase involvement of people with lived experience within the workforce

A few mental health organisations noted in their response that greater focus could be placed on supporting action to increase the number of people with lived experience within the mental health workforce.

7.8 Question 37

Three-fifths (60%) of all consultation respondents answered Question 37 which asked respondents to share any of their thinking on the answers provided to Questions 31 to 36, and their views on the workforce standards overall.

From a review of the qualitative responses to Question 37, no new themes emerged that are not already captured above at Question 34 and Question 36.

8 Governance and accountability

8.1 Introduction

Part six of the consultation asked seven questions on the governance and accountability standards.

8.2 Question 38

Table 8.1 provides the quantitative response to Question 38.

This shows that a majority of all consultation respondents who answered Question 38 either agreed or strongly agreed (66%) that the standards within this theme will improve the experiences of people using secondary mental health services.

Table 8.1: How far do you agree that the governance and accountability standards will improve the experiences of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	18%	13%	16%
Agree	43%	58%	50%
Neither agree nor disagree	23%	26%	24%
Disagree	11%	3%	7%
Strongly disagree	5%	0%	2%

Base = 82 (individuals = 44 and organisations = 38)
Tables may not total 100% due to rounding

8.3 Question 39

Table 8.2 provides the quantitative response to Question 39.

This shows that a majority of all consultation respondents who answered Question 39 either agreed or strongly agreed (61%) that the standards within this theme will improve the outcomes of people using secondary mental health services. A relatively large proportion of respondents neither agreed nor disagreed (29%) with this statement.

Table 8.2: How far do you agree that the governance and accountability standards will improve the outcomes of people using secondary mental health services?

	Individuals	Organisations	Total
Strongly agree	18%	5%	12%
Agree	36%	63%	49%
Neither agree nor disagree	30%	29%	29%
Disagree	11%	3%	7%
Strongly disagree	5%	0%	2%

Base = 82 (individuals = 44 and organisations = 38)
Tables may not total 100% due to rounding

8.4 Question 40

Table 8.3 provides the quantitative response to Question 40.

This shows that over two-thirds of all consultation respondents who answered Question 40 either agreed or strongly agreed (69%) that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service.

Table 8.3: How far do you agree that the governance and accountability standards clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

	Individuals	Organisations	Total
Strongly agree	27%	13%	21%
Agree	39%	58%	48%
Neither agree nor disagree	20%	24%	22%
Disagree	5%	3%	4%
Strongly disagree	9%	3%	6%

Base = 82 (individuals = 44 and organisations = 38)
Tables may not total 100% due to rounding

8.5 Question 41

Over two-fifths (45%) of all consultation respondents answered Question 41 which asked respondents whether they think there is anything missing from the governance and accountability standards.

Theme 1: A repeat of the key themes

Some respondents (individuals and all organisation sub-groups) repeated points they made to earlier consultation questions – see **Section 2.5** for more detail (for example, more detail on how the standards would be delivered, monitored, and audited, and adequate funding and workforce development).

Theme 2: There should be a range of ways to gather the views and experiences of people with lived experience

A few respondents (individuals, Health Boards, HSCPs and services, mental health and other organisations) felt that there should be a variety of ways for people with lived experience of using adult secondary mental health services to provide feedback on their experience of accessing and using such services - including a clear complaints process.

These respondents suggested that different mechanisms may be required to secure the meaningful engagement of people with lived experience (including those who are seldom heard) – this could include both formal and informal engagement methods. It was also considered important that service users were provided with reassurance around confidentiality and data protection.

Theme 3: Scope for the standards to be improved or strengthened

A few respondents felt that the governance and accountability standards as set out in the consultation document could be enhanced or further strengthened in some way.

The points raised were generally single points, and included that:

- the governance and accountability standards could benefit from greater emphasis on the involvement of people with lived experience and their families and carers
- services should provide information about the role of the Mental Welfare Commission as a safeguard for the rights of people with lived experience at an early stage in the access to services

- the standards could be extended to include listening to and learning from issues raised by staff and others - the Scottish Public Services Ombudsman note that that this feedback is often linked to that received from service users and can also be essential in areas where service users are concerned to feedback directly
- the Scottish Public Services Ombudsman also note that the standards "will need to be supported by guidance for board members to help them apply them; understand what this will look like in practice; and how to assess and get assurance about their organisation against them"
- there was felt to be a significant read across between the governance and accountability standards and the Health and Social Care Standards – it was suggested that the Health and Social Care Standards could be used as a guiding framework

Specific comments about individual standards are set out in **Appendix E**.

8.6 Question 42

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. They want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background.

Table 8.4 provides the quantitative response to Question 42.

Feedback was mixed. Over half of all consultation respondents who answered Question 42 either agreed or strongly agreed (54%) that the workforce standards will help do this, and a large proportion of respondents neither agreed nor disagreed (33%) with this statement.

Table 8.4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the governance and accountability standards will help do this?

	Individuals	Organisations	Total
Strongly agree	14%	5%	10%
Agree	37%	51%	44%
Neither agree nor disagree	28%	38%	33%
Disagree	14%	3%	9%
Strongly disagree	7%	3%	5%

Base = 80 (individuals = 43 and organisations = 37)
Tables may not total 100% due to rounding

8.7 Question 43

Half (50%) of all consultation respondents answered Question 43 which asked respondents whether they had any suggestions for how the governance and accountability standards could go further to help ensure that services meet everyone's needs.

Theme 1: A repeat of the key themes

Some respondents repeated points they made to earlier consultation questions – see **Section 2.5** for more detail. For example, this includes:

- there needs to be a range of ways for people with lived experience to feed in their views and experiences and to provide feedback
- more detail would be required on how the governance and accountability standards would be implemented and measured
- transparency was considered important - the standards need to be written and communicated in a clear and accessible manner

8.8 Question 44

Almost half (48%) of all consultation respondents answered Question 44 which asked respondents to share any of their thinking on the answers provided to Questions 38 to 43, and their views on the governance and accountability standards overall.

From a review of the qualitative responses to Question 44, one theme emerged that has not already been captured above at Question 41 and Question 43.

Theme 1: Complaints can have negative impact on staff

A few individuals and mental health organisations noted that complaints can have a negative impact on the mental health and wellbeing of staff, and that it would also be important to manage expectations around delivery of the standards (for example, sufficient lead-in time, a phased approach to implementation).

9 Implementation and measurement

9.1 Introduction

The final part of the consultation sought initial views on what services will need do to implement the standards and how the Scottish Government might measure the standards. While the government welcomed everyone's views across the whole consultation, this part of the consultation was considered to be of most interest to people with experience of working in or running services.

9.2 Question 45

Almost three-quarters (72%) of all consultation respondents answered Question 45 which asked respondents what support they think services would need to implement the standards.

The main themes are presented below, and points raised are reflected in the selected organisation quote below:

"The key elements are going to be guidance to show how this will look in practice, time for staff to engage with and understand the standards, training for key staff including board members and the resources, including staff resources to ensuring implementation. It will be difficult to achieve the standards without investment in recruitment and retention in key areas. There may also need to be some investment in physical buildings and infrastructure to improve patient experience. We would also encourage awareness raising activities as early as possible to support ongoing understanding and identify any issues or concerns".

Scottish Public Services Ombudsman

Theme 1: Workforce expansion

Some respondents (individuals and all organisation categories) believe that there is a need to invest in the expansion of the mental health workforce in order to support the effective implementation of the standards.

A point raised by these respondents is that the implementation of the standards could result in additional administrative burden for the workforce. Many respondents reported that the mental health workforce are currently overworked and that additional duties could have negative consequences, including on service delivery.

Some respondents suggested that the recruitment of additional administrative staff could help to mitigate this issue, whilst others suggested the recruitment of additional clinical staff to ease workloads and therefore free up time for additional administrative duties.

Theme 2: Workforce development

Some respondents (individuals and all organisation sub-groups) highlight a need for relevant training to be provided for the mental health workforce to ensure that any data required is collected in the right way, is of high quality, and that a consistent approach is undertaken across services.

