Delivery of psychological therapies and interventions – national specification: consultation analysis

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 Delivery of psychological therapies and interventions: national specification. As the consultation document contained a large number of questions this summary provides a high-level overview of the main findings.

2. The public consultation, which ran for 13 weeks from 14 December 2022 to 17 March 2023, received 95 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; 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 nine sections, with most structured in the same way (that is they contained the same closed-questions). In the main, this shows that a majority of consultation respondents agreed or strongly agreed that the specification:

   - will improve the experience of people using services
   - will improve outcomes for people using services
   - clearly set out to individuals, their families and carers what they can expect from psychological care
   - will help to meet everyone’s needs regardless of their background

5. In some cases feedback to closed-questions was mixed – for example, some questions attracted a relatively high proportion of "neither agree nor disagree" responses.

6. The following sections outline any additional qualitative feedback from respondents (that is, feedback that is not described above in the repeated points sub-section).

7. More specific feedback on individual statements is provided in **Appendix D**.

Key themes

8. Several themes emerged from the consultation responses leading to considerable repetition of points and views. Rather than repeat these themes throughout the summary, they have been summarised below.

The specification

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

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

- any terms used within the specification should also be defined, consistent and not interchangeable (for example, "care", "support" and "treatment")

Resources

- budgetary pressures and workforce challenges (for example, staff shortages, recruitment, retention, diversity, supervision, wellbeing, morale, burnout) mean that constrained resources may make it difficult for services to achieve the specification’s outcomes

- adequate and sustained financial resources and other support (for example, training and digital infrastructure/support) is needed to build capacity and capability within the workforce

- some outcomes and statements within the specification may also raise expectations of delivery of care which cannot currently be met. While the specification is aspirational it must also be achievable, and consideration could be given to where additional resource is required in order for the outcomes to be achieved

Services and service providers

- person-centred, collaborative care and holistic approaches are viewed as a key component of the delivery of psychological care

- inclusive information and communication was considered essential

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

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

- it was considered imperative that the specification seeks 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 outside of the control or influence of psychological therapies and interventions

People with lived experience

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

- the views, experiences, and priorities of people who use psychological therapies and interventions, their families and carers, and the workforce should remain connected to service development and policy

Feedback on the overall aims of the specification

9. Some respondents provided suggestions for how to ensure timely access to psychological therapies and interventions for people, including that:

    - the specification should take into account that some groups of people face more barriers to accessing services – for example, older people, ethnic minorities, people with substance use issues, people with learning disabilities

    - there needs to be clear referral processes from GPs and other practitioners, as well as a greater understanding of the broad range of psychological therapies and interventions available

10. Suggestions to improve accessibility and readability of specification included that more accessible and inclusive information and communication was needed – in plain English, in different languages, and in other accessible and user-friendly formats (for example, it could be presented visually using video, animation and/or infographics).

Outcome 1: High-quality care and support that is right for me

11. Around two-thirds of all consultation respondents who answered the question either agreed or strongly agreed (65%) that the statements within Outcome 1 will help to make sure that individuals get the right support that they need, all delivered by appropriately trained professionals.

12. The main qualitative feedback aligned to the key themes presented earlier, as well as specific and detailed comments on the individual statements contained within Outcome 1.

Outcome 2: I am fully involved in decisions about my care

13. There was mixed feedback on whether the statements within Outcome 2 will help to support collaboration between professionals – almost half of all consultation respondents who answered the question either agreed or strongly agreed (45%). A similar proportion (43%) neither agreed nor disagreed and the remainder disagreed.

14. Additional feedback from respondents on Outcome 2 was that there could be more explicit reference to improved collaboration between professionals.

Outcome 3: High-quality interventions and treatments that are right for me

15. There was slightly mixed feedback on whether the statements within Outcome 3 will help to make sure that the best results are achieved for individuals – over half of all consultation respondents who answered the question either agreed or strongly agreed (55%). A relatively large proportion of respondents neither agreed nor disagreed (29%) and the remainder disagreed.

16. Similar to other Outcomes, much of the feedback from respondents chimed with the key themes presented earlier as well as comments on specific statements within Outcome 3. Where additional feedback was provided, a few respondents felt that there could be more emphasis within the statements on the linkages to the broad range of professions involved in service delivery (for example, occupational therapy).

Outcome 4: My rights are acknowledged, respected and delivered

17. Almost three-quarters of all consultation respondents who answered the question either agreed or strongly agreed (72%) that the statements within Outcome 4 will help to support individuals to be an equal partner in their care and make sure that values, rights-based, and person-centred approaches will be embedded in all practice.

18. In addition to raising key themes and providing feedback on specific statements within Outcome 4, other themes raised to a lesser extent included:

    - that effective implementation of Outcome 4 may require greater knowledge and awareness of rights for people when they seek to access psychological care

- a human-rights based approach should be adopted where every person is treated with respect and dignity

- the importance of informed consent and care planning

Outcome 5: I am fully involved in planning and agreeing my transitions

19. Almost two-thirds of all consultation respondents who answered the question either agreed or strongly agreed (63%) that the statements within Outcome 5 will help to support a smooth transfer of care and make sure that it is effectively planned, communicated, and implemented – a relatively large proportion of respondents neither agreed nor disagreed (31%) with this statement and the remainder disagreed.

20. In addition to raising key themes and providing feedback on specific statements within Outcome 5, some respondents emphasised the importance of ensuring smooth transitions between Children’s Services and Adult’s Services.

Outcome 6: We fully involve people, their families and carers

21. The majority of all consultation respondents who answered the question either agreed or strongly agreed (71%) that the statements within Outcome 6 will help to ensure that services work in partnership with people, their families, and carers to shape aspects of service design, delivery and review.

22. Where additional feedback was provided on Outcome 6, some respondents highlighted:

    - that there could be greater consideration of abusive/coercive family and carer relationships

- the need for, and importance of, support and resources for families and carers of people who access psychological therapies and interventions

Outcome 7: I have confidence in the staff who support me

23. Almost two-thirds of all consultation respondents who answered the question either agreed or strongly agreed (64%) that the statements within Outcome 7 will help to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered.

24. Where additional feedback was provided, some respondents felt that a culture change may be required within the psychological workforce and psychological therapies to ensure the deliverability of Outcome 7. It was felt that this could address any stigma that affects both people with mental health issues as well as the attitudes and behaviours of clinicians.

Implementation and measurement

25. To support services implement the seven outcomes of the specification respondents suggested that there was scope to improve communication, collaboration and coordination between services – including greater consistency in how (and what) information and data is collected, recorded, reported and shared.

26. For example, when asked what could reduce inequalities in the outcomes and experiences of people who use services, some organisations felt that relevant and detailed equality and diversity information and data should be routinely collected and reported on.

Self-assessment tool

27. Around two-thirds of all consultation respondents who answered the question either agreed or strongly agreed (64%) that the specification should be measured using a validated self-assessment tool – a relatively large proportion of respondents neither agreed nor disagreed (26%) and the remainder disagreed.

28. Some respondents were concerned that a validated self-assessment tool may increase the administrative burden on services and the workforce.

Indicators

29. The vast majority of all consultation respondents who answered the question either agreed or strongly agreed (86%) that the specification should be measured using a range of indicators.

30. Similar to the self-assessment tool, qualitative feedback highlighted that data collection and reporting on indicators should not place added burden on services and the workforce.

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: is 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.

Enhanced practice: describes therapies or interventions delivered by staff with additional skills developed through short training courses in psychological interventions and a role to provide them within protected time in their post or role. This workforce will provide psychological assessment and treatments that have proven effectiveness as indicated in the Scottish Psychological Therapies Matrix. Enhanced Practice staff also offer supervision and training to others. For example, cognitive rehabilitation for someone with dementia delivered by a nurse in a social care setting.

Evidence-based therapy: is about combining the professional's skills and judgements with the available research to provide a tailored treatment plan. The effectiveness of treatment is based on scientific evidence with the goal of providing people with treatments that have solid research support for their effectiveness.

Formulation: is a joint effort between the person accessing care and the professional delivering care to summarise the person’s difficulties, to explain why they may be happening and to make sense of them. It may include past difficulties and experiences if these are relevant to the present. It acknowledges the person’s strengths and resources. It also helps the professional to decide how to support the person to feel better and recover by thinking about how the whole system of support can help the person feel better.

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.

Informed practice: is psychological care delivered by all staff across the health, social care and third sector workforce who are involved in providing care to the public. This workforce will have knowledge and skills in recognising psychological issues. For example, a support worker identifying distress through a trauma-informed conversation with an in-patient who has cancer and informing the ward nurse.

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

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.

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.

Protected characteristics: include age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, and sexual orientation.

Psychological assessment: is the specific tools that are used by appropriately trained staff to assess someone's mental, cognitive, and psychological health (for example, a cognitive assessment of someone with a learning disability using formal assessment tools).

Psychological therapies and 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 (for example, a neuropsychological assessment following brain injury which helps guide a treatment plan).

Psychological treatment: is the evidence-based therapies and techniques used to help people with their psychological health and wellbeing.

Public sector: includes organisations that are responsible for providing public services including education, emergency services, healthcare, and housing, and typically have a direct relationship with the Scottish Government or Scottish Parliament

Quality improvement: is about giving the people closest to issues affecting care and quality, the time, permission, skills, and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.

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.

Skilled practice: is care delivered by staff with additional skills in using psychological approaches and who would generally provide them as part of their routine care. This workforce will have skills to deliver psychologically based education courses and have skills in developing good communication and listening skills. For example, a nurse providing support and education about anxiety and sleep in conversations with adults seen in a general practice.

Social care: includes all forms of personal and practical support for children, young people and adults who need extra support. It describes services and other types of help, including care homes and supporting unpaid carers to help them continue in their caring role.

Specialist practice: is the assessments, treatments and interventions delivered by staff with specific specialist recognised training in psychological theories and therapies as a core remit of their role. This workforce will have formal training in all levels of the Roth and Pilling Competency Framework (2015) with expertise in at least one psychological therapy. Specialist Practice staff also offer supervision and training to others. For example, delivery of trauma focussed Cognitive Behavioural Therapy for people who have a diagnosis of Post-Traumatic Stress Disorder and depression. Professionals trained in enhanced and specialist practice also contribute to wider public sector services through education, training, supervision, consultation, research, evaluation, and organisational support.

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.

1 Introduction

Introduction

In December 2022 the Scottish Government launched the consultation 'Delivery of psychological therapies and interventions: national specification'. 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.

Background

Context

Psychological therapies and interventions are evidence-based techniques used to promote good psychological health, prevent psychological ill health, and provide mental health interventions. These techniques can help people make changes to their thinking, behaviour, and relationships to reduce distress, treat mental health difficulties, help manage emotions, and improve wellbeing.

Psychological therapies and interventions are delivered in a broad range of health, social care, and third sector settings in Scotland; across all ages and a diverse range of needs. The settings where psychological care may be delivered include adult mental health services, education, and community settings.

Psychological care refers to all psychological therapies, assessments and interventions delivered through self-help, by individuals or specific psychological teams or services. This care can be delivered in person, in groups and remotely and/or digitally.

The psychological care workforce can be categorised into four practice types:

- **informed practice** – this workforce requires to have knowledge and skills in recognising psychological issues (for example, a support worker identifying distress through a trauma-informed conversation with an in-patient who has cancer and informing the ward nurse)
- **skilled practice** – this workforce requires skills to deliver psychologically based education courses, as well as have good communication and listening skills (for example, a clinician providing support and education about anxiety and sleep in conversations with adults in a prison setting)
- **enhanced practice** – this workforce provides psychological assessment and treatments that have proven effectiveness as indicated in the Scottish Psychological Therapies Matrix (for example, an occupational therapist delivering evidence based cognitive rehabilitation with someone in a social care setting)
- **specialist practice** – this workforce requires formal training to develop expertise in at least one psychological therapy (for example, delivery of trauma focussed Cognitive Behavioural Therapy for people who have Post-Traumatic Stress Disorder and depression by a Clinical Psychologist)

The Scottish Government aims to ensure that there is a well-functioning psychological care system, which helps people to receive the right information, support, intervention, or service appropriate for their needs and to make an informed decision relating to their own care and support. However, it is acknowledged that currently not everyone has the same experiences or outcomes when they engage with individuals, teams or services when receiving psychological care.

Currently, there is no national specification for the delivery of psychological therapies and interventions in Scotland. People with lived experience of accessing psychological therapies and interventions and people who work and volunteer in services, have identified this as a barrier in the delivery of quality care and support. The development of this specification aims to address this gap.

Alignment with existing strategies, plans and workstreams

Demand for psychological therapies and interventions in Scotland had been growing gradually before the coronavirus (COVID-19) pandemic in 2020. The pandemic has exacerbated the situation. The Mental Health Transition and Recovery Plan (October 2020) outlines the Scottish Government's response to the pandemic.

This Plan addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health and psychological wellbeing.

The Plan has a key aim of ensuring safe, effective treatment and care of people living with mental illness, and committed the Scottish Government to the development, implementation and assessment of the National Standards for Adult Secondary Care Mental Health Services. The Minister subsequently tasked the development of a national specification for psychological therapies and interventions.

The Psychological therapies and interventions specification has been 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 will set out the Scottish Government's aims for a high-functioning mental health and wellbeing system and the expected standard of services within that system to deliver. Measurement of the standards will provide indicators that can form part of our evaluation and monitoring of the Strategy and Delivery Plan.

The specification also complements other ongoing and interlinking work, such as the:

- creation of the National Care Service (NCS)
- the findings from the Mental Health Law Review (2022)
- the consultation relating to the Quality standards for adult secondary mental health services, which closed on 17 March 2023

Involvement of people with lived experience

Throughout the development of the national specification, the Scottish Government engaged extensively with people who use psychological care services and mental health services, the psychologically trained workforce and organisations who deliver psychological care. The reports were published alongside the consultation paper as supporting documents.

The Heads of Psychology Groups Scotland (HOPS) provided expert advice to support the development of the national specification.

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 with lived experience of psychological care and mental health 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.

The consultation

The national specification is structured around seven overarching outcomes, which people with lived experience of accessing psychological therapies and interventions and the workforce were consulted on, **Table 1.1**.

Table 1.1: Overarching outcomes of the specification

Outcome		Relevant chapter of report
1	High-quality care and support that is right for me	4
2	I am fully involved in decisions about my care	5
3	High-quality interventions and treatment that are right for me	6
4	My rights are acknowledged, respected, and delivered	7
5	I am fully involved in planning and agreeing my transitions	8
6	We fully involve people, their families, and their carers	9
7	I have confidence in the staff that support me	10

A key priority in developing the national specification is to address the inequalities in outcomes and experiences for people accessing psychological therapies and interventions. The evidence base shows that access to and experience of psychological care and support is not experienced equally across the population. The specification has been developed to support equitable access to psychological 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 national specification. The feedback from the consultation will be used by the Scottish Government to write the final specification and to develop how it will measure if the specification is being met.

A standalone executive summary has been prepared that highlights cross-cutting themes arising from this consultation and the Quality standards for adult secondary mental health services consultation.

2 Consultation methodology

Introduction

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

Public consultation

The consultation received 95 responses (all validated), **Table 2.1**. A larger proportion of consultation responses were from individuals (58%), with the remainder from organisations (42%).

The majority of consultation responses were submitted through Citizen Space (95%), with the remainder submitted to the Scottish Government directly by email (5%).

Table 2.1: Number of respondents

	Number	Percentage
Individuals	55	58%
Organisations	40	42%
Total	**95**	**100%**

Organisations

Organisations were then grouped under three broad categories, **Table 2.2**, including:

- public sector organisations, such as Health Boards and local authorities, which make up the largest organisation category (48%)
- membership and/or professional bodies, such as British Psychological Society and Royal College of General Practitioners Scotland, which represent 30% of all organisation respondents
- the third sector, such as Age Scotland and People First Scotland, which comprises almost one-quarter of all organisation respondents (23%)

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

Table 2.2: Organisations by broad category

	Number	Percentage
Public sector	19	48%
Membership/Professional body	12	30%
Third sector	9	23%

N=40
Note: No private sector organisation respondents were identified
Percentages may not total 100% due to rounding

Organisations were then coded thematically, **Table 2.3**. As above, it is recognised that there may be some crossover. Mental health (33%) and Health Boards, Health and Social Care Partnerships (HSCPs) and services (30%) make up almost two-thirds of all organisation respondents.

Table 2.3: Organisations by thematic coding

	Number	Percentage
Mental health	13	33%
Health Boards, HSCPs and services	12	30%
Organisations who support specific target groups	8	20%
Other	7	18%

N=40

A total of 26 organisations or 65% 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. The focus of these organisations is not at a population level, rather they 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, and people with substance use issues

- **some organisation respondents have a sole or primary focus on a people with protected characteristics**

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
Protected characteristic		
Disability	5	19%
Age	2	8%
Race	1	4%
Gender reassignment	0	0%
Marriage or civil partnership (in employment only)	0	0%
Pregnancy and maternity	0	0%
Religion or belief	0	0%
Sex	0	0%
Sexual orientation	0	0%
Sub-total (unique organisations)	**8**	**31%**
Marginalised, socially excluded, or disadvantaged groups	**18**	**69%**
Total	**26**	**100%**

Note: These organisations were coded by EKOS to a specific protected characteristic

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 (74%) compared to the population as a whole
- individuals aged 25 to 49 years or 50 to 64 years make up the vast majority of responses (93%)
- 83% of individual respondents describe themselves as heterosexual/ straight
- 4% of individual respondents consider themselves to be trans or have a trans history
- 78% of individual respondents are from a Scottish or other British ethnic group, predominantly Scottish (55%)
- almost three-quarters of individual respondents (72%) do not belong to any religion, religious denomination, or body

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

Analysis

All responses were moderated by Scottish Government officials in the Mental Health Directorate to ensure that they were valid and appropriate. 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 analysis has sought to identify the most common themes and issues. It does not report on every single 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 **Appendix C** with percentages referred to in the main report[1]. This analysis excludes consultation respondents that did not provide a response (meaning blank responses).

For open-ended questions, the approach undertaken to help readers get a sense of the strength and frequency of themes and issues 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 consultation 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

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.

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

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[1] Percentages may not total 100% due to rounding.

Points to note

The following points should be noted, including that:

- respondents to any public consultation or engagement event are self-selecting, and the responses may not be representative of the population as a whole
- not all submissions were presented in line with the consultation questions
- there does not appear to have been a campaign response – albeit 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 bodies (and others) pushing the public consultation out to their members and/or wider networks
- while for most closed questions within the consultation a majority of respondents agreed or strongly agreed with the questions posed by the Scottish Government – there were several instances where a relatively high proportion of respondents neither agreed nor disagreed with particular questions

Key themes that emerged from the consultation

Several themes were raised to all 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 specification

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

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

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

Resources

- budgetary pressures and workforce challenges (for example, staff shortages, recruitment, retention, diversity, supervision, wellbeing, morale, burnout) mean that constrained resources may make it difficult for services to achieve the outcomes of the specification

- adequate and sustained financial resources and other support (for example, training and digital infrastructure/support) would be needed to build capacity and capability within the workforce

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

Services and service providers

- person-centred, collaborative care and holistic approaches are viewed as a key component of the delivery of high-quality psychological care

- inclusive information and communication was considered essential

- effective interfaces and improved information sharing, communication and collaborative working between services and professionals in the public and third sectors

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

- it was considered imperative that the specification seeks 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 outside of the control or influence of psychological care, therapies and interventions

People with lived experience

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

- the views, experiences, and priorities of people who use psychological care services, their families and carers, and the workforce should remain connected to service development and policy

3 Feedback on the overall aims of the specification

Introduction

Part one of the consultation sought feedback on the aims of the draft national specification. Everyone was invited to complete these questions, however, it was also aimed at those who had less time to answer each and every question in the consultation document.

Question 1

How far do you agree that the specification will improve the experiences of people accessing psychological therapies and interventions?

Table C1 presents the quantitative response to Question 1. This shows that:

- almost three-quarters of consultation respondents who answered Question 1 either agreed or strongly agreed (71%) that the specification will improve the experiences of people accessing psychological therapies and interventions
- 20% neither agreed nor disagreed
- 9% disagreed or strongly disagreed

Question 2

How far do you agree that the specification will improve the outcomes of people accessing psychological therapies and interventions?

Table C2 presents the quantitative response to Question 2. This shows that:

- over half of all consultation respondents who answered Question 2 either agreed or strongly agreed (58%) that the specification will improve the outcomes of people accessing psychological therapies and interventions
- 28% neither agreed nor disagreed
- 14% disagreed or strongly disagreed

Question 3

How far do you agree that the specification successfully sets out to individuals, their families and carers what they can expect when they access psychological therapies and interventions?

Table C3 presents the quantitative response to Question 3. This shows that:

- almost three-quarters of all consultation respondents who answered Question 3 either agreed or strongly agreed (74%) that the specification successfully sets out to individuals, their families and carers what they can expect when they access psychological therapies and interventions
- 13% neither agreed nor disagreed
- 13% disagreed or strongly disagreed

Question 4

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that your needs are met, whoever you are and whatever your background. How far do you agree that the specification will help do this?

Table C4 presents the quantitative response to Question 4. This shows that:

- over half of all consultation respondents who answered Question 4 either agreed or strongly agreed (57%) that the specification will help to support equitable access to psychological therapies and interventions
- 24% neither agreed nor disagreed
- 19% either disagreed or strongly disagreed

Question 5

Do you have any suggestions for how the specification could help to ensure that there is more timely access to how people receive psychological therapies and interventions?

Almost two-thirds (63%) of all consultation respondents answered Question 5 which asked whether respondents had any suggestions for how the specification could help to ensure that there is more timely access to how people receive psychological therapies and interventions. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points that they had made throughout the consultation - see **Chapter 2** for more detail. For example, this included that:

- the specification was an ambitious and well-intended document but may be unrealistic to deliver
- further action may be required to build workforce capacity
- additional funding, resources and other support to ensure effective implementation of the specification
- more detail was requested on how the specification would be implemented in practice

Theme 2: Some groups of people face more barriers to access

Some respondents, mostly individuals, felt that the specification could contain greater consideration that some groups of people face more barriers to accessing psychological services – reference was made to older people, ethnic minorities, people with substance use issues, and people with learning disabilities. Barriers were reported to include a person having difficulty articulating their situation to a GP and/or difficulty being asked certain personal questions, GP receptionists screening calls, location of GP surgery, the time of appointments and stigma.

As some population groups are more likely to have poor mental health, it was considered important that the specification had sufficient focus on removing barriers to accessing psychological care – so that people have timely access to support.

Theme 3: Clear referral processes

Some individuals and Health Boards, HSCPs and services highlighted that the referral process from GPs and other practitioners is a crucial step which could be improved to support timely access to psychological care. For example, it was suggested that GPs could have a greater understanding of the broad range of psychological therapies and interventions available, and that this could help more people to access the right support at the right time.

Theme 4: Broad range of psychological therapies and interventions

A few individuals acknowledged the important role of people having awareness of, and access to, a wide range of evidence-based psychological therapies and interventions. As such, these respondents welcomed the recognition of third sector involvement and peer support within the specification.

Theme 5: Greater awareness of specification

A few organisations stated that there could be greater public awareness of the specification. These respondents felt that it would be important for the Scottish Government to organise a public communications campaign to raise awareness of the specification among the general public in due course (so that everyone knows what to expect when accessing psychological therapies and interventions).

Theme 6: SMART target setting and monitoring

A few respondents stated that monitoring and evaluation of the outcomes identified within the specification would be critical to better understand whether people are receiving timely access to psychological care. These respondents noted that targets should be SMART (specific, measurable, achievable, relevant, and time-bound).

Theme 7: National waiting times standard

A few respondents expressed concern that some waiting lists for psychological care significantly exceed the national waiting times standards of 12 weeks to assessment and 18 weeks to treatment. It was reported that people who find it difficult to get timely support are negatively impacted.

Question 6

Do you have any other comments on the specification overall?

Over two-thirds (68%) of all consultation respondents answered Question 6 which asked respondents for feedback on the specification overall. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points that they had made throughout the consultation[2] - see **Chapter 2** for more detail. For example, this included:

- the specification was an ambitious and well-intended document but may be unrealistic to deliver
- the specification could be clearer, more concise and easier to understand
- the importance of involving people with lived experience to inform service development and improvement

Theme 2: Scope and responsibilities of specification

Some respondents called for greater clarity on the scope and responsibilities of the specification. It was suggested that providing a list of the applicable professions and roles relevant to the specification could improve the ownership, accountability and implementation of high-quality psychological care.