Related points raised by a few respondents include that there may need to be improvements in current IT systems used to help facilitate data collection and reporting (for example, a centralised system to help ensure a consistent approach).

Theme 3: Standards need to be sufficiently clear

Some respondents, including Health Boards, HSCPs and Services, suggest that it would be important for the standards to be sufficiently clear and capable of measurement in order to inform reporting.

Further, a few of these respondents raise related points, including that:

- the standards as presented in the consultation document are considered vague – and could benefit from being more specific and measurable
- the production of various sets of standards for different aspects of mental health services has the potential to lead to confusion – and a single set of system-wide standards may be a better approach

9.3 Question 46

Table 9.1 provides the quantitative response to Question 46.

Views are mixed. Half of all consultation respondents who answered Question 46 either agreed or strongly agreed (50%) that some of the standards should be measured using a validated self-assessment tool. A relatively large proportion of respondents are unsure (that is neither agree nor disagree with the proposal).

Table 9.1: How far do you agree that some of the standards should be measured using a validated self-assessment tool?

	Individuals	Organisations	Total
Strongly agree	14%	8%	11%
Agree	32%	47%	39%
Neither agree nor disagree	36%	39%	38%
Disagree	16%	6%	11%
Strongly disagree	2%	0%	1%

Base = 80 (individuals = 44 and organisations = 36)
Percentages may not total 100% due to rounding

Around two-thirds (68%) of all consultation respondents provided further qualitative feedback in response to Question 46, and the main themes are outlined below.

Respondents who agree with the proposal

Theme 1: Workforce involvement in the design process

A few respondents (individuals, mental health organisations and Health Boards, HSCPs and services) emphasised the importance of involving the mental health workforce in the design and development of any self-assessment tool. These respondents feel that workforce input to the process would increase buy-in and ownership of the final output, as well as add value to the process through gaining valuable knowledge, experience and insight from frontline workers.

A few of these respondents note in their consultation response that they have experience of similar approaches used in other areas – and which are considered to work well in practice. It is felt that lessons learned could be shared as part of the process of developing a validated self-assessment tool for some of the standards.

Theme 2: The tool should not replace external regulation

A few respondents (individuals, mental health and other organisations) were positive about the role of validated self-assessment – but emphasised that this should not be at the expense (or be a replacement for) the independent and external regulation of services.

Theme 3: A standardised self-assessment tool

A few respondents (individuals and Health Boards, HSCPs and services) highlighted that any self-assessment tool should be standardised to enable consistent application across mental health services. Standardisation is also viewed as essential in order to support meaningful comparisons between areas and services.

Respondents who disagree with the proposal

Theme 1: Mental health services are under too much pressure

A few individuals believe that mental health services are under too much pressure, and that the use of a validated self-assessment tool could have a detrimental impact on the capacity of services.

Theme 2: Data issues

A few respondents (individuals, mental health organisations and an organisation who supports specific target groups) raise some data related issues and concerns with a validated self-assessment tool, namely that:

- a lack of compliance with the tool could result in poor quality information, data gaps, and less meaningful results
- some organisations may wish to portray themselves in the best possible light – the importance of continuous improvement is therefore emphasised as important

Respondents who neither agree nor disagree with the proposal

Theme 1: Reiteration of previous points

Respondents who neither agree nor disagree with the proposal raised similar points to those outlined above. This includes that:

- a validated self-assessment too could lead to positive bias in reporting
- mental health services are under too much pressure and are time-poor
- any validated self-assessment tool should not replace the need for external regulation

9.4 Question 47

Table 9.2 provides the quantitative response to Question 47. This shows that three-quarters of all consultation respondents who answered Question 47 either agreed or strongly agreed (75%) that some of the standards should be measured using a range of indicators.

Table 9.2: How far do you agree that some of the standards should be measured using a range of indicators?

	Individuals	Organisations	Total
Strongly agree	30%	36%	32%
Agree	43%	42%	43%
Neither agree nor disagree	18%	18%	18%
Disagree	7%	3%	5%
Strongly disagree	2%	0%	1%

Base = 77 (individuals = 44 and organisations = 33)
Percentages may not total 100% due to rounding

9.5 Question 48

Around three-fifths (61%) of all consultation respondents provided further qualitative feedback in response to Question 47.

Respondents who agree with the proposal

Theme 1: It could help promote consistent service provision

Some respondents (individuals, Health Boards, HSCPs and services and mental health organisations) support the use of a range of indicators to measure some of the standards as the provision of a national set of standards could help to ensure consistent provision of quality care and support across Scotland.

Some data issues were raised, including:

- the ability to gain information and feedback from service users would need to be considered fully in relation to the ability to gather such information (Angus Health and Social Care Partnership)
- challenges may arise in terms of the sources of information, who has ownership of this and would this be accessible for the purposes of providing a response – for example, “there are multiple sources of data which may be held locally or nationally and may be under the auspices of health, social work, social care, third sector organisations etc. Indicators may need to take account of these factors” (South Lanarkshire Health and Social Care Partnership)

Respondents who disagree with the proposal

There are very few responses from respondents who disagree with the proposal, and no themes emerged from the feedback.

Respondents who neither agree nor disagree with the proposal

Theme 1: Indicators should recognise regional differences and diverse nature of people with lived experience of accessing mental health services

A few respondents (all individuals) are concerned that a set of national standards may not fully recognise or take into account regional differences – for example, differences between urban and rural areas, and differences in levels of deprivation.

A few Health Boards, HSCPs and services also note that the use of indicators should reflect the diverse nature of the client group served.

"…the need to use a range of approaches to evaluate service provision or outcomes for patients, including direct feedback on experience, but also including the use of reliable and valid measures, developed for a specific purpose e.g. assessment of severity of PTSD symptoms; and the ability to tailor choice of outcome measure used to the needs of the client group and their presenting difficulties. It therefore follows that the use of indicators should also reflect the diverse nature of the client group served. The indicators used should reflect the needs of the population served, based on a thorough assessment of this".

NHS Greater Glasgow and Clyde

Theme 2: Mental health services are under too much pressure

Similar to previous questions, a few individual respondents believe mental health services are under too much pressure to be able to deal with this additional requirement.

9.6 Question 49

The Scottish Government included a few examples of ways it could measure the standards. They were keen to gather views about these initial suggestions, as well as any other suggestions respondents may have of how to evidence the successful implementation of the standards and measure progress against them.

In 2023, the Scottish Government will undertake further targeted engagement on measurement with key stakeholders following this consultation. Partners will have further opportunities to feed into this process of adapting and refining the self-assessment tool and indicators before they are agreed.

Please give us your views on these possible questions to include in the self-assessment. Please provide any further suggestions for self-assessment questions you may have.

Just over two-fifths (42%) of all consultation respondents answered Question 49 which asked for views on these possible questions to include in the self-assessment. It also asked respondents to provide any further suggestions for self-assessment questions.

Theme 1: Suggestions for additional questions

Some respondents (individuals, Health Boards, HSCPs and services and mental health organisations) provided suggestions for additional questions which could be included in the self-assessment question set.

A few examples include:

- current gaps in workforce/unfilled posts
- are there any non-mental health services that you have difficulty accessing for your patients (that is radiology, rehabilitation, neurology services)
- a question about how services determine an inappropriate referral, how this is communicated and what happens when there is disagreement about the most appropriate service to meet an individual's needs
- time taken/spent with people
- how services ensure people are supported to make informed decisions about their needs and transitions of care

Please refer to **Appendix F** for more examples.

Theme 2: Supportive comments on the possible questions

A few respondents (individuals, Health Boards, HSCPs and services and health improvement organisations) provided positive and supportive comments about the possible self-assessment questions. For example, this ranges from "a good starting point" to "these seem reasonable".

Theme 3: The questions are too complex and difficult to measure

There are also a few negative comments from respondents (individuals, Health Boards, HSCPs and services and organisations who support specific target groups).