Similarly, some respondents felt that the specification could give greater consideration to the range of different settings where psychological care is provided and the different professions/roles involved.

A flexible approach was considered important to ensure that implementation of the specification adopted a person-centred approach and recognised regional variations.

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[2] This also included repeated points to specific outcomes which were included within analysis of relevant sections.

The following quote was reflective of some of the pints raised above.

“…it must be recognised that local flexibility is required to meet the needs of individuals in different areas, what works in an urban setting may differ significantly to what works in a rural one for example. Consistency of outcomes is not achieved through the creation of identical services, and it is vital that the PT specification does not create this expectation.”

COSLA

Additional points

Raised to a lesser extent, a few respondents suggested that:

- there could be more explicit reference to informed consent, particularly around involvement of families and carers - this is viewed as critical to person-centred psychological care
- there could be greater consideration of and signposting to specialist therapies, including art and music therapies
- reference to timescales and waiting lists risks a focus on turnaround times rather than provision of high-quality psychological care

Question 7

We want this specification to be as accessible and easy to understand as possible to those who access psychological therapies and interventions. Do you have any suggestions on how this could be improved?

Over two-thirds (68%) of all consultation respondents answered Question 7 which asked respondents to share any suggestions they had to improve the accessibility and understanding of the specification for those who access psychological therapies and interventions. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points that they had made throughout the consultation - see **Chapter 2** for more detail. For example, it was considered important that the specification used language that was clear, concise, easy to understand, and avoided jargon. It was suggested that the specification could be further tested with people with lived experience prior to being finalised.

Some respondents also felt that the specification document was too long and detailed which could limit accessibility, particularly for people with cognitive difficulties or dyslexia. It was suggested that it could be broken down into different sections, for example where some sections are more relevant to service providers.

Theme 2: Specification should be provided in various formats and settings

Some 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. For example, it was suggested that the specification could be presented visually with use of video, animation and/or infographics. Support was expressed for approaches which adopt the principles of inclusive information and communication.

Other suggestions to improve accessibility of specification included providing printed copies for people who are digitally excluded – these could be leaflets in public places, GP surgeries, libraries, and given at appointments when a person is referred to psychological care.

Theme 3: More detail on available psychological therapies and interventions

A few organisations felt that the specification could include more detail on the range and nature of psychological therapies and interventions available to increase awareness and understanding among people looking to access such services.

Theme 4: Specification could have more links to other mental health standards

Another suggestion raised by a few respondents was that the more generic outcomes or statements within the specification could link to other mental health standards. It was stated that this could also avoid duplication.

4 Outcome 1: High-quality care and support that is right for me

Introduction

Part two of the consultation asked for feedback on each of the seven outcomes of the draft specification for psychological therapies and interventions.

This chapter presents feedback on Outcome 1 which states that "Everyone accessing psychological care deserves to receive a high-quality level of care, and the right support that they need, all delivered by appropriately trained professionals." It then sets out a number of statements that describes how this will be achieved.

Question 8

How far do you agree that the statements within Outcome 1 will improve the experiences of people accessing psychological therapies and interventions?

Table C5 presents the quantitative response to Question 8. This shows that:

- a majority of all consultation respondents who answered Question 8 either agreed or strongly agreed (72%) that the statements within Outcome 1 will improve the experiences of people accessing psychological therapies and interventions
- 21% neither agreed nor disagreed
- 8% either disagreed or strongly disagreed

Question 9

How far do you agree that the statements within Outcome 1 will improve the outcomes of people accessing and using psychological therapies and interventions?

Table C6 presents the quantitative response to Question 9. This shows that:

- three-fifths of all consultation respondents who answered Question 9 either agreed or strongly agreed (60%) that the statements within Outcome 1 will improve the outcomes of people accessing psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (31%) with this statement
- 9% either disagreed or strongly disagreed

Question 10

How far do you agree that the statements within Outcome 1 fully sets out to individuals, their families and carers what they can expect when they access high-quality care and support?

Table C7 presents the quantitative response to Question 10. This shows that:

- almost three-quarters of all consultation respondents who answered Question 10 either agreed or strongly agreed (74%) that the statements within Outcome 1 clearly set out to individuals, their families and carers what they can expect when they access high-quality care and support
- 16% neither agreed or disagreed
- 9% either disagreed or strongly disagreed

Question 11

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 1 will help do this?

Table C8 presents the quantitative response to Question 11. This shows that:

- almost two-thirds of all consultation respondents who answered Question 11 either agreed or strongly agreed (61%) that the statements within Outcome 1 will help to support equitable access to psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (29%) with this statement
- 10% either disagreed or strongly disagreed

Question 12

The statements within Outcome 1 are intended to make sure that you get the right support that you need, all delivered by appropriately trained professionals. How far do you agree that the statements within Outcome 1 will help do this?

Table C9 presents the quantitative response to Question 12. This shows that:

- around two-thirds of all consultation respondents who answered Question 12 either agreed or strongly agreed (65%) that the statements within Outcome 1 will help to make sure that individuals get the right support that they need, all delivered by appropriately trained professionals
- a relatively large proportion of respondents neither agreed nor disagreed (27%) with this statement
- 7% either disagreed or strongly disagreed

Question 13

Do you have any other comments about the statements in Outcome 1?

Almost three-quarters (72%) of all consultation respondents answered Question 13 which asked respondents whether they had any comments regarding Outcome 1. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made earlier and to other consultation questions - see **Chapter 2** for more detail. For example:

- it was important not to create unrealistic expectations
- more detail was requested on how Outcome 1 would be implemented in practice
- it was imperative that the specification seeks to address wider determinants of mental health to reduce inequalities
- the emphasis on a broader range of psychological therapies and interventions was welcomed, in particular the explicit reference to peer support – a wider point raised was that there could be more reference to the role of specialist therapies (art and music therapies were mentioned) and signposting to such provision

Theme 2: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 1 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, a couple of selected examples include:

- reference to psychological formulations, particularly whether they are always appropriate or necessary in all cases

- how the specification will consider that the provision of psychological care varies across Scotland’s urban and more rural and remote areas

5 Outcome 2: I am fully involved in decisions about my care

Introduction

This chapter presents feedback on Outcome 2 which aims “To make sure that people are fully involved in their care and care planning; and collaboration between professionals is crucial”. It then sets out a number of statements that describes how this will be achieved.

Question 14

How far do you agree that the specifications within Outcome 2 will improve the experiences of people accessing psychological therapies and interventions?

Table C10 presents the quantitative response to Question 14. This shows that:

- three-quarters of all consultation respondents who answered Question 14 either agreed or strongly agreed (75%) that the statements within Outcome 2 will improve the experiences of people accessing psychological therapies and interventions
- 17% neither agreed nor disagreed
- 8% either disagreed or strongly disagreed

Question 15

How far do you agree that the statements within Outcome 2 will improve the outcomes of people accessing psychological therapies and interventions?

Table C11 presents the quantitative response to Question 15. This shows that:

- almost two-thirds of all consultation respondents who answered Question 15 either agreed or strongly agreed (62%) that the statements within Outcome 2 will improve the outcomes of people accessing psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement

- 9% either disagreed or strongly disagreed

Question 16

How far do you agree that the statements within Outcome 2 successfully sets out to individuals, their families and carers what they can expect when being fully involved in the decisions about the care offered?

Table C12 presents the quantitative response to Question 16. This shows that:

- around three-quarters of all consultation respondents who answered Question 16 either agreed or strongly agreed (76%) that the statements within Outcome 2 clearly set out to individuals, their families and carers what they can expect when being fully involved in the decisions about the care offered
- 15% neither agreed nor disagreed
- 10% either disagreed or strongly disagreed

Question 17

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 2 will help do this?

Table C13 presents 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 (70%) that the statements within Outcome 2 will help to support equitable access to psychological therapies and interventions
- 20% neither agreed nor disagreed
- 11% either disagreed or strongly disagreed

Question 18

The statements within Outcome 2 are intended to support collaboration between professionals. How far do you agree that the statements within Outcome 2 will do this?

Table C14 presents provides the quantitative response to Question 18, which shows that there was relatively mixed feedback with:

- almost half of all consultation respondents who answered Question 18 either agreed or strongly agreed (45%) that the statements within Outcome 2 will support collaboration between professionals
- a similar proportion (43%) neither agreed nor disagreed
- 12% either disagreed or strongly disagreed

Question 19

Do you have any other comments on Outcome 2?

Around three-quarters (73%) of all consultation respondents answered Question 19 which asked respondents whether they had any other comments regarding Outcome 2. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points that they had made earlier - see **Chapter 2** for more detail. For example:

- further action may be required to build workforce capacity
- additional funding, resources and other support to ensure effective implementation of Outcome 2

Theme 2: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 2 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, a couple of selected examples include:

- concern that staff supervision and access to clinical expertise would only be available “where possible”
- that statement 2.1 should include informed consent and consider possibility of an abusive/coercive relationship – this led to suggestion to amend wording that staff, communities and services “must work with family/carers and me” with removal of “must”

Theme 3: There could be more explicit reference to improved collaboration between professionals

A few respondents, mostly individuals, felt that there could be more explicit reference within the statements to improved collaboration between professionals and the role of multidisciplinary teams to help ensure consistency and continuity of care.

While important, these respondents felt that the statements currently placed more emphasis on increased collaboration between professionals and people accessing the services. It was suggested that a better balance could be struck in this regard.

Additional points

Raised to a lesser extent, a few respondents felt that:

- there would require to be a balance between personal choice/preference and clinical/professional judgement, particularly where a person is unable to be fully involved in care decisions due to a range of factors, including cognitive disabilities – similarly, more detail was requested on what happens where a person is unable to provide informed consent or decision under Adults with Incapacity (Scotland) Act 2000 or Mental Health Act 1983
- greater clarity could be provided on the roles and responsibilities of professions and services within Outcome 2 to ensure appropriate and clear lines of accountability required to deliver the specification
- some statements may not be appropriate or applicable for people in forensic settings

6 Outcome 3: High-quality interventions and treatments that are right for me

Introduction

This chapter presents feedback on Outcome 3 which states that “All psychological care must be right for those receiving care to make sure the best results are achieved for others and me.” It then sets out a number of statements that describes how this will be achieved.

Question 20

How far do you agree that the statements within Outcome 3 will improve the experiences of people accessing psychological therapies and interventions?

Table C15 presents the quantitative response to Question 20. This shows that:

- a majority of all consultation respondents who answered Question 20 either agreed or strongly agreed (70%) that the statements within Outcome 3 will improve the experiences of people accessing psychological therapies and interventions
- 19% neither agreed nor disagreed
- 11% either disagreed or strongly disagreed

Question 21

How far do you agree that the statements within Outcome 3 will improve the outcomes of people accessing psychological therapies and interventions?

Table C16 presents the quantitative response to Question 21. This shows that:

- less than three-fifths of all consultation respondents who answered Question 21 either agreed or strongly agreed (59%) that the standards within Outcome 3 will improve the outcomes of people accessing psychological therapies and interventions

- a relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement
- 14% either disagreed or strongly disagreed

Question 22

How far do you agree that the statements within Outcome 3 successfully sets out to individuals, their families and carers what they can expect when accessing high-quality interventions and treatments?

Table C17 presents the quantitative response to Question 22. This shows that:

- over three-fifths all consultation respondents who answered Question 22 either agreed or strongly agreed (62%) that the statements within Outcome 3 clearly set out to individuals, their families and carers what they can expect when accessing high-quality interventions and treatments
- a relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement
- 9% either disagreed or strongly disagreed

Question 23

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 3 will help do this?

Table C18 presents the quantitative response to Question 23. This shows that:

- over half of all consultation respondents who answered Question 23 either agreed or strongly agreed (56%) that the statements within Outcome 3 will help to support equitable access to psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (32%) with this statement
- 12% either disagreed or strongly disagreed

Question 24

How far do you agree that the statements within Outcome 3 will make sure the best results are achieved for you and others?

Table C19 presents the quantitative response to Question 24. This shows that:

- over half of all consultation respondents who answered Question 24 either agreed or strongly agreed (55%) that the statements within Outcome 3 will make sure the best results are achieved for individuals
- a relatively large proportion of respondents neither agreed nor disagreed (29%) with this statement
- 16% either disagreed or strongly disagreed

Question 25

Do you have any other comments on Outcome 3?

Around three-quarters of all consultation respondents (76%) answered Question 25 which asked respondents whether they had any other comments regarding Outcome 3. The main themes are presented below.

Theme 1: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 3 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, a couple of selected examples include:

- significant concerns about the inclusion of anxiety as an example in statement 3.5 as it was felt that this could minimise the severity of anxiety
- greater detail and emphasis on informed consent and confidentiality in relation to shared records

Theme 2: A repeat of key themes that emerged from the consultation

A few respondents repeated points that they had made earlier - see **Chapter 2** for more detail. For example:

- a call for the statements within Outcome 3, particularly the Psychological Therapies Matrix, to be clear, concise, appropriately defined, and easy to understand
- greater consideration of socio-economic background for professionals to be able to deliver appropriate care could be included in Outcome 3.

Theme 3: Linkages to wider range of professions

A few respondents felt that there could be more emphasis within the statements on the linkages to the broad range of professions relevant to implementation of Outcome 3 (for example, occupational therapy).

7 Outcome 4: My rights are acknowledged, respected and delivered

Introduction

This chapter presents feedback on Outcome 4 which states that: “When Psychological Care is delivered, I will be an equal partner in my care. Values, rights-based, and person-centred approaches will be embedded in all practice.” It then sets out a number of statements that describes how this will be achieved.

Question 26

How far do you agree that the statements within Outcome 4 will improve the experiences of people accessing psychological therapies and interventions?

Table C20 presents the quantitative response to Question 26. This shows that:

- almost three-quarters of all consultation respondents who answered Question 26 either agreed or strongly agreed (74%) that the statements within Outcome 4 will improve the experiences of people accessing psychological therapies and interventions
- 19% neither agreed nor disagreed
- 7% either disagreed or strongly disagreed

Question 27

How far do you agree that the statements within Outcome 4 will improve the outcomes of people accessing psychological therapies and interventions?

Table C21 presents the quantitative response to Question 27. This shows that:

- over two-thirds of all consultation respondents who answered Question 27 either agreed or strongly agreed (68%) that the statements within Outcome 4 will improve the outcomes of people accessing psychological therapies and interventions

- 22% neither agreed nor disagreed
- 10% either disagreed or strongly disagreed

Question 28

How far do you agree that the statements within Outcome 4 successfully sets out to individuals, their families and carers what they can expect when your rights are acknowledged, respected and delivered?

Table C22 presents the quantitative response to Question 28. This shows that:

- around three-quarters of all consultation respondents who answered Question 28 either agreed or strongly agreed (76%) that the statements within Outcome 4 clearly set out to individuals, their families and carers what they can expect when your rights are acknowledged, respected and delivered
- 15% neither agreed nor disagreed
- 8% either disagreed or strongly disagreed

Question 29

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 4 will help do this?

Table C23 presents the quantitative response to Question 29. This shows that:

- around two-thirds of all consultation respondents who answered Question 29 either agreed or strongly agreed (67%) that the statements within Outcome 4 will help to support equitable access to psychological therapies and interventions
- 25% neither agreed nor disagreed
- 8% either disagreed or strongly disagreed

Question 30

The statements within Outcome 4 should support you to be an equal partner in your care and make sure that values, rights-based, and person-centred approaches will be embedded in all practice. How far do you agree that the statements within Outcome 4 will help do this?

Table C24 presents the quantitative response to Question 30. This shows that:

- almost three-quarters of all consultation respondents who answered Question 30 either agreed or strongly agreed (72%) that the statements within Outcome 4 support individuals to be an equal partner in their care and make sure that values, rights-based, and person-centred approaches will be embedded in all practice
- 22% neither agreed nor disagreed
- 5% either disagreed or strongly disagreed

Question 31

Do you have any other comments on Outcome 4?

Over half (58%) of all consultation respondents answered Question 31 which asked respondents whether they had any comments regarding Outcome 4. The main themes are presented below.

Theme 1: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 4 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, a selected example is that:

- some service providers felt that “will reduce” in Statement 4.3 should be amended to “will aim to reduce” as there can be no guarantee of harm risk reduction, especially for people in forensic setting

Theme 2: A repeat of key themes that emerged from the consultation

A few respondents repeated points that they had made earlier - see **Chapter 2** for more detail. For example:

- further action may be required to build workforce capacity – for example, increased funding and workforce development
- call for terms used with the Outcome 4 statements to be clear, concise, appropriately defined, and easy to understand – for example “trauma-informed” and “responsibility framework”

Theme 3: Greater knowledge and awareness of rights

While respondents commented positively on the wording “equal partners” within Outcome 4 statements, a few respondents felt that implementation could be constrained by the fact that some people may be unaware of their rights when they seek to access psychological care.

Theme 4: A human-rights based approach

A few organisations highlighted the importance of ensuring that every person is treated with respect and dignity, and their human rights are upheld in line with the Equalities Act 2010. A wider point raised was that a human-rights based approach should be adopted across health and social care.

Theme 5: Importance of informed consent and care planning

A few respondents stated that it was critical that informed consent and care planning should be an ongoing discussion between professionals and the person with lived experience at each stage of process.

8 Outcome 5: I am fully involved in planning and agreeing my transitions

Introduction

This chapter presents feedback on Outcome 5 which states that: “Transitions for those accessing direct psychological care across a variety of delivery partners can often be challenging. Therefore, a smooth transfer of care should be effectively planned, communicated, and implemented.” It then sets out a number of statements that describes how this will be achieved.

Question 32

How far do you agree that the statements within Outcome 5 will improve the experiences of people accessing psychological therapies and interventions?

Table C25 presents the quantitative response to Question 32. This shows that:

- three-quarters of all consultation respondents who answered Question 32 either agreed or strongly agreed (75%) that the statements within Outcome 5 will improve the experiences of people accessing psychological therapies and interventions
- 18% neither agreed nor disagreed
- 7% either disagreed or strongly disagreed

Question 33

How far do you agree that the statements within Outcome 5 will improve the outcomes of people accessing psychological therapies and interventions?

Table C26 presents the quantitative response to Question 33. This shows that:

- around two-thirds of all consultation respondents who answered Question 33 either agreed or strongly agreed (65%) that the statements within Outcome 5 will improve the outcomes of people accessing psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (26%) with this statement
- 8% either disagreed or strongly disagreed

Question 34

How far do you agree that the statements within Outcome 5 successfully sets out to individuals, their families and carers how they will be fully involved in planning and agreeing any transitions?

Table C27 presents the quantitative response to Question 34. This shows that:

- almost three-quarters of all consultation respondents who answered Question 34 either agreed or strongly agreed (73%) that the statements within Outcome 5 clearly set out to individuals, their families and carers how they will be fully involved in planning and agreeing any transitions
- 21% neither agreed nor disagreed
- 7% either disagreed or strongly disagreed

Question 35

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 5 will help do this?

Table C28 presents the quantitative response to Question 35. This shows that:

- almost two-thirds of all consultation respondents who answered Question 35 either agreed or strongly agreed (64%) that the statements within Outcome 5 will help to support equitable access to psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (29%) with this statement
- 7% either disagreed or strongly disagreed

Question 36

The statements within Outcome 5 are intended to support a smooth transfer of care and make sure that it is effectively planned, communicated, and implemented. How far do you agree that the statements within Outcome 5 will help do this?

Table C29 presents the quantitative response to Question 36. This shows that:

- almost two-thirds of all consultation respondents who answered Question 36 either agreed or strongly agreed (63%) that the statements within Outcome 5 support a smooth transfer of care and make sure that it is effectively planned, communicated, and implemented
- a relatively large proportion of respondents neither agreed nor disagreed (31%) with this statement
- 7% either disagreed or strongly disagreed

Question 37

Do you have any other comments on Outcome 5?

Over half (53%) of all consultation respondents answered Question 37 which asked respondents whether they had any comments regarding Outcome 5. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points that they had made earlier - see **Chapter 2** for more detail. For example, this included that:

- the statements within Outcome 5 were ambitious and could raise unrealistic expectations that cannot be met due to funding and workforce challenges
- greater consideration of impact on particular groups, including people with adverse childhood experiences (ACEs)
- importance of informed consent for involvement of families and carers
- greater consideration of cultural and socio-economic barriers which may impact smooth transitions
- greater clarity on the monitoring and evaluation processes for smooth transitions and how these processes would be informed by feedback from people accessing psychological care

Theme 2: Ensuring smooth transitions between Children's Services and Adult's Services

Some respondents emphasised the importance of ensuring smooth transitions between Children's Services and Adult's Services. These respondents felt that the challenges associated with transitions for those accessing psychological care could be more fully reflected in the final specification and wider commentary within Outcome 5.

Further, it was noted that the specification could have more links to the National Transition Principles and the Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental (ND) National Specifications.

A wider point raised was that a young person accessing psychological therapies and interventions may not be accessing CAMHS or ND services therefore may not be unaware of any specifications regarding their care.

Theme 3: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 5 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, a selected example is that:

- some service providers highlighted that it may be challenging for self-referral options to be “simple” and “consistent” as options will be different and more/less appropriate in different services, particularly forensic services where clinical oversight is essential

9 Outcome 6: We fully involve people, their families and carers

Introduction

This chapter presents feedback on Outcome 6 which states that: “Services delivering the Psychological Therapies and Interventions Specification will continue to work in partnership with people, their families, and carers to shape aspects of service design, delivery and review.” It then sets out a number of statements that describes how this will be achieved.

Question 38

How far do you agree that the statements within Outcome 6 will improve the experiences of people accessing psychological therapies and interventions?

Table C30 presents the quantitative response to Question 38. This shows that:

- three-quarters of all consultation respondents who answered Question 38 either agreed or strongly agreed (75%) that the statements within Outcome 6 will improve the experiences of people accessing psychological therapies and interventions
- 19% neither agreed nor disagreed
- 6% either disagreed or strongly disagreed

Question 39

How far do you agree that the statements within Outcome 6 will improve the outcomes of people accessing psychological therapies and interventions?

Table C31 presents the quantitative response to Question 39. This shows that:

- around two-thirds of all consultation respondents who answered Question 39 either agreed or strongly agreed (67%) that the statements within Outcome 6 will improve the outcomes of people accessing psychological therapies and interventions

- a relatively large proportion of respondents neither agreed nor disagreed (25%) with this statement
- 7% either disagreed or strongly disagreed

Question 40

How far do you agree that the statements within Outcome 6 successfully sets out to individuals, their families and carers what they can expect when services fully involve people, their families and carers?

Table C32 presents the quantitative response to Question 40. This shows that:

- a vast majority of all consultation respondents who answered Question 40 either agreed or strongly agreed (81%) that the statements within Outcome 6 clearly set out to individuals, their families and carers what they can expect when services fully involve people, their families and carers
- 18% neither agreed nor disagreed
- 1% either disagreed or strongly disagreed

Question 41

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 6 will help do this?

Table C33 presents the quantitative response to Question 41. This shows that:

- around two-thirds of all consultation respondents who answered Question 41 either agreed or strongly agreed (64%) that the statements within Outcome 6 will help to support equitable access to psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (31%) with this statement
- 4% either disagreed or strongly disagreed

Question 42

The statements within Outcome 6 are intended to make sure that services work in partnership with people, their families, and carers to shape aspects of service design, delivery and review. How far do you agree that the statements within Outcome 6 will help do this?

Table C34 presents the quantitative response to Question 42. This shows that:

- a majority of all consultation respondents who answered Question 42 either agreed or strongly agreed (71%) that the statements within Outcome 6 will help to ensure that services work in partnership with people, their families, and carers to shape aspects of service design, delivery and review
- 19% neither agreed nor disagreed
- 10% either disagreed or strongly disagreed

Question 43

Do you have any other comments on Outcome 6?