The main points raised relate to: the complexity of the proposed questions; language is not considered user-friendly and could be simplified in some way; some of the questions are felt to be too vague and could be improved to ensure they are clear and measurable.

9.7 Question 50

Just less than two-fifths (38%) of all consultation respondents answered Question 50 which sought views on these suggestions for possible indicators to include. It also asked for any further suggestions for indicators.

Theme 1: Specific comments on the possible indicators

The suggestions for possible indicators attracted feedback from some respondents which is summarised below.

Indicator B – "Proportion of people who agree with the statement: "I was asked about my needs and my personal circumstances and requirements were considered in planning my care and treatment":

A few comments are made about indicator B – feedback is mixed, with the most common message that this indicator could be further clarified.

Indicator C – "Proportion of people treated in the community compared to inpatient settings":

This indicator attracted a few negative comments from respondents. Points raised include that: it is not clear what this indicator is trying to measure; and what would be a good or acceptable result (for example, a high level of community care indicate good quality community care or a lack of capacity within in-patient care).

Indicator D – "How long people stay in inpatient settings":

There are also a few comments regarding indicator D, again mostly negative. For example, it is suggested that the indicator relating to length of in-patient stay may not foster a positive attitude towards in-patient care.

Indicator H - “Mental Health workforce staffing levels and skill mix”:

The feedback suggests that respondents are not sufficiently clear on what indicator H is trying to measure.

Theme 2: Suggestions for additional indicators

Some respondents (individuals, Health Boards, HSCPs and services, mental health and other organisations) provided suggestions for additional indicators which could be considered by the Scottish Government. By far the most common suggestion is to include waiting times as an indicator. Please see **Appendix F** for other suggestions made by respondents.

Theme 3: The indicators are too generic

A few respondents (individuals and Health Boards, HSCPs and services organisations) feel that the suggestions for possible indicators are generic and could benefit from being more specific in nature.

9.8 Question 51

The Scottish Government recognise that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet your needs whoever you are and whatever your background. A total of 41% of all consultation respondents answered Question 51 which sought suggestions for how the Scottish Government could support services to reduce inequalities in the outcomes and experiences of people who use services, including in the measurement of the standards.

Theme 1: Increase staffing levels

A few respondents (individuals and a mental health organisation) believe that the mental health workforce needs to be expanded in order to ensure delivery and achievement of these standards.

Additional points

Please refer to **Appendix F** for more detail.

Appendix A: individual respondents

Table A.1: What was your age on your last birthday?

Age (N=45)	Number	Percentage
18 to 24	2	4%
25 to 49	24	53%
50 to 64	16	36%
65 and over	3	7%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Table A.2: What is your sex?

Sex (N=49)	Number	Percentage
Female	36	73%
Male	9	18%
Prefer not to say	4	8%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Table A.3: Do you consider yourself to be trans, or have a trans history?

Trans or have a trans history (N=48)	Number	Percentage
Yes	4	8%
No	43	90%
Prefer not to say	1	2%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Table A.4: What is your ethnic group?

Ethnic group (N=47)	Number	Percentage
Scottish	31	66%
Other British	10	21%
Other ethnic group	5	11%
Indian, Indian Scottish or Indian British	0	0%
Any mixed or multiple ethnic group	0	0%
African, African Scottish or African British	0	0%
Irish	0	0%
Pakistani, Pakistani Scottish Or Pakistani British	0	0%
Polish	0	0%
Arab, Arab Scottish or Arab British	1	2%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0%
Black, Black Scottish or Black British	0	0%
Caribbean, Caribbean Scottish or Caribbean British	0	0%
Chinese, Chinese Scottish or Chinese British	0	0%
Gypsy/Traveller	0	0%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Table A.5: Which of these options best describes how you think of yourself**?**

How you think of yourself (N=48)	Number	Percentage
Heterosexual/Straight	39	81%
Bisexual	2	4%
Gay/Lesbian	1	2%
Other	3	6%
Prefer not to say	3	6%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Table A.6: What religion, religious denomination or body do you belong to?

Religion (N=47)	Number	Percentage
None	30	64%
Church of Scotland	8	17%
Other Christian	2	4%
Roman Catholic	4	9%
Pagan	1	2%
Jewish	0	0%
Muslim	0	0%
Buddhist	0	0%
Sikh	0	0%
Hindu	0	0%
Other religion	2	4%

Excludes blank and not answered responses
Tables may not total 100% due to rounding

Appendix B: engagement events

Introduction

This Chapter presents a summary of the main points raised at the five stakeholder engagement events which supplemented the public consultation. The narrative below was drawn from a review and synthesis of the event notes provided by the Scottish Government client team.

The engagement events covered the two consultations – Quality standards for adult secondary mental health services, and Delivery of psychological therapies and interventions: national specification.

Some events were facilitated by the Scottish Government while others involved key stakeholders. The events were structured in different ways – some aligned more closely to the various sections or themes contained in the consultation documents, others encouraged a more general conversation about mental health services. Some but not all event notes clearly separate out discussion points of relevance to each consultation.

Key themes

Overarching points

Overall there was positive feedback from stakeholders who attended the events on the standards – they were “welcomed” and considered very much “needed”. Not least in response to the negative and detrimental impact of the COVID-19 pandemic and the current cost of living crisis. Here, stakeholders pointed to increasing demand for, and pressure on, mental health services in Scotland and its workforce.

Access

Equality of access to mental health services in Scotland was considered essential by stakeholders who attended these events. Improving equity of access was viewed as key to supporting a preventative and early intervention approach and to address barriers when individuals move between and out of services.

A related point raised by stakeholders was the importance of ensuring that groups who are more likely to experience poor mental health have improved access to the support and services that meets their diverse and complex needs (for example, engagement and support should be tailored to a person's particular needs where possible). Groups mentioned in the event notes included disabled people and people from an ethnic minority community.

Stakeholders also considered it important that people should be able to access the same range and quality of mental health services regardless of where they live or their personal circumstances. For example, people who live in rural areas and people with lived experience of substance use were specifically mentioned at the events.

Wider points raised by stakeholders relating to the access standard, included that:

- there was felt to be a lack of a "one-stop-shop" for people to access information on mental health and wellbeing support services
- people should have access to ongoing care and support if it is needed again (that is access to support and services that is not time-limited and without a predetermined end date)

Assessment, care planning, treatment, and support

Within the Fife Voluntary Action engagement event note it was highlighted that most adults who access secondary mental health services may only see mental health professionals a small number of times each year. As such, it was considered important that mental health services provide tools and tips for self-care – for example, helping people to remain well by supporting effective self-management.

A point raised by stakeholders was that a standardised approach to care planning would encourage information and record sharing and cross team working – and that such an approach could help people as they move between and out of services and reduce the risk of individuals "falling through the gaps".

Moving between and out of services

Stakeholders felt that there was scope to improve communication, collaboration and coordination between mental health and other services (for example, addition services, primary care services) to help ensure a smooth transition for people as they move between and out of services.

Stakeholders who attended the Thrive on Thursday engagement event highlighted the Edinburgh model of support which includes Thrive Welcome Teams, Thrive Collective, and Thrive Network as an example of good practice. Stakeholders who attended this event said that these services were joined-up and connected, and that services could also be accessed digitally through the iThrive app.

Workforce

Stakeholders considered that mental health services in Scotland and its workforce were under significant pressure and under-resourced – and that this may make meeting the standards more challenging.

Stakeholders also felt that there could be a stronger approach to tackling stigma in mental health and wellbeing, including reducing stigma among healthcare providers, as well as increased provision of more trauma-informed support. Training and workforce development across the sector was viewed as crucial to meeting the standards.

Stakeholders noted that mental health support services should cater for the different needs of groups of people at a higher risk of poor mental health. For example, stakeholders at the Learning Disability Assembly engagement event, suggested that additional training was required to ensure the mental health workforce were better able to engage and support people with a range of disabilities and complex needs.

Governance and accountability

In relation to the governance and accountability standard points raised at the events included that some stakeholders:

- felt that the standard could include enhanced monitoring of equalities information and data – while at the same time recognising data protection issues
- noted that access to advocacy services was covered within the standard, but that the standard did not sufficiently cover how people could be supported to advocate for themselves

Wider points

Wider points raised by stakeholders are outlined below.

Stakeholders considered it important that people with lived experience of accessing and using secondary mental health services were meaningfully engaged and consulted to help inform the design, delivery, and improvement of mental health services and support - and this would ensure that services better meet the needs of service users.

Some stakeholders provided more positive feedback on the standards – for example, stakeholders who attended the Thrive on Thursday event felt that the proposals contained within the consultation document displayed empathy and helped to promote individual choice and control in mental health care and support.

Other stakeholders highlighted concerns with the language and terms used with the consultation document. For example, those who attended the Learning Disability Assembly event felt that the term “secondary mental health services” could be interpreted by some people as less important than other services.

Some stakeholders felt that the standards could be improved or enhanced in some way, for example: by more fully recognising the links between addiction and poor mental health; and by reviewing the standards to remove any duplication and to ensure that they are clear and easily understood.

Appendix C: closed question tables

All of the standards

Table C1: Question 1: How far do you agree that the standards will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	22%	42%	22%	12%	2%
Organisation	15%	64%	15%	5%	0%
Total	19%	52%	19%	9%	1%
Organisation breakdown					
Health Boards, HSCPs and Services	14%	86%	0%	0%	0%
Health Improvement	13%	88%	0%	0%	0%
Mental Health	27%	36%	36%	0%	0%
Organisations who support specific target groups	13%	75%	13%	0%	0%
Other	0%	40%	20%	40%	0%

Base = 89 (50 individuals and 39 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C2: Question 2: How far do you agree that the standards will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	10%	44%	30%	10%	6%
Organisation	15%	50%	25%	10%	0%
Total	12%	47%	28%	10%	3%
Organisation breakdown					
Health Boards, HSCPs and Services	29%	71%	0%	0%	0%
Health Improvement	0%	63%	25%	13%	0%
Mental Health	27%	18%	55%	9%	0%
Organisations who support specific target groups	13%	63%	25%	0%	0%
Other	0%	60%	0%	40%	0%

Base = 90 (50 individuals and 40 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C3: Question 3: How far do you agree that the standards clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	30%	46%	10%	10%	4%
Organisation	15%	60%	10%	13%	3%
Total	23%	52%	10%	11%	3%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	13%	50%	13%	25%	0%
Mental Health	25%	58%	0%	8%	8%
Organisations who support specific target group(s)	25%	75%	0%	0%	0%
Other	0%	20%	40%	40%	0%

Base = 90 (50 individuals and 40 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C4: Question 4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	10%	36%	32%	16%	6%
Organisation	5%	58%	25%	10%	3%
Total	8%	46%	29%	13%	4%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	0%	63%	25%	13%	0%
Mental Health	8%	42%	33%	8%	8%
Organisations who support specific target group(s)	13%	50%	38%	0%	0%
Other	0%	60%	0%	40%	0%

Base = 90 (50 individuals and 40 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C5: Question 6: Are there any other areas of mental health services in which you think these standards could apply outside of adult secondary services?

Respondents	Yes	No
Individual	78%	22%
Organisation	87%	13%
Total	82%	18%
Organisation breakdown		
Health Boards, HSCPs and Services	100%	0%
Health Improvement	100%	0%
Mental Health	73%	27%
Organisations who support specific target group(s)	100%	0%
Other	75%	25%

Base = 76 (45 individuals and 31 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Access

Table C6: Question 8: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	23%	38%	27%	8%	4%
Organisation	19%	65%	8%	8%	0%
Total	21%	49%	19%	8%	2%
Organisation breakdown					
Health Boards, HSCPs and Services	29%	57%	14%	0%	0%
Health Improvement	33%	67%	0%	0%	0%
Mental Health	8%	75%	8%	8%	0%
Organisations who support specific target group(s)	13%	88%	0%	0%	0%
Other	25%	0%	25%	50%	0%

Base = 85 (48 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C7: Question 9: How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	19%	33%	35%	6%	6%
Organisation	11%	54%	27%	8%	0%
Total	15%	42%	32%	7%	4%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	0%	83%	17%	0%	0%
Mental Health	17%	42%	33%	8%	0%
Organisations who support specific target group(s)	13%	50%	38%	0%	0%
Other	25%	0%	25%	50%	0%

Base = 85 (48 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C8: Question 10: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	23%	43%	21%	2%	11%
Organisation	22%	49%	14%	14%	3%
Total	23%	45%	18%	7%	7%
Organisation breakdown					
Health Boards, HSCPs and Services	14%	57%	14%	14%	0%
Health Improvement	17%	67%	0%	17%	0%
Mental Health	33%	42%	0%	17%	8%
Organisations who support specific target group(s)	13%	63%	25%	0%	0%
Other	25%	0%	50%	25%	0%

Base = 84 (47 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C9: Question 12: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the access standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	15%	37%	33%	11%	4%
Organisation	11%	56%	28%	3%	3%
Total	13%	45%	30%	7%	4%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	0%	67%	33%	0%	0%
Mental Health	17%	33%	33%	8%	8%
Organisations who support specific target group(s)	13%	75%	13%	0%	0%
Other	33%	0%	67%	0%	0%

Base = 82 (46 individuals and 36 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Assessment, care planning, treatment and support

Table C10: Question 15: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	27%	32%	27%	11%	2%
Organisation	19%	59%	11%	11%	0%
Total	23%	44%	20%	11%	1%
Organisation breakdown					
Health Boards, HSCPs and Services	29%	57%	0%	14%	0%
Health Improvement	20%	80%	0%	0%	0%
Mental Health	23%	46%	23%	8%	0%
Organisations who support specific target group(s)	14%	86%	0%	0%	0%
Other	0%	40%	20%	40%	0%

Base = 81 (44 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C11: Question 16: How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	20%	36%	30%	11%	2%
Organisation	16%	51%	22%	11%	0%
Total	19%	43%	26%	11%	1%
Organisation breakdown					
Health Boards, HSCPs and Services	29%	43%	14%	14%	0%
Health Improvement	0%	100%	0%	0%	0%
Mental Health	23%	31%	38%	8%	0%
Organisations who support specific target group(s)	14%	71%	14%	0%	0%
Other	0%	40%	20%	40%	0%

Base = 81 (44 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C12: Question 17: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	25%	41%	20%	7%	7%
Organisation	14%	59%	16%	8%	3%
Total	20%	49%	19%	7%	5%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	71%	14%	14%	0%
Health Improvement	20%	60%	0%	20%	0%
Mental Health	23%	54%	15%	0%	8%
Organisations who support specific target group(s)	14%	71%	14%	0%	0%
Other	0%	40%	40%	20%	0%

Base = 81 (44 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C13: Question 19: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the assessment, care planning, treatment and support standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	19%	44%	16%	12%	9%
Organisation	11%	54%	23%	9%	3%
Total	15%	49%	19%	10%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	71%	14%	14%	0%
Health Improvement	0%	60%	40%	0%	0%
Mental Health	25%	42%	17%	8%	8%
Organisations who support specific target group(s)	14%	43%	29%	14%	0%
Other	0%	75%	25%	0%	0%

Base = 78 (43 individuals and 35 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Moving between and out of services

Table C14: Question 22: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	27%	41%	22%	5%	5%
Organisation	25%	47%	22%	6%	0%
Total	26%	44%	22%	5%	3%
Organisation breakdown					
Health Boards, HSCPs and Services	14%	43%	43%	0%	0%
Health Improvement	20%	80%	0%	0%	0%
Mental Health	31%	46%	15%	8%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	0%	50%	25%	25%	0%