Over half (55%) of all consultation respondents answered Question 43 which asked respondents whether they had any comments regarding the statements in Outcome 6. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Chapter 2** for more detail. For example, this included:

- the importance of informed consent to involvement of family and carers
- that adequate funding and support was required to ensure that staff and services have the capacity and capability to deliver Outcome 6
- equality of access to services was crucial to ensure that anyone who needs psychological therapies are able to access this support, regardless of where they live, their background or personal circumstances

Theme 2: Family and carer abusive relationships

Some respondents raised concerns about people who may be experiencing family or carer issues or difficulties and/or who may be in an abusive or coercive relationship – and the impact that this can have on a person's therapy and mental health. These respondents highlighted the important role that a supportive family and friends can have and acknowledged that this is not always the case.

The following quote is reflective of the points raised above.

"There needs to be clear parameters and guidance for family/partner involvement which take account of capacity to consent, coercion as well as ensuring people are aware of their rights in having involvement and this is warmly facilitated and welcomed by staff. This may include ensuring services have adequate accommodations for family involvement in appointments."

Scottish Drugs Forum

Theme 3: Support and resources for carers

Some respondents acknowledged the need for, and importance of, support and resources for carers of people who access psychological therapies and interventions – and that their needs must be understood and met too.

Theme 4: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 6 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, an example includes:

- further clarity on how and when peer support would be implemented and what governance and safeguarding arrangements would be in place.

10 Outcome 7: I have confidence in the staff who support me

Introduction

This chapter presents feedback on Outcome 7 which states that: “The variety in the workforce practice types, professional mix, activity of staff, and outcomes are important when delivering high-quality care. The Services Guide will provide guidance for health and social care staff on how to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered.” It then sets out a number of statements that describes how this will be achieved.

Question 44

How far do you agree that the standards within Outcome 7 will improve the experiences of people accessing psychological therapies and interventions?

Table C35 presents the quantitative response to Question 44. This shows that:

- around three-quarters of all consultation respondents who answered Question 44 either agreed or strongly agreed (77%) that the statements within Outcome 7 will improve the experiences of people accessing psychological therapies and interventions
- 18% neither agreed nor disagreed
- 5% either disagreed or strongly disagreed

Question 45

How far do you agree that the standards within Outcome 7 will improve the outcomes of people accessing psychological therapies and interventions?

Table C36 presents the quantitative response to Question 45. This shows that:

- around two-thirds of all consultation respondents who answered Question 45 either agreed or strongly agreed (65%) that the statements within Outcome 7 will improve the outcomes of people accessing psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement
- 7% either disagreed or strongly disagreed

Question 46

How far do you agree that the statements within Outcome 7 successfully sets out to individuals, their families and carers what they can expect if they are to have confidence in staff who support you?

Table C37 presents the quantitative response to Question 45. This shows that:

- over three-quarters of all consultation respondents who answered Question 45 either agreed or strongly agreed (77%) that the statements within Outcome 7 clearly set out to individuals, their families and carers what they can expect if they are to have confidence in staff who support them
- 16% neither agreed nor disagreed
- 6% either disagreed or strongly disagreed

Question 47

We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 7 will help do this?

Table C38 presents the quantitative response to Question 47. This shows that:

- two-thirds of all consultation respondents who answered Question 47 either agreed or strongly agreed (66%) that the statements within Outcome 7 will help to support equitable access to psychological therapies and interventions
- a relatively large proportion of respondents neither agreed nor disagreed (28%) with this statement
- 5% either disagreed or strongly disagreed

Question 48

The statements within Outcome 7 are intended to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered. How far do you agree that the statements within Outcome 7 will help do this?

Table C39 presents the quantitative response to Question 48. This shows that:

- almost two-thirds of all consultation respondents who answered Question 48 either agreed or strongly agreed (64%) that the statements within Outcome 7 support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered
- 24% neither agreed nor disagreed
- 12% either disagreed or strongly disagreed

Question 49

Do you have any other comments on Outcome 7?

Almost three-quarters (72%) of all consultation respondents answered Question 49 which asked respondents whether they had any comments regarding Outcome 7. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Chapter 2** for more detail. For example, this included that:

- adequate funding and resources are required to ensure that staff and services have the capacity and ability to deliver this outcome
- some respondents felt that Outcome 7 is too ambitious and cannot realistically be delivered and met given current funding and workforce challenges

Theme 2: Culture change may be required within psychological workforce and psychological therapies

Some respondents, mostly individuals, felt achievement of Outcome 7 would require a culture change within the psychological and wider health and social care workforce. These respondents felt that culture change would be required to tackle stigma that affects people with mental health issues which can also affect the attitudes and behaviours of clinicians.

Theme 3: Feedback on specific statements

Some respondents provided feedback on specific statements in Outcome 7 that they 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 statements, including terms used.

More detail is provided in **Appendix D**, however, an example includes:

- clear definitions for “resources”, “enough resources” and “adequately funded and staffed psychological workforce”

Theme 4: Something missing from the statements

A few respondents felt that something was missing from the various Outcome 7 statements, including that:

- consideration could be given to an additional statement that has a focus on increasing diversity of workforce
- there could be more explicit reference to trauma-informed therapy and practice, including appropriate workforce development

11 Implementation and measurement

Introduction

The final part of the consultation contained more detailed questions to gather initial views on what support services will need to implement the specification and around how to measure the national specification. This part of the consultation was particularly targeted at people with experience of working in or providing services.

Question 50

Overall, what support do you think services will need to implement the seven outcomes of the National Specification for Psychological Services and Interventions?

Over two-thirds (69%) of all consultation respondents answered Question 50 which asked respondents what support they think services would need to implement the seven outcomes of the National Specification for Psychological Services and Interventions. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Chapter 2** for more detail. For example, this included that:

- there would be a need to address workforce challenges, including recruitment, retention and wellbeing
- that the specification should be clear, concise, user-friendly and easy to understand

Theme 2: Consistency and collaboration across services

Some respondents felt that there was scope to improve communication, collaboration and coordination between services, including greater consistency in how (and what) information and data is collected, recorded, reported and shared.

Wider feedback included that this could:

- make it easier for people to move between and out of services
- increase the efficiency and effectiveness of services
- require additional investment in digital infrastructure and support

Theme 3: Self-assessment on its own may be too subjective to robustly measure outcomes

While monitoring and reporting outcomes was considered important, a few individuals felt that self-assessment on its own may not be sufficient (for example, it was considered too subjective) to provide a full and robust assessment of whether the outcomes identified within the specification have been achieved.

As noted above, a few respondents reported that additional investment would be needed (for example, shared or standardised IT systems), for services to be able to monitor, measure and report on outcomes. It was suggested that better systems could support more efficient data collection and reporting, and free up clinicians' time to focus on their specialisms.

Question 51

How far do you agree that the specification should be measured using a validated self-assessment tool?

Table C40 presents the quantitative response to Question 51. This shows that:

- around two-thirds of all consultation respondents who answered Question 51 either agreed or strongly agreed (64%) that the specification should be measured using a validated self-assessment tool
- a relatively large proportion of respondents neither agreed nor disagreed (26%) with this statement
- 10% either disagreed or strongly disagreed

Question 52

How far do you agree that the specification should be measured using a range of indicators?

Table C41 presents the quantitative response to Question 52. This shows that:

- a vast majority of all consultation respondents who answered Question 52 either agreed or strongly agreed (86%) that the specification should be measured using a range of indicators
- 12% neither agreed nor disagreed
- 1% either disagreed or strongly disagreed

Question 53

Do you have any other comments on the possible questions to include in the self-assessment, including any further suggestions?

Almost half (46%) of all consultation respondents answered Question 53 which asked respondents to give their views on the possible questions to include within the self-assessment. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Section 2.6** for more detail. For example, this included that:

- services would need adequate funding and other support to ensure sufficient capacity and capability to implement the self-assessment tool
- self-assessment may increase the administrative burden placed on services and staff – and reduce time available for clinical work
- wording of the questions would need to be accessible as well as clear and detailed guidance provided to accompany the self-assessment tool

The following quote is reflective of the points raised.

"For this to work, there would need to be an increase in administrative staff and managerial work taken on by clinicians. The Scottish Government would need to decide whether this represented the best way to raise standards, or whether it will impact on time able to do clinical work."

Medical Psychotherapy Faculty of the Royal College of Psychiatrists in Scotland

Theme 2: Greater clarity required on data and evidence gathering, use and reporting

A few respondents called for more clarity on how the information and data collated through the self-assessment tool would be stored and used. These respondents were unsure whether self-assessment questions would be completed by service users, practitioners or both.

A few respondents also highlighted the importance of drawing on and using information and data from a range of sources to provide a more holistic view of progress (for example, feedback from people with lived experience, practitioners, and performance data).

A wider point noted was that the data to be captured should be finalised in discussion with people with lived experience of accessing these services – this would help to ensure data is meaningful and person-centred and can be used to improve services.

A few respondents also felt that it may be challenging and time-consuming to collate evidence for some of the outcomes (for example, Outcome 1 was mentioned with feedback that this would be time-consuming as it would rely on a review of case notes).

Theme 4: Limited feedback on specific validated assessment questions

In general, a few respondents felt that the assessment questions proposed in the consultation document were appropriate and could be helpful, particularly for people accessing psychological services.

There was, however, limited specific feedback on the self-assessment questions. Where specific comment was provided, this included:

- Outcome 1: it was suggested that data gathering may be challenging to capture and time consuming
- Outcome 2: it was suggested that a question could be asked on whether the service has met the person's communication needs
- Outcome 3: it was suggested that there should be question which looks at the range of range of psychological therapies and interventions offered by a Health Board, HSCPs and services – it was said that this could help assess whether these services are accessible to particular groups and areas
- Outcome 3: it was suggested that there could also be a focus on how 'included' a person felt in making decisions about the type of psychological therapy offered to them
- Outcome 6: the importance of informed consent was emphasised regarding the involvement of a family member or carer

Question 54

Please give us your views on these suggestions for possible indicators to include. Please provide any further suggestions for indicators you may have.

Almost two-fifths (39%) of all consultation respondents answered Question 54 which asked respondents their views on possible indicators to include. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Chapter 2** for more detail. For example, this included that:

- wording and terms used within indicators should be clear, concise, sufficiently defined, user-friendly and easy to understand

- further resources would be required as data collection and reporting on indicators should not present an administrative burden for service providers

Theme 2: Indicators of feedback from service users and carers

A few respondents welcomed the focus on service users’ and carers’ feedback as indicators to assess the accessibility of services, with a particular focus on how services are meeting the needs of specific groups (such as ethnic minority groups or people with protected characteristics) and reducing inequalities.

These respondents reported potential benefits including that it could:

- allow for feedback and monitoring of service from multiple perspectives
- involve service users and carers with lived experience in the development and improvement of services – this was considered particularly important as they will identify and understand the potential accessibility barriers

For example, it was suggested that there could be an indicator to assess involvement of service users and carers in the proposed Psychological Services Leadership Team.

Theme 3: Person-centred care

A few respondents expressed concerns around defining and measuring person-centred care, in particular, how to divide this into measurable outcomes.

It was said that outcomes may vary depending on the type of person-centred care an individual is receiving, and this should be acknowledged when setting, measuring and reporting on indicators.

The following quote is reflective of the points raised:

"Traditional indicators could be insufficient to measure the outcomes of personalised and person-centred support. There is a need to introduce newer and innovative quantitative or qualitative methods to measure requirement, types and adequacy of personalised support. The specification can also include indicators to measure those receiving a particular person-centred support, awareness of the different types of personalised support and access in various geographical areas."

Playlist for Life

Question 55

How would you suggest that we support services to reduce inequalities in the outcomes and experiences of people who use services, including in the measurement of the specification?

Almost half (46%) of all consultation respondents answered Question 55 which asked respondents what support they think services would need to reduce inequalities in the outcomes and experiences of people who use services. The main themes are presented below.

Theme 1: A repeat of key themes that emerged from the consultation

Some respondents repeated points they made to earlier consultation questions - see **Section 2.6** for more detail. For example, this included that:

- adequate funding, workforce development (and diversity) and other support would be required to ensure that staff and services have the capacity and capability to reduce inequalities in the outcomes and experiences of people who use psychological services
- information must be accessible and available in easy read formats, different languages and adjusted to meet different communication needs (for example, learning difficulties and neurodiversity)

Theme 2: Use of equalities and diversity data

In order to assess whether the specification has reduced inequalities in the outcomes and experiences of people who use services, some organisations felt that appropriate equality and diversity data, such as analysis by Scottish Index of Multiple Deprivation, would need to be routinely collected and reported on.