Base = 77 (41 individuals and 36 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C15: Question 23: How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	24%	34%	29%	7%	5%
Organisation	17%	47%	22%	14%	0%
Total	21%	40%	26%	10%	3%
Organisation breakdown					
Health Boards, HSCPs and Services	14%	43%	14%	29%	0%
Health Improvement	0%	80%	0%	20%	0%
Mental Health	23%	31%	38%	8%	0%
Organisations who support specific target group(s)	29%	57%	14%	0%	0%
Other	0%	50%	25%	25%	0%

Base = 77 (41 individuals and 36 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C16: Question 24: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	32%	44%	12%	5%	7%
Organisation	17%	50%	25%	6%	3%
Total	25%	47%	18%	5%	5%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	57%	14%	29%	0%
Health Improvement	20%	60%	20%	0%	0%
Mental Health	23%	54%	15%	0%	8%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	0%	25%	75%	0%	0%

Base = 77 (41 individuals and 36 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C17: Question 26: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the moving between and out of services standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	21%	33%	28%	10%	8%
Organisation	12%	45%	33%	6%	3%
Total	17%	39%	31%	8%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	43%	29%	29%	0%
Health Improvement	0%	60%	40%	0%	0%
Mental Health	17%	42%	33%	0%	8%
Organisations who support specific target group(s)	40%	40%	20%	0%	0%
Other	0%	50%	50%	0%	0%

Base = 72 (39 individuals and 33 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C18: Question 28: We know that substance use and mental health difficulties can be co-occurring. We want to ensure that people with both a mental wellbeing concern and substance use receive access to treatment that is tailored to their needs. How far do you agree that we should include a specific standard on support for those with substance use issues within these standards?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	49%	33%	5%	8%	5%
Organisation	47%	34%	9%	3%	6%
Total	48%	34%	7%	6%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	43%	43%	0%	14%	0%
Health Improvement	50%	50%	0%	0%	0%
Mental Health	33%	25%	25%	0%	17%
Organisations who support specific target group(s)	80%	20%	0%	0%	0%
Other	50%	50%	0%	0%	0%

Base = 71 (39 individuals and 32 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Workforce

Table C19: Question 31: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	27%	36%	23%	9%	5%
Organisation	13%	53%	24%	8%	3%
Total	21%	44%	23%	9%	4%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	71%	0%	14%	14%
Health Improvement	17%	67%	17%	0%	0%
Mental Health	15%	54%	31%	0%	0%
Organisations who support specific target group(s)	13%	50%	38%	0%	0%
Other	25%	0%	25%	50%	0%

Base = 82 (44 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C20: Question 32: How far do you agree that the standards with1in this theme will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	23%	37%	26%	9%	5%
Organisation	13%	47%	24%	13%	3%
Total	19%	42%	25%	11%	4%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	71%	0%	14%	14%
Health Improvement	17%	50%	17%	17%	0%
Mental Health	15%	54%	31%	0%	0%
Organisations who support specific target group(s)	13%	38%	38%	13%	0%
Other	25%	0%	25%	50%	0%

Base = 81 (43 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C21: Question 33: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	30%	33%	23%	7%	7%
Organisation	16%	39%	29%	11%	5%
Total	23%	36%	26%	9%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	57%	0%	29%	14%
Health Improvement	17%	50%	33%	0%	0%
Mental Health	23%	38%	31%	0%	8%
Organisations who support specific target group(s)	13%	38%	50%	0%	0%
Other	25%	0%	25%	50%	0%

Base = 81 (43 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C22: Question 35: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the workforce standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	44%	16%	16%	7%
Organisation	6%	44%	36%	8%	6%
Total	11%	44%	25%	13%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	43%	43%	0%	14%
Health Improvement	0%	67%	33%	0%	0%
Mental Health	8%	50%	33%	0%	8%
Organisations who support specific target group(s)	13%	38%	38%	13%	0%
Other	0%	0%	33%	67%	0%

Base = 79 (43 individuals and 36 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Governance and accountability

Table C23: Question 38: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	18%	43%	23%	11%	5%
Organisation	13%	58%	26%	3%	0%
Total	16%	50%	24%	7%	2%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	17%	83%	0%	0%	0%
Mental Health	23%	38%	38%	0%	0%
Organisations who support specific target group(s)	14%	57%	29%	0%	0%
Other	0%	40%	40%	20%	0%

Base = 82 (44 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C24: Question 39: How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	18%	43%	23%	11%	5%
Organisation	13%	58%	26%	3%	0%
Total	16%	50%	24%	7%	2%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	0%	100%	0%	0%	0%
Mental Health	8%	54%	38%	0%	0%
Organisations who support specific target group(s)	14%	57%	29%	0%	0%
Other	0%	20%	60%	20%	0%

Base = 82 (44 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C25: Question 40: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	27%	39%	20%	5%	9%
Organisation	13%	58%	24%	3%	3%
Total	21%	48%	22%	4%	6%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	86%	14%	0%	0%
Health Improvement	17%	67%	0%	17%	0%
Mental Health	23%	46%	23%	0%	8%
Organisations who support specific target group(s)	14%	71%	14%	0%	0%
Other	0%	20%	80%	0%	0%

Base = 82 (44 individuals and 38 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C26: Question 42: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the governance and accountability standards will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	37%	28%	14%	7%
Organisation	5%	51%	38%	3%	3%
Total	10%	44%	33%	9%	5%
Organisation breakdown					
Health Boards, HSCPs and Services	0%	71%	14%	14%	0%
Health Improvement	0%	80%	20%	0%	0%
Mental Health	8%	38%	46%	0%	8%
Organisations who support specific target group(s)	14%	43%	43%	0%	0%
Other	0%	40%	60%	0%	0%

Base = 80 (43 individuals and 37 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Implementation and measurement

Table C27: Question 46: How far do you agree that the standards should be measured using a validated self-assessment tool?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	32%	36%	16%	2%
Organisation	8%	47%	39%	6%	0%
Total	11%	39%	38%	11%	1%
Organisation breakdown					
Health Boards, HSCPs and Services	29%	71%	0%	0%	0%
Health Improvement	0%	67%	33%	0%	0%
Mental Health	0%	42%	50%	8%	0%
Organisations who support specific target group(s)	0%	17%	67%	17%	0%
Other	20%	40%	40%	0%	0%

Base = 80 (44 individuals and 36 organisations)
Excludes blank and not answered responses. Tables may not total 100% due to rounding

Table C28: Question 47: How far do you agree that the standards should be measured using a range of national indicators?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	30%	43%	18%	7%	2%
Organisation	36%	42%	18%	3%	0%
Total	32%	43%	18%	5%	1%
Organisation Breakdown					
Health Boards, HSCPs and Services	29%	71%	0%	0%	0%
Health Improvement	50%	17%	33%	0%	0%
Mental Health	27%	64%	0%	9%	0%
Organisations who support specific target group(s)	50%	25%	25%	0%	0%
Other	40%	0%	60%	0%	0%

Base = 77 (44 individuals and 33 organisations). Excludes blank and not answered responses. Tables may not total 100% due to rounding

Appendix D: analysis

Following the moderation process undertaken by the Scottish Government, EKOS exported consultation responses from Citizen Space into Microsoft Excel for data cleaning, review, and analysis. Where submissions were submitted in another format, Scottish Government officials emailed these documents for EKOS to manually input into Microsoft Excel.

The consultation document was structured to allow respondents to answer questions independently in recognition that respondents might want to respond to one or some of the proposals without wishing to express views on the others.

The standard process is that equal weighting should be given to all responses. This includes the spectrum of views, from large organisations with a national or UK remit or membership, to individual viewpoints.

This analysis report includes quotes from respondents who gave permission for their response to be made public. This does not indicate that these comments will be acted upon or given greater weight than others.