Appendix A: individual respondents

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

	Number	Percentage
18 to 24	2	4%
25 to 49	31	66%
50 to 64	13	27%
65 and over	1	2%

N=47. Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table A.2: What is your sex?

	Number	Percentage
Female	35	74%
Male	10	21%
Prefer not to say	2	4%

N=47. Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

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

	Number	Percentage
Yes	2	4%
No	44	92%
Prefer not to say	2	4%

N=48. Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table A.4: Which ethnic group do you belong to?

	Number	Percentage
Scottish	26	55%
Other British	11	23%
Other ethnic group	6	13%
Indian, Indian Scottish or Indian British	2	4%
Any mixed or multiple ethnic group	1	2%
Chinese, Chinese Scottish or Chinese British	1	2%
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	0	0%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0%
Black, Black Scottish or Black British	0	0%
Caribbean, Caribbean Scottish or Caribbean British	0	0%
Gypsy/Traveller	0	0%

N=47. Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

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

	Number	Percentage
Heterosexual/Straight	40	83%
Other	4	8%
Prefer not to say	3	6%
Gay/Lesbian	1	2%
Bisexual	0	0%

N=48. Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

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

	Number	Percentage
None	33	72%
Other Christian	5	11%
Church of Scotland	4	9%
Roman Catholic	2	4%
Pagan	1	2%
Other religion	1	2%
Jewish	0	0%
Muslim	0	0%
Buddhist	0	0%
Sikh	0	0%
Hindu	0	0%

N=46. Excludes blank and not answered responses. Percentages 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 has been drawn from a review and synthesis of the event notes provided by the Scottish Government client team.

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

Some events were facilitated by the Scottish Government while others involved other 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.

There was limited specific reference to the themes of the national specification consultation contained in the notes. Where feedback was provided, the points raised at the events largely chime with themes that emerged from the public consultation.

Key themes

Overarching points

Overall there was positive feedback from stakeholders who attended the events on the specification – it was “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.

Accessibility of the specification and psychological therapies and interventions

Stakeholders considered there to be a range of barriers which make access to psychological care services, and mental heath services more generally, difficult. In particular, stakeholders highlighted 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.

This included calls for accessible and inclusive information and communication. Suggestions included: plain English and less jargon; the use of visuals and diagrams; translation services; and a suitably skilled workforce to engage and support people with a range of different needs and preferences.

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.

A wider point raised by stakeholders included that: 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).

Collaboration between services and professionals

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

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 specification more challenging, particularly where there is increased reliance on the third sector to meet demand. Some stakeholders highlighted that long waiting times for access to psychological care would make it challenging to deliver on the specification.

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 national specification.

Stakeholders noted that workforce development would also help ensure that mental health support services were better able to tailor support and meet 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.

Wider points

Wider points raised by stakeholders are outlined below.

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

Stakeholders suggested that the measurement of outcomes could be more person-centred and related to an individual’s care rather than being driven by national indicators to minimise the potential for it being viewed as a “tick box exercise”.

Some stakeholders provided more positive feedback on the national specification and 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, and suggested that there could be less jargon.

Some stakeholders felt that the specification and standards could be improved or enhanced in some way, for example:

- by more fully recognising the links between addiction and poor mental health
- by reviewing the specification to remove any areas of duplication
- to ensure that the specification is clear and easy to understand

Appendix C: closed question tables

Feedback on the overall aims of the specification

Table C1: Question 1: How far do you agree that the specification will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	19%	48%	22%	7%	4%
Organisation	28%	50%	16%	6%	0%
Total	22%	49%	20%	7%	2%
Organisation breakdown					
Mental Health	11%	56%	33%	0%	0%
Health Boards, HSCPs and Services	11%	78%	0%	11%	0%
Organisations who support specific target group(s)	57%	14%	29%	0%	0%
Other	43%	43%	0%	14%	0%

N=86 (54 individuals and 32 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C2: Question 2: How far do you agree that the specification will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	11%	41%	30%	15%	4%
Organisation	22%	47%	25%	6%	0%
Total	15%	43%	28%	12%	2%
Organisation breakdown					
Mental Health	11%	44%	33%	11%	0%
Health Boards, HSCPs and Services	0%	67%	33%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	43%	43%	0%	14%	0%

N=86 (54 individuals and 32 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C3: Question 3: How far do you agree that the specification successfully sets out to individuals, their families and carers what they can expect when they access psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	24%	52%	11%	6%	7%
Organisation	19%	53%	16%	9%	3%
Total	22%	52%	13%	7%	6%
Organisation breakdown					
Mental Health	0%	56%	11%	33%	0%
Health Boards, HSCPs and Services	11%	56%	22%	0%	11%
Organisations who support specific target group(s)	29%	57%	14%	0%	0%
Other	43%	43%	14%	0%	0%

N=86 (54 individuals and 32 organisations). Excludes blank and not answered responses. Percentages 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 access psychological therapies and interventions. We want the specification to help make sure that your needs are met, whoever you are and whatever your background. How far do you agree that the specification will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	9%	46%	22%	17%	6%
Organisation	13%	47%	28%	9%	3%
Total	10%	47%	24%	14%	5%
Organisation breakdown					
Mental Health	0%	56%	22%	22%	0%
Health Boards, HSCPs and Services	0%	56%	22%	11%	11%
Organisations who support specific target group(s)	29%	29%	43%	0%	0%
Other	29%	43%	29%	0%	0%

N=86 (54 individuals and 32 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Outcome 1: High-quality care and support that is right for me

Table C5: Question 8: How far do you agree that the statements within Outcome 1 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	24%	41%	29%	6%	0%
Organisation	23%	58%	10%	10%	0%
Total	24%	48%	21%	8%	0%
Organisation breakdown					
Mental Health	10%	70%	10%	10%	0%
Health Boards, HSCPs and Services	0%	89%	0%	11%	0%
Organisations who support specific target group(s)	57%	14%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=80 (49 individuals and 31 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C6: Question 9: How far do you agree that the statements within Outcome 1 will improve the outcomes of people accessing and using psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	41%	37%	8%	0%
Organisation	16%	52%	23%	10%	0%
Total	15%	45%	31%	9%	0%
Organisation breakdown					
Mental Health	10%	50%	30%	10%	0%
Health Boards, HSCPs and Services	11%	56%	22%	11%	0%
Organisations who support specific target group(s)	14%	57%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=80 (49 individuals and 31 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C7: Question 10: How far do you agree that the statements within Outcome 1 fully sets out to individuals, their families and carers what they can expect when they access high-quality care and support?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	20%	55%	18%	6%	0%
Organisation	20%	53%	13%	10%	3%
Total	20%	54%	16%	8%	1%
Organisation breakdown					
Mental Health	11%	44%	22%	22%	0%
Health Boards, HSCPs and Services	11%	67%	11%	0%	11%
Organisations who support specific target group(s)	29%	57%	14%	0%	0%
Other	40%	40%	0%	20%	0%

N=79 (49 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C8: Question 11: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within this outcome will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	47%	33%	8%	0%
Organisation	13%	50%	23%	10%	3%
Total	13%	48%	29%	9%	1%
Organisation breakdown					
Mental Health	11%	33%	33%	22%	0%
Health Boards, HSCPs and Services	0%	67%	11%	11%	11%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	20%	60%	20%	0%	0%

N=79 (49 individuals and 30 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Table C9: Question 12: The statements within Outcome 1 are intended to make sure that you get the right support that you need, all delivered by appropriately trained professionals. How far do you agree that the statements within this outcome will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	15%	48%	33%	4%	0%
Organisation	23%	47%	17%	10%	3%
Total	18%	47%	27%	6%	1%
Organisation breakdown					
Mental Health	11%	56%	11%	22%	0%
Health Boards, HSCPs and Services	11%	56%	22%	0%	11%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=78 (48 individuals and 30 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Outcome 2: I am fully involved in decisions about my care

Table C10: Question 14: How far do you agree that the specifications within Outcome 2 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	22%	54%	17%	7%	0%
Organisation	27%	47%	17%	10%	0%
Total	24%	51%	17%	8%	0%
Organisation breakdown					
Mental Health	33%	33%	22%	11%	0%
Health Boards, HSCPs and Services	0%	78%	11%	11%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=76 (46 individuals and 30 organisations). Excludes blank and not answered responses.

Percentages may not total 100% due to rounding.

Table C11: Question 15: How far do you agree that the statements within Outcome 2 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	4%	51%	33%	11%	0%
Organisation	21%	52%	21%	7%	0%
Total	11%	51%	28%	9%	0%
Organisation breakdown					
Mental Health	22%	44%	22%	11%	0%
Health Boards, HSCPs and Services	0%	75%	25%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=74 (45 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C12: Question 16: How far do you agree that the statements within Outcome 2 successfully sets out to individuals, their families and carers what they can expect when being fully involved in the decisions about the care offered?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	62%	11%	9%	2%
Organisation	21%	52%	21%	3%	3%
Total	18%	58%	15%	7%	3%
Organisation breakdown					
Mental Health	22%	33%	33%	11%	0%
Health Boards, HSCPs and Services	0%	78%	11%	0%	11%
Organisations who support specific target group(s)	33%	50%	17%	0%	0%
Other	40%	40%	20%	0%	0%

N=74 (45 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C13: Question 17: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 2 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	7%	67%	16%	11%	0%
Organisation	17%	47%	27%	10%	0%
Total	11%	59%	20%	11%	0%
Organisation breakdown					
Mental Health	11%	56%	22%	11%	0%
Health Boards, HSCPs and Services	0%	67%	22%	11%	0%
Organisations who support specific target group(s)	43%	14%	29%	14%	0%
Other	20%	40%	40%	0%	0%

N=75 (45 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C14: Question 18: The statements within this outcome are intended to support collaboration between professionals. How far do you agree that the statements within Outcome 2 will do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	13%	33%	42%	11%	0%
Organisation	13%	30%	43%	10%	3%
Total	13%	32%	43%	11%	1%
Organisation breakdown					
Mental Health	11%	11%	56%	22%	0%
Health Boards, HSCPs and Services	0%	44%	44%	0%	11%
Organisations who support specific target group(s)	29%	29%	43%	0%	0%
Other	20%	40%	20%	20%	0%

N=75 (45 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Outcome 3 question: High-quality interventions and treatments that are right for me

Table C15: Question 20: How far do you agree that the statements within Outcome 3 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	18%	52%	18%	11%	0%
Organisation	16%	55%	19%	10%	0%
Total	17%	53%	19%	11%	0%
Organisation breakdown					
Mental Health	11%	44%	33%	11%	0%
Health Boards, HSCPs and Services	0%	78%	22%	0%	0%
Organisations who support specific target group(s)	25%	50%	13%	13%	0%
Other	40%	40%	0%	20%	0%

N=75 (44 individuals and 31 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C16: Question 21: How far do you agree that the statements within Outcome 3 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	11%	36%	36%	16%	0%
Organisation	17%	57%	17%	10%	0%
Total	14%	45%	28%	14%	0%
Organisation breakdown					
Mental Health	11%	67%	11%	11%	0%
Health Boards, HSCPs and Services	0%	63%	38%	0%	0%
Organisations who support specific target group(s)	25%	50%	13%	13%	0%
Other	40%	40%	0%	20%	0%

N=74 (44 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C17: Question 22: How far do you agree that the statements within Outcome 3 successfully sets out to individuals, their families and carers what they can expect when accessing high-quality interventions and treatments?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	49%	26%	9%	0%
Organisation	23%	35%	32%	10%	0%
Total	19%	43%	28%	9%	0%
Organisation breakdown					
Mental Health	11%	33%	44%	11%	0%
Health Boards, HSCPs and Services	22%	33%	44%	0%	0%
Organisations who support specific target group(s)	25%	50%	13%	13%	0%
Other	40%	20%	20%	20%	0%

N=74 (43 individuals and 31 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C18: Question 23: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 3 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	9%	44%	30%	14%	2%
Organisation	13%	45%	35%	6%	0%
Total	11%	45%	32%	11%	1%
Organisation breakdown					
Mental Health	11%	44%	33%	11%	0%
Health Boards, HSCPs and Services	0%	67%	33%	0%	0%
Organisations who support specific target group(s)	25%	25%	38%	13%	0%
Other	20%	40%	40%	0%	0%

N=74 (43 individuals and 31 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Table C19: Question 24: How far do you agree that the statements within Outcome 3 will make sure the best results are achieved for you and others?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	9%	41%	32%	16%	2%
Organisation	14%	48%	24%	14%	0%
Total	11%	44%	29%	15%	1%
Organisation breakdown					
Mental Health	11%	44%	33%	11%	0%
Health Boards, HSCPs and Services	0%	75%	13%	13%	0%
Organisations who support specific target group(s)	14%	43%	29%	14%	0%
Other	40%	20%	20%	20%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Outcome 4: My rights are acknowledged, respected and delivered

Table C20: Question 26: How far do you agree that the statements within Outcome 4 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	50%	25%	9%	0%
Organisation	24%	62%	10%	3%	0%
Total	19%	55%	19%	7%	0%
Organisation breakdown					
Mental Health	22%	67%	11%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C21: Question 27: How far do you agree that the statements within Outcome 4 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	43%	27%	14%	0%
Organisation	25%	57%	14%	4%	0%
Total	19%	49%	22%	10%	0%
Organisation breakdown					
Mental Health	11%	78%	11%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	57%	14%	29%	0%	0%
Other	40%	20%	20%	20%	0%

N=72 (44 individuals and 28 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C22: Question 28: How far do you agree that the statements within Outcome 4 successfully sets out to individuals, their families and carers what they can expect when your rights are acknowledged, respected and delivered?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	60%	16%	12%	0%
Organisation	21%	62%	14%	3%	0%
Total	15%	61%	15%	8%	0%
Organisation breakdown					
Mental Health	11%	67%	22%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C23: Question 29: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 4 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	48%	25%	14%	0%
Organisation	17%	59%	24%	0%	0%
Total	15%	52%	25%	8%	0%
Organisation breakdown					
Mental Health	11%	56%	33%	0%	0%
Health Boards, HSCPs and Services	0%	88%	13%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	40%	20%	0%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C24: Question 30: The statements within this outcome should support you to be an equal partner in your care and make sure that values, rights-based, and person-centred approaches will be embedded in all practice. How far do you agree that the statements within Outcome 4 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	18%	48%	25%	7%	2%
Organisation	21%	62%	17%	0%	0%
Total	19%	53%	22%	4%	1%
Organisation breakdown					
Mental Health	11%	56%	33%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	60%	0%	0%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Outcome 5: I am fully involved in planning and agreeing my transitions

Table C25: Question 32: How far do you agree that the statements within Outcome 5 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	11%	59%	20%	9%	0%
Organisation	21%	62%	14%	3%	0%
Total	15%	60%	18%	7%	0%
Organisation breakdown					
Mental Health	11%	67%	22%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C26: Question 33: How far do you agree that the statements within Outcome 5 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	45%	30%	11%	0%
Organisation	18%	57%	21%	4%	0%
Total	15%	50%	26%	8%	0%
Organisation breakdown					
Mental Health	0%	67%	33%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	20%	20%	20%	0%

N=72 (44 individuals and 28 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C27: Question 34: How far do you agree that the statements within Outcome 5 successfully sets out to individuals, their families and carers how they will be fully involved in planning and agreeing any transitions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	65%	16%	7%	0%
Organisation	14%	52%	28%	7%	0%
Total	13%	60%	21%	7%	0%
Organisation breakdown					
Mental Health	0%	44%	33%	22%	0%
Health Boards, HSCPs and Services	0%	75%	25%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	20%	60%	20%	0%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C28: Question 35: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 5 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	11%	50%	27%	11%	0%
Organisation	10%	59%	31%	0%	0%
Total	11%	53%	29%	7%	0%
Organisation breakdown					
Mental Health	0%	67%	33%	0%	0%
Health Boards, HSCPs and Services	0%	63%	38%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	20%	60%	20%	0%	0%

N=73 (44 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C29: Question 36: The statements within this outcome are intended to support a smooth transfer of care and make sure that it is effectively planned, communicated, and implemented. How far do you agree that the statements within Outcome 5 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	47%	33%	9%	0%
Organisation	17%	52%	28%	3%	0%
Total	14%	49%	31%	7%	0%
Organisation breakdown					
Mental Health	0%	56%	44%	0%	0%
Health Boards, HSCPs and Services	0%	88%	13%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	40%	20%	20%	20%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Outcome 6: We fully involve people, their families and carers

Table C30: Question 38: How far do you agree that the statements within Outcome 6 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	19%	51%	23%	7%	0%
Organisation	24%	59%	14%	3%	0%
Total	21%	54%	19%	6%	0%
Organisation breakdown					
Mental Health	22%	44%	33%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	43%	14%	0%	0%
Other	40%	40%	0%	20%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C31: Question 39: How far do you agree that the statements within Outcome 6 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	16%	47%	28%	9%	0%
Organisation	14%	61%	21%	4%	0%
Total	15%	52%	25%	7%	0%
Organisation breakdown					
Mental Health	0%	67%	33%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	29%	29%	0%	0%
Other	20%	40%	20%	20%	0%

N=71 (43 individuals and 28 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C32: Question 40: How far do you agree that the statements within Outcome 6 successfully sets out to individuals, their families and carers what they can expect when services fully involve people, their families and carers?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	17%	62%	19%	2%	0%
Organisation	24%	59%	17%	0%	0%
Total	20%	61%	18%	1%	0%
Organisation breakdown					
Mental Health	22%	44%	33%	0%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	43%	43%	14%	0%	0%
Other	40%	40%	20%	0%	0%

N=71 (42 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C33: Question 41: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and services. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 6 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	17%	45%	31%	7%	0%
Organisation	14%	55%	31%	0%	0%
Total	15%	49%	31%	4%	0%
Organisation breakdown					
Mental Health	11%	44%	44%	0%	0%
Health Boards, HSCPs and Services	0%	75%	25%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	20%	60%	20%	0%	0%

N=71 (42 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C34: Question 42: The statements within this outcome are intended to make sure that services work in partnership with people, their families, and carers to shape aspects of service design, delivery and review. How far do you agree that the statements within Outcome 6 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	63%	12%	12%	0%
Organisation	24%	38%	31%	7%	0%
Total	18%	53%	19%	10%	0%
Organisation breakdown					
Mental Health	22%	33%	33%	11%	0%
Health Boards, HSCPs and Services	0%	75%	25%	0%	0%
Organisations who support specific target group(s)	43%	14%	43%	0%	0%
Other	40%	20%	20%	20%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Outcome 7: I have confidence in the staff who support me

Table C35: Question 44: How far do you agree that the standards within Outcome 7 will improve the experiences of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	20%	52%	23%	5%	0%
Organisation	20%	63%	10%	7%	0%
Total	20%	57%	18%	5%	0%
Organisation breakdown					
Mental Health	22%	56%	11%	11%	0%
Health Boards, HSCPs and Services	0%	100%	0%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=74 (44 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C36: Question 45: How far do you agree that the standards within Outcome 7 will improve the outcomes of people accessing psychological therapies and interventions?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	47%	35%	7%	0%
Organisation	17%	59%	17%	7%	0%
Total	14%	51%	28%	7%	0%
Organisation breakdown					
Mental Health	11%	67%	11%	11%	0%
Health Boards, HSCPs and Services	0%	88%	13%	0%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	20%	20%	20%	0%

N=72 (43 individuals and 29 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C37: Question 46: How far do you agree that the statements within Outcome 7 successfully sets out to individuals, their families and carers what they can expect if they are to have confidence in staff who support you?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	12%	65%	21%	2%	0%
Organisation	17%	60%	10%	10%	3%
Total	14%	63%	16%	5%	1%
Organisation breakdown					
Mental Health	11%	56%	11%	22%	0%
Health Boards, HSCPs and Services	0%	89%	0%	0%	11%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=73 (43 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C38: Question 47: We know that currently not everyone has the same experiences or outcomes when they access psychological therapies and interventions. We want the specification to help make sure that services meet your needs whoever you are and whatever your background. How far do you agree that the statements within Outcome 7 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	9%	55%	34%	2%	0%
Organisation	13%	57%	20%	10%	0%
Total	11%	55%	28%	5%	0%
Organisation breakdown					
Mental Health	11%	44%	22%	22%	0%
Health Boards, HSCPs and Services	0%	89%	0%	11%	0%
Organisations who support specific target group(s)	29%	29%	43%	0%	0%
Other	20%	60%	20%	0%	0%

N=74 (44 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Table C39: Question 48: The statements within this outcome are intended to support service delivery and staff wellbeing to make sure workloads are shared, fair and clear where specialist and enhanced practice types of care are offered. How far do you agree that the statements within Outcome 7 will help do this?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	14%	43%	30%	11%	2%
Organisation	13%	60%	17%	10%	0%
Total	14%	50%	24%	11%	1%
Organisation breakdown					
Mental Health	0%	56%	33%	11%	0%
Health Boards, HSCPs and Services	0%	89%	0%	11%	0%
Organisations who support specific target group(s)	29%	43%	29%	0%	0%
Other	40%	40%	0%	20%	0%

N=74 (44 individuals and 30 organisations). Excludes blank and not answered responses. Percentages may not total 100% due to rounding.

Implementation and measurement

Table C40: Question 51: How far do you agree that the specification should be measured using a validated self-assessment tool?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	17%	43%	26%	7%	7%
Organisation	30%	41%	26%	4%	0%
Total	22%	42%	26%	6%	4%
Organisation breakdown					
Mental Health	13%	13%	75%	0%	0%
Health Boards, HSCPs and Services	25%	63%	13%	0%	0%
Organisations who support specific target group(s)	29%	57%	0%	14%	0%
Other	75%	25%	0%	0%	0%

N=69 (42 individuals and 27 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Table C41: Question 52: How far do you agree that the specification should be measured using a range of indicators?

Respondents	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Individual	39%	44%	15%	2%	0%
Organisation	42%	50%	8%	0%	0%
Total	40%	46%	12%	1%	0%
Organisation breakdown					
Mental Health	29%	43%	29%	0%	0%
Health Boards, HSCPs and Services	25%	75%	0%	0%	0%
Organisations who support specific target group(s)	57%	43%	0%	0%	0%
Other	75%	25%	0%	0%	0%

N=67 (41 individuals and 26 organisations). Excludes blank and not answered responses.
Percentages may not total 100% due to rounding.

Appendix D: feedback on specific statements

Some respondents provided feedback on specific statements in the consultation document that 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 statements, including terms used.

Outcome 1: High-quality care and support that is right for me

Statement 1.1: “When receiving care, a psychological formulation will be agreed with me in an outcome focused and transparent way, linked to jointly agreed goals and decision-making.”

Some respondents reported that psychological formulations may not always be appropriate or necessary in all cases. It was suggested that professional judgement could be used and a more flexible approach to decide whether a formulation is required, and in particular for people with complex learning disabilities, people who are acutely psychotic, or who have a head injury.

The following quote is reflective of the points raised.

“Some people [as listed above] may find it difficult to articulate, let alone define an outcome, for several sessions and this should be acknowledged if setting the standards.”

COSLA

Some service providers noted that only staff at “advanced” and “specialist” level can conduct formulations which would require workforce planning and upskilling to ensure an adequate supply of appropriately trained professionals.

For example, a mental health organisation noted that “rural boards sometimes have to borrow a senior clinical psychologist to complete the formulation” (Change Mental Health). Therefore, it must be ensured that we have the staff available in each health board to ensure this outcome can be met.

It was stated there was a risk of “inappropriate, potentially even harmful, care” in the absence of appropriately trained professionals to complete psychological formulations (NHS Greater Glasgow and Clyde).

Some respondents called for a clearer definition of psychological formulation. A few service providers went further and called for it to be replaced with a more accessible term which would be easier for layperson to understand. For example, it was stated that “plan of care” or ”care plan” have been used elsewhere.

Statement 1.2: “When receiving care, I will be able to provide regular feedback about the psychological care offered. With my agreement, my carers will also be able to offer feedback.”

A few service providers asked for further clarity on how regular feedback would be resourced and gathered in accessible formats to ensure confidentiality, avoid power imbalances, inform service development, and not be to the detriment of the individual. A wider point noted was around the implications of gathering feedback from people detained under the Mental Health Act.