The following points should be noted, including that:

- no duplicate or campaign responses were identified - there are some consultation responses from individual respondents and health improvement organisations that use the same or similar wording in open-ended questions. In part this likely reflects membership and professional bodies (and others) pushing the public consultation out to their members and/or wider networks
- respondents to any public consultation or engagement event are self-selecting, and the responses may not be representative of the population as a whole

Appendix E: feedback on specific standards

Access

Standard 1.2: ‘If I seek support, I will be supported to get the help that is right for me regardless of where I first made contact’:

- it was considered important that when statements talk of people getting 'the help that is right for me' that this is defined by the person not the services. It was suggested that this standard could be reworded to 'If I seek support, I will be supported to get the help I believe is right for me, regardless of where I first made contact’
- there was felt to be a need to address a perception that all people with learning disabilities will automatically access learning disabilities specialist services – for example, people with mild to moderate learning disabilities may be more likely to benefit from access to general mental health services

Standard 1.4: ‘I will be provided with information on other available support such as online resources and community resources which will support me while I wait’:

- online resources may not be appropriate for everyone – people who are digitally excluded, with low levels of digital literacy, or who cannot access online support (for example, older people, young carers, refugees and asylum seekers) and people where English is not their first language (for example, people from an ethnic minority community, asylum seekers, gypsy/travellers)

- a more proactive approach may be required to ensure that people are supported while they wait for specific treatments and/or access to secondary mental health services. Signposting and information in and of itself was not considered sufficient.

- it was suggested that a commitment to connecting people with other available support would be stronger and incentivise secondary mental health services to invest in non-clinical roles such as community connectors and peer workers who can connect people with appropriate supports and also reduce reliance on secondary mental health services

Standard 1.6: 'I will receive care and support in a timescale that reflects my needs':

- it was suggested that this standard was open to interpretation – and that it would need to be defined to enable it to be measured and benchmarked

Standard 1.7: 'Services will prioritise the referrals of those in most need and detail the criteria used to assess need and to prioritise':

- consideration will need to be given to how Standards 1.6 and 1.7 relate to one another. There may be contrasting perceptions of need and priorities between patient and the service. Consideration needs to be given as to how these standards would be balanced, supporting a service to meet individuals needs and providing realistic expectations of service provision. The way in which service user views and professional experience and expertise are balanced will also be key in any data collection exercise

Standard 1.8: 'Services will publish information in a clear and accessible format on who services are for, what is provided, and who can refer to these services. Information will include contact information, location of services, opening hours and how to contact out of hours/emergency care':

- it was suggested that a commitment to 'publish information' does not necessarily reflect the diverse ways that people access healthcare information

- this statement could be strengthened with some notion of 'promote in meaningful and culturally relevant ways' or similar

Standard 1.9: ‘This information should be widely available and easily found. Information should be available in people’s preferred languages and in formats which are culturally sensitive and understands the possible impact of trauma on people accessing services’:

- to be consistent with the other standards it was suggested that phrasing should change from "should" to "will"

- this standard could further expand on accessible mental health resources to include easy reads, audio and video formats for those with learning disabilities

- the standard outlines an expectation within the standard that information should be available in “peoples preferred language" - however, consideration will need to be given to the resource available to create these materials

Standard 1.12: ‘Services must have systems to accurately measure waiting times for assessment and treatment, this information should be accessible to everyone. It must be recorded and regularly reported through Clinical and Care Governance structures’:

- the importance of the NHS and secondary mental health services having systems which correctly record the identities of LGBT+ people was considered important. For example, recording an individual's correct name and gender, in line with how they live their life (whether male, female or nonbinary)

Assessment, care planning, treatment, and support

Standard 2.2: ‘Alongside consideration of my needs, I will be asked what is important to me and this will inform my mental health assessment, care planning, treatment and support. If I want them to be, and it is appropriate, my carer and/or family should be involved’:

- this standard (and the standards more generally) could be more inclusive of kinship networks for LGBTI+ people

Standard 2.3: ‘I will have a copy of my care plan which will be regularly reviewed to ensure it reflects my needs’:

- there should be explicit reference to a written care plan

Standard 2.6: ‘I will have a choice in how I prefer to access care and support and whether I engage digitally or face to face. However I access support, the environment will be safe and will enable effective treatment’:

- while for the vast majority of people accessing services this is accurate for those who are assessed as lacking capacity (using relevant legal frameworks) then although their choice should be taken into account it may not be possible to act on it, this is particular true if there are risks present

Standard 2.7: ‘If I need support from multiple professionals and agencies, I will have a designated named person who will offer support in coordinating these’:

- it was suggested that the reference to a named person is changed to care coordinator or equivalent as named person has meanings under mental health legislation and under GIRFEC

Standard 2.9: ‘Services will ensure that teams have an adequate staffing skill mix to provide a wide range of assessments and therapeutic interventions based on needs in their community. This team should include psychiatry, nursing, psychology, social work and Allied Health Professionals as well as opportunity for peer support and other expertise as needed’:

- adequate staffing mix would need to be defined
- pharmacy could be added to the ‘team’ mix
- peer support is treated as an add-on which is not how many service users and services experience or think of peer support
- this standard may raise expectations of delivery of care which cannot currently be met, and it would be useful to see that acknowledged
- there should be a clear path to escalation where staff feel standards are not being met

Standard 2.11: ‘Services will ensure that the mental health care and support is provided in a community setting wherever possible. If people need in-patient care, this will be for the shortest necessary time and planning for returning to the community will begin as soon as they are admitted with an estimated date for discharge’:

- there could be reference to the return to the community at times where assessed as appropriate, being to an alternative care/home setting. Similarly, for people who are transferred from assessment units to Hospital Based Complex Care wards the current wording of may not be the best fit
- this standard could include additional text: “Services will ensure that mental health care and support is provided in a community setting wherever possible and appropriate
- If people need in-patient care, this will be for the shortest necessary time and planning for returning to the community will begin as soon as they are admitted”

- in terms of discharge, it may be inappropriate to return people back to their own home and they may have to go into supported accommodation. This can sometimes be difficult for people and their families. The term ‘community’ should be expanded upon to reflect this reality in order to support understanding and expectation
- the statement imposes services' preference for community care on service users – some people are discharged before they are ready, or without their input into the process. Service user choice about the better setting for them at any given time and contribution to decision-making would be important

Standard 2.12: ‘When planning and delivering services, consideration of the wider determinants of health which can increase the risk of inequality will be addressed so that care and support can be person-centred and responsive. This will include consideration of inequalities related to cultural, ethnic and other protected characteristics’:

- Local Government plays a central role in supporting the social determinants of mental health by providing a wide range of services such as employment, education, housing, leisure and green space. These do not usually sit within secondary mental health provision – questions raised included what this standard refers to in practice, and how this can be made clearer to achieve its intended aim
- this standard could benefit from the inclusion of sustainable care when planning, using triple bottom line principles, so that care does not limit its future provision through unsustainable practice, nor does it have adverse environmental, or social impacts

Standards 2.13: ‘Services will routinely measure and report care and treatment outcomes. This should include understanding both responsiveness of interventions and service users and carer experience. This should routinely be reported through clinical and care governance’:

- further clarity was required on which services are expected to contribute to the collection of this data and what organisation will these services be providing this information to – it was proposed that: any data requests connect to existing data being provided; any new data requests should consider current workforce capacity; and consider the jointly published Scottish Government and COSLA Health and Social Care Data Strategy (2023) which aims to promote the consistent use of data across health, social work and social care

Standard 2.14: ‘Services will use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly’:

- would this data be from GP systems too? – this would be welcomed but would need the current work round data sharing processes to be accelerated
- it was suggested that it may not be appropriate to include this standard within adult secondary mental health services as individuals will already have been clinically assessed – it was suggested that this standard seems to link more closely to prevention, where this data would be useful in identifying groups who are at increased risk

Moving between and out of services

Standard 3.1: ‘I will have one written care plan which is jointly created by me and the professionals supporting me. If I move between different services, this will include clear information which supports my move’:

- there should be explicit mention that the information will be translated and culturally competent

Standard 3.2: 'With my permission, this plan will be shared as I move between services so that I have to tell my story as few times as possible':

- this standard should also acknowledge that there are times when it is essential that a person is asked to share their story again. Whilst the number of times should be reduced, there will still be occasions when this is necessary. The reasons should be explained to the person by the clinician involved in their care
- any sharing of personal data must be accompanied by adequate legal safeguards

Standard 3.3: 'If I need to move between or out of services, I will be supported to prepare for this move. If I need someone to help me, that support will be available to me at a time and pace I need, for example, advocacy':

- could be strengthened to reflect the range of services that may help an individual during transition

Standard 3.4: 'If I am discharged from mental health services, I will understand how to get care and support if I need this again, this will be easy for me':

- there could be greater acknowledgement that discharge should ideally be a collaborative decision between the person with lived experience and the service, and involve discharge/recovery action planning
- language used in the statements could be more 'recovery oriented' – for example, it may be better to consider an alternative way to express 'if I am discharged' while at the same time acknowledging that some people may never be discharged from services
- a standard around discharge should also set out clear expectations for post-discharge follow up within a specified time frame
- what would be considered 'easy' in terms of re-accessing services – suggestions included providing a phone number to re-refer to a service as opposed to requiring a GP referral

- does the reference 'easy for me' refer to it being easy to understand how to get care and support or easy to get care and support as these are different concepts
- people should not be placed back on the waiting list upon re-referral
- this standard could reflect the duty on health boards under section 28 of Carers (Scotland) Act 2016 to involve unpaid carers in discharge discussions and plans. The discharge process needs to be fully explained to unpaid carers Unpaid carers also need to be aware of where to get further help, not only for themselves, but for the person they care for

Standard 3.5: 'All mental health and care services will work together to reduce delays in transitions of care, whether from inpatient to community or between services, there must be joint processes in place to enable seamless transitions':

- this standard could benefit from defining what services are included in the intended scope
- this standard could recognise that the ability to 'reduce delays' would depend on several factors including demand and workforce capacity
- the statement was also said to be too vague, and further clarity was required on the 'joint processes' referred to in this standard
- there is a need to expand in-reach support, especially in the transition from inpatient to community transitions

Standard 3.6: 'Services will ensure that if people's move out of inpatient care or between services are delayed, this will be recorded with the reason for the delay made clear. Services will report this through Clinical and Care Governance processes':

- what would be done with the data collected on delays
- would the data be reviewed to identify common themes and inform action to reduce or eliminate delays
- it would be important to further embed lived experience into any evaluation process to help improve service transition
- clarity on the expected role of the Scottish Government in the reporting process

Standard 3.7: ‘Services will provide co-produced written care plans for transitions between services or discharge from services, detailing how to reengage’:

- what format would the care plan take, which professionals would be involved, who would have ownership of the care plan, how would information be shared (respecting the person’s wishes and privacy), and who would be able to access the care plan
- where does decision-making rest in instances where a person is moving between services and may not wish to share their care plan with the receiving service, even although this may be in their best interests
- people should have power over their own care – this is key to preventing discrimination, or people feeling stigmatised - care plans should be outcome focused and reflect the needs and preferences of people using the services. Care plans could use advance statements to ensure the will and preferences of the individual are supported
- whether co-production would centre mainly around the person with lived experience’s own opinion and needs
- people should be given the option of how they contribute to these plans. If non-digital methods are used (for example, a handwritten care plan) then efforts should be made to digitise these so that they are available out of hours and are not lost
- that this standard could be extended further to include transition into the community from inpatient services
- barriers such as intersectional stigma and its impact when creating collaborative care plans would need to be considered and addressed
- creation of an agreed care plan must also have relevant scrutiny and accountability processes in place to ensure that person centred appropriate care is delivered

- care plans should be provided in an accessible and clear format, including in different formats and languages (and funding for translation services) – this should also be emailed/mailed to individuals so they can share it themselves as they move forward

Workforce

Standard 4.1: 'I will be confident that the staff who work with me have the right skills and experience to care for and support me':

- standard is vague and ill-defined. Service users often feel that even if staff are properly trained, their treatment still may not be appropriate. Suggest that this section refers to skills as both vocational/academic skills and the interpersonal skills required to work in mental health services
- should be amended to state they 'will have the right training, knowledge, skills, experience and ongoing support for their professional development'

Standard 4.3: 'Services will support the wellbeing of the workforce':

- the next stage of these standards should demonstrate how services will support the wellbeing of the workforce

Standard 4.4: 'Services will ensure that all staff who work with me will be trained in trauma informed practice and approaches and will have completed equalities and diversity awareness training':

- available training can be mixed in quality. Training should be standardised, and the standard more explicit about the nature and quality of training
- should include a more comprehensive requirement of staff training that includes risk assessment/suicide prevention training / physical healthcare. Explicitly naming and cherry-picking trauma might result in the exclusion of other training that is equally important to delivery within a particular service

Standard 4.6: ‘Services will ensure that staffing levels are safe and adequate and are compliant with the health and care staffing legislation’:

- several secondary care mental health services do not currently have safe and adequate staffing levels. This section would benefit from a specific point not just about ‘services’ but the staff within them, and what they could/should do to highlight concerns about staffing or their own wellbeing
- further clarification on this standard and more information on the practical steps about how these staffing levels will be ensured. Currently adults are rejected from specialist referrals as they do not meet the criteria for support. If the assessment criteria becomes more rigid in an effort to adhere to staffing levels legislation then there is a risk of structural discrimination, resulting in a lack of treatment and service users slipping through the cracks despite a need for a service
- this is important but not always achievable. Raising patient expectations can then lead to increased dissatisfaction and risk of complaint from patients and burnout among staff. The government either needs to fund services adequately or accept that such standards are unhelpful
- It will currently be difficult to achieve this standard in some areas, despite legislative requirements, given national and significant staffing level deficits

Standard 4.8: ‘Clinical supervision and reflective practice will be incorporated into all services as routine practice.’:

- reflective practice and clinical supervision is not routine for some staff groups. More guidance should be given for staff to embed this into their work. Low staffing levels also impact the ability to achieve this

Standard 4.9: ‘Leadership of services will create a collaborative culture which empowers and enables the workforce to support the implementation of these standards’:

- should read "Leadership of services will create a collaborative culture which empowers, enables, and holds accountable the workforce to support the implementation of these standards." It would make staff at all levels accountable to actually implement the standards rather than paying lip service to them

Governance and accountability

Standard 5.3: ‘I will be signposted to independent advocacy services for support, and given the opportunity to share my experience confidentially and or be supported to make a formal complaint’:

- it was suggested that this may be difficult to uphold as most advocacy services have limited resources and prioritise referrals for people who are subject to a compulsory treatment order
- standard should be expanded to clarify if there is a guarantee of anonymity in these processes

Standard 5.5: ‘Services will ensure that processes are in place to learn from feedback and complaints and will use this to improve services.’:

- add “and made public with relevant changes to the service” as a means for ensuring accountability

Standard 5.8: ‘Services will work together with scrutiny bodies to provide assurance that standards are met and improve quality of care where necessary’:

- this could be extended to involve people with lived experience

Appendix F: additional points

Additional points raised by respondents to consultation questions are captured below. In the main these were raised by a few respondents.

Question 11

Additional examples of things respondents felt were missing from the access standards included that they could:

- give greater consideration to how to improve access to emergency and out of hours services and support
- address psychological and emotional barriers to access, and understand the possible impact of trauma on people accessing services
- address the issue of a shortage of in-patient beds – it was noted that outcomes are poorer for those unable to be hospitalised locally, and adds to the distress of in-patients if it is difficult for them to see family or friends
- give greater consideration to location and building accessibility
- include explicit reference to the role of, and interface with, primary care and non-specialist services
- acknowledge the use of private diagnosis and titration services, and explain how these services may be integrated

Question 18

Additional examples of things respondents felt were missing from the assessment, care planning, treatment, and support standards included that:

- the standards could be improved by providing more detail on for example: regularity of contact a person may expect; how multidisciplinary teams should work together, including the core duties and responsibilities of each professional group and their relationship with the person

- it would be important that the links between discharge from in-patient setting to community are clear and flexible so that "continuous progress in mental wellbeing" can be the outcome of the interventions

- the assessment, care planning, treatment, and support standards could include an explicit link to the Equality Act 2010

Question 25

Additional examples of things respondents felt were anything missing from the moving between and out of services standards included that:

- greater consideration could be given to how specific groups of people in vulnerable circumstances are best supported to move between and out of services (for example, people with experience of homelessness, people who are not registered with a GP were mentioned in consultation responses). A related point was that the standards could be more explicit about how people with learning disabilities would be supported with transitions, and that this should take cognisance of existing good practice

- there were a couple of comments regarding care plans:

    - further clarity was required on the care plan for moving between services – a comment was that this is not reflective of practice as a care plan would change based on need and may not be detail the individual's story

    - whether the care plan is relevant for moving between different services out with adult secondary services

    - how the sharing and updating of care plans (and transition plans) would be coordinated - for example, more information on roles and responsibilities may be required

- more explicit reference could be given to the role of families and carers in supporting transitions/discharge – as it is often a time of increased stress and may also mean a change to their caring/support role

- the adult secondary mental health standards could acknowledge any existing standards that services use, and also describe how different standards relate to each other (for example, Medication Assisted Treatment (MAT) standards: access, choice, support)

- more guidance on what ‘good transitions’ should look like

Question 27

Additional suggestions for how the moving between and out of services standards could go further to help ensure that services meet everyone’s needs, included that:

- consideration could be given to the development of a 'mental health' service map for people to help explain the stages, expectations and direction of their care journey – related point were that there could be additional narrative to explain why changing services and transitions might be challenging, and that people need to be informed as to what should happen at transitions, what the standards of care services should be expected to provide at these points, and what other forms of support are available at these points

- the procedures regarding discharge and moving through services in adult secondary mental health services are not fully accessible to those with a mental illness or who are experiencing mental ill-health – there needs to be shift in onus from the person seeking support and engaging with people in an accessible and simple way. It was suggested that the standards could consider how to remove barriers to access, including to avoid a situation where a person in need of support is removed from waiting lists for support

- there could be greater reference within the moving between and out of services standards to making people aware of, and connecting people to, local advocacy support

- the formulation of single written care plans also need to give due consideration to any workforce implications – including ensuring appropriate processes are in place to ensure the plan is shared seamlessly between services, and provides the advocacy support needed to underpin smooth transitions

Question 29

The following points were raised by respondents in relation to what a standard around substance use could contain, albeit not to any great extent:

- the adult secondary mental health services workforce may require a level of knowledge and understanding of substance use work (that is "addiction-informed")

- adult secondary mental health services need to have adequate resources and staff in place to deliver a specific standard for people with lived and living experience of substance use – and high levels of staff turnover within services makes it more challenging to provide continuity of care

- the systems used by different services "do not talk to each other" and digital infrastructure improvements may be required to ensure deliverability

- there could be greater co-location of adult mental health and addiction services to help ensure deliverability of a specific standard for people with lived and living experience of substance use

- a mental health organisation noted "The inclusion of a specific standard around substance use would open up questions around whether there should be specific standards for other service users, for example, those with trauma, severe mental illness" – while another mental health organisation felt that "The standards should be general enough to cover substance use in the same way as they should be able to cover the full range of mental health conditions"

The Mental Welfare Commission for Scotland called for:

- "….a clear written policy/service delivery model reflecting national standards and guidance, outlining the expectations for the holistic, joined up care of people with a co-occurring mental health condition and problem substance use (if one does not already exist)

- audits should be undertaken to ensure that every person with a co-occurring mental health condition and problem substance use has a documented care plan with a care-coordinator identified

- protocols should be in place detailing agreed approaches for people who disengage with services and this includes people with co-occurring mental ill health and problem substance use

- Psychiatric Emergency Plans should be reviewed to ensure that sections that set protocols for the care and treatment of those individuals presenting intoxicated provide a mechanism for contemporaneous and subsequent engagement

- NHS Education for Scotland (NES) to consider with relevant stakeholders, and report on how educational and improvement programmes for professionals working in mental health, addiction services and social care might:

    - embed a trauma-informed approach to care and treatment of people with mental health conditions and problem substance use
    - address stigmatising attitudes within professionals towards people with mental health conditions and problem substance use

- the Scottish Government should monitor the delivery of the above recommendations and work with health and social care partnerships (and associated health boards/local authorities) and NES to support consistency and address any barriers to delivery over the next 12-months

“The first four recommendations lend themselves to the development of a standard whether as individual standards or subsumed within the first recommendation around a protocol. We note that the Scottish Government rapid review on the subject complements the MWC work and there is a shared view around a protocol - this would form the basis for a standard for services”.

Mental Welfare Commission for Scotland

Question 49

Other views provided on possible questions to include in the self-assessment tool included:

- which workforce planning models are used to estimate whole time equivalent staffing and skill mix required to meet the needs of the population
- which suite of routine outcome measures is used by services to evaluate outcomes for patients, including measures of stabilisation or wellbeing, in addition to measures of symptom reduction
- how people with lived experience are engaged to help inform and co-design services
- what more could be done to support the wellbeing of the mental health workforce
- are there ways to improve access to services
- waiting times data - is this data available to the public; and is data on why referrals have been rejected collected and available
- how often are staff are given refresher training on digital systems; and is there is a digital champion in each team to offer local tailored support
- there could be a question for all of the subsections of each standard relating to how success is measured, level of success in meeting the standard, any barriers, and lessons going forward

Question 50

Other suggestions for possible indicators included:

- number and length of stay of patients in other in-patient settings awaiting transfer to psychiatry wards
- wait time for best practice treatment after initial assessment
- how long did it take to get access to the appropriate level of care
- how many people who needed it got access to in-patient treatment
- how relevant/beneficial was the treatment received for your needs
- proportion of individuals deemed in crisis and length and type of response
- proportion of people who say that they would be happy if their loved one received care from this service
- the proportion of people electing or not electing to provide feedback on the service and support received, and steps taken to improve this
- uptake of wellbeing support among the mental health workforce
- the proportion of people who do not provide consent to share their care plan between services
- proportion of referrals that were re-referrals
- reasons for delay in discharge from in-patient settings
- indicators relating to staffing levels, including for staff in administrative roles

Question 51

A few additional points were raised as suggestions for how the Scottish Government could support services to reduce inequalities in the outcomes and experiences of people who use services, including in the measurement of the standards. This included that it is important: to involve people with lived experience in service design and improvement; and for services to adopt a human-rights based approach.

Appendix G: publishing consultation responses

All responses, where the respondent gave permission for their comments to be published, will be made available on the Scottish Government Citizen Space website.

Of the 102 validated consultation responses:

- 20 selected “publish response with name”, including 14 organisations and six individuals
- 64 selected “publish response only (without name)”, including 27 organisations and 37 individuals
- 10 selected “do not publish”, including three organisations and seven individuals
- Eight respondents did not provide a Respondent Information Form, all of which are organisations.

Appendix H: satisfaction with the consultation

Table H1: How satisfied were you with this consultation?

Satisfaction (N=69)	Individuals	Organisations	Total
Very satisfied	31%	21%	28%
Slightly satisfied	40%	46%	42%
Neither/nor	18%	29%	22%
Slightly dissatisfied	7%	4%	6%
Very dissatisfied	4%	0%	3%

Base = 69 (45 individuals and 24 organisations)
Excludes blank responses

Table H2: How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?

Satisfaction (N=67)	Individuals	Organisations	Total
Very satisfied	53%	36%	46%
Slightly satisfied	20%	32%	23%
Neither/nor	20%	18%	19%
Slightly dissatisfied	2%	9%	4%
Very dissatisfied	4%	5%	4%

Base = 67 (45 individuals and 22 organisations)
Excludes blank responses

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