Statement 1.3: “Psychological care that is offered to me will be appropriate to my needs and individual circumstances.”

A few respondents felt that some of the statements within Outcome 1 contradicted statement 1.3 that psychological care services are based on people’s needs rather than expectations.

Statement 1.4: “I will be seen when it is my turn, and this will be in a timely way. Where necessary, services will prioritise the referrals for those at risk with urgent care needs, and detail the criteria used to prioritise.”

Some organisations raised concerns around the wording of statement 1.4. For example, the reference to “timely way” was considered to be too “vague” and “subjective” and would need to be clearly defined. Also, “I will be seen when it is my turn” was considered “infantilising” and “entitled”.

A few respondents highlighted that prioritisation is more complex for psychological care – here, it was noted that individuals should not be disadvantaged (where longer or more complex treatment is required as early intervention is key) or discouraged (by perception of needing “severe difficulties” to meet threshold of prioritisation).

There was also a wider point raised that statement 1.4 risks a focus on turnaround times rather the provision of high-quality psychological care.

Statement 1.5: “Regardless of where I live, and where possible, psychological care systems will minimise unnecessary delays and limit unequal waits across Scotland.”

Some respondents, mainly organisations, highlighted that the provision of psychological care varies across Scotland’s urban and more rural and remote areas. It was noted that this statement may be unrealistic to achieve as some Health Boards, HSCPs and services were better resourced than others. For example, it was suggested that (some) urban areas may be better able to minimise unnecessary delays and long wait times, and that there needs to be more funding, resources, and support to help rural and remote areas to ensure the deliverability of this statement across Scotland as a whole.

A few service providers called for further clarity on whether the statement proposes greater coordination across areas and services to limit unequal waits across Scotland – it was noted that this would require further consultation with relevant organisations such as Health Boards, HSCPs and services.

The following quote is reflective of the points raised.

“Point 1.5 As a gold standard it is difficult to disagree with this, but in reality this will be very difficult to deliver. Our services are not equally equipped to deliver all services – some parts of service are not available at all due to capacity available. It depends on what is meant by ‘minimize’ and ‘limit’ in the different circumstances services find themselves in.”

Child Head of Psychology (CHOPS)

Statement 1.6: “Psychological care will guide, support, and enable me to make informed choices about how to access the right services at the right time, based on my needs, the evidence base, and expert advice offered.”

There was limited feedback on statement 1.6. A few respondents suggested that the statement would apply beyond psychological therapies and interventions, and that it is also reliant on other factors (such as waiting times impacting on “right time”).

Statement 1.7: “Leadership should be of a high quality and clear so that I, and others, know that the people helping us are providing safe, efficient and effective care. There will be a system wide Psychological Services Leadership Team with appropriate business management support to ensure equitable access to care is available.”

A few service providers expressed support for the Psychological Services Leadership Team as it could be “helpful in establishing the importance of governance in improving quality and effectiveness” as well as freeing up clinicians’ time away from administrative management and project management tasks. A few respondents called for greater clarity on what is meant by “system wide” as therapies are not a universal service.

Statement 1.8: "The care and support I receive will be centred on my personal circumstances, taking into account cultural and social needs, and regardless of my background. There will be a commitment to reduce inequalities and improve access to psychological care for all."

A few respondents welcomed the focus of statement 1.8 on addressing the wider determinants of mental health and reducing inequalities. However, it was felt that greater detail could be provided on the criteria of social and cultural needs and that consideration could be given to "economic" needs in context of the cost of living crisis.

Statement 1.9: "Nationally agreed methods of measuring my progress during treatment will be used so I can see how the psychological care offered to me is helping me in a meaningful way. This helps services know they are offering quality care too."

A few service providers called for further clarity, detail and discussion on statement 1.9. These respondents felt that a national approach to measurement could be complex and challenging given the subjective nature of the outcomes, and that it may be difficult to capture meaningful outcomes that are person-centred.

Statement 1.10: "Methods and systems required to record waiting times are fit for purpose and nationally adopted by all relevant health and social care services and teams. This should provide meaningful information about quality as well as quantity of care provided to others and to me by staff."

A few organisations reported that digital infrastructure and support would be needed to deliver on this statement. For example, it was reported that development of standardised IT systems is not currently rolled out for across all services.

It was also suggested that statement 1.10 should be aligned with relevant strategies and existing workstreams such as the Health and social care data strategy (jointly published by Scottish Government and COSLA) and the work that is ongoing to develop a single health and social care record which aims to make "information sharing less resource intensive…and reduce the number of times a person needs to repeat their story to professionals".

Statement 1.11: “Services and systems will work to reduce barriers to accessing psychological care and reduce waiting times so there is timely and appropriate access to the psychological care workforce. This will include consideration of inequalities related to cultural, ethnic, and other protected characteristics.”

The focus on inequalities was welcomed but a few organisations called for further clarity on how statement 1.11 would be achievable and delivered in practice.

Statement 1.12: “Access to peer support can be vital to recovery, and where possible, I will be supported to connect with others with lived experience to aid recovery, if I choose to do so.”

A few service providers considered the inclusion of peer support beneficial as it was considered an area that could be further developed and makes a “valuable contribution to psychological care”.

The following quote is reflective of the points raised.

“We feel that there are many ways that peer support could improve the patient experience within mental health services. For instance if there is a substantial waiting period to access a psychological service then a structured peer support group could enable the patient to prepare for the therapies and still feel ‘connected’ to the service prior to resuming therapies through a peer support group.”

NHS Greater Glasgow and Clyde

Statement 1.13 details the range of choices that will be offered to and discussed with a person when receiving psychological care from an appropriately trained professional.

While having a range of choices was welcomed by respondents, it was noted that, in practice, choice is limited in some services, settings and geographies. Some respondents felt that implementation would require significant funding, resources and support to be able to offer a range of choices to individuals accessing psychological care across Scotland.

A wider point raised by few respondents was that choice may not always be appropriate - for example, options of family to join may not be available or appropriate in certain secure services or group settings and professional judgement would be important in certain circumstances.

While digital provision was considered important (for example, improves access to services people living in rural and remote areas), it was considered important that people should always be given the choice of how their care is delivered, including in-person delivery.

Also, a few respondents noted that wording of “discuss” could be more empowering if it was replaced by, for example, “the right to choose”.

Outcome 2: I am fully involved in decisions about my care

Statement 2.1: “Staff, communities and services must work with my family / carers and me to find out what I want and how professionals can help me.”

Some organisations highlighted the importance of informed consent. For example, some people looking to access these services may have a difficult or abusive relationship with a family member or carer and does not consent to their involvement in the process. It was suggested that “must” should be removed and “my family/carers” should be placed after “me”.

Statement 2.2: “The psychological care offered to me should be tailored to my needs and individual circumstances to help me live the life I choose.”

A few service providers felt that the phrase ”help me live the life I choose” may be problematic if the individual chooses harmful or unhealthy behaviours (for example, substance use) which may also pose a risk of harm to others. Alternative wording was suggested including “to help me improve the quality of my life”.

Statement 2.3: “All staff seeing me should use terms and language to describe what I need in a way that I can understand.”

Some respondents emphasised the importance of the Outcome 2 statements (and specification more generally) being easily accessible and understandable for people looking to access psychological care. This would be consistent with the requirement for services and staff to use inclusive and accessible information and communication in all that they do.

In particular, a few respondents repeated their views to Question 13 that the term “psychological formulations” (also used in statement 2.6) could be more accessible and would require a clear definition or rephrasing.

Statement 2.5: “Where possible, staff seeing me have access to wider clinical expertise from other registered professionals through supervision and joint working so their views can help inform my care.”

As a few respondents felt that supervision of psychological care is essential, there was concern that Statement 2.5 implied that staff supervision and access to clinical expertise would only be available “where possible”.

The following quote is reflective of the points raised.

“This standard should give consideration to whether ‘where possible’ is appropriate in this case. Clinical supervision is a requirement of many registered professions. If this is the case for all professions that would be covered by the standards ‘where possible’ should be removed or practice maybe unsafe.“

COSLA

Statement 2.6: “If I receive a psychological assessment or treatment, a psychological formulation will be developed and shared with me and the best evidence base will be considered.” The statement also sets out the process for initial and further contact in line with national waiting times standards of assessment within 12 weeks and treatment within 18 weeks of referral.

Some respondents welcomed people having a range of available appointment times to choose from. This was, however, viewed as unrealistic and may be constrained by workforce challenges and other factors (such as reduced staff working hours and availability of clinic space) – and that people living in remote and rural areas may be disproportionately impacted.

A few respondents commented on the timescales of 12 and 18 weeks which were set out in statement 2.6. It was suggested that placing an arbitrary timescale may be unhelpful and may also raise unrealistic expectations which cannot be met without adequate funding, resources and support.

Further, it was reported that services operate to different timescales for assessment and treatment, and that 12 and 18 week standards may not be appropriate in all cases.

A few respondents expressed mixed views on the choice to be copied into letters. While a few individuals noted that this would ensure transparency, a few organisations noted that it would be important for practitioners to use appropriate, compassionate, and accessible wording and terminology.

Statement 2.7 details the communication process if, for any reason, the person has not started treatment within the national waiting times standard of 18 weeks (as per Public Health Scotland Guidance).

A few service providers felt that there may be a need for “regularly” to be more clearly defined. These respondents noted that the statement is “vague in terms of service requirements” and may present a significant administrative burden for “stretched services”.

A wider point raised was that Statement 2.7 may be contradictory to Statement 2.6 which states that “I will have started treatment no longer than 18 weeks from referral”.

Outcome 3: High-quality interventions and treatments that are right for me

Statement 3.1: “The Psychological Therapies Matrix will be used to guide delivery of the right psychological care offered to me. The Matrix is the evidence-based guide for the delivery of psychological therapies. Psychological care may also include wider choices based on the professional guidance and evidence base of the registered professional helping me (e.g., occupational interventions).”

Some respondents felt that it would be important to acknowledge the limitations of the Psychological Therapies Matrix, including:

- some effective therapies may not be included as they do not have the financial resource to evidence efficacy
- greater clarity that not all options in the Matrix will be offered across all Health Boards, HSCPS and services
- the therapies included in the Matrix are evidence-based rather than the Matrix itself

Accessibility was highlighted in terms of its language and having clearer links to the Matrix document within the national specification. NHS Education for Scotland, who publish the Matrix, noted that the first phase of an updated and more accessible version is due to published in Spring 2023.

The following quote is reflective of some of the points raised above.

“The psychological Matrix has been reviewed recently, but has failed to look at the evidence base for other psychological therapies such as art psychotherapy and music therapy. This is disappointing as there is evidence for these therapies, but they are hardly supported in the matrix. This means that some NHS boards are reluctant to provide this care, while some boards do. There needs to be consistency across Scotland.”

Individual

Statement 3.2: “When receiving care as part of a wider health and social care system, offers of psychological care should be considered and offered to me as appropriate. I may be offered short interventions, guided self-help, or more directed support. This should be based on my individual needs and not just a diagnosis.”

A few respondents welcomed the emphasis on offers of psychological care being based on individual needs rather than a diagnosis. As it was stated that psychological therapies are often based on needs and agreed formulation rather than diagnosis, it was suggested that the wording “not just a diagnosis” could be amended.

Statement 3.3: “Psychological care will be delivered within an integrated care system, with a shared record where possible, so I do not have to keep retelling my story unnecessarily and I get the help I need.”

Some respondents felt that there should be greater detail and emphasis on informed consent and confidentiality in regard to shared records. For example, a Health Board highlighted their approach to sharing information:

“There are aspects of our care we agree with our clients that is recorded in a ‘break glass’ section – this can be highly personal information with clients agreement we keep in a separate section of shared record only named people can access. This has to be done with client agreement and consent/knowledge.”

NHS Dumfries and Galloway

Raised to a lesser extent by organisations, wider points included that that some repetition is likely to be unavoidable and that sometimes retelling the story can be important for clarifying personal circumstances and establishing connection with practitioner.

Statement 3.4: "The number of appointments and support I receive will be determined by the professionals I see, the available evidence, the service guidance, and will take account of my views and protected characteristics (for example, intellectual disabilities). I can also discuss my needs again with a professional if I feel my psychological health deteriorates."

A few respondents called for greater detail on process for discussing needs again if psychological health deteriorates and how this would be factored and resourced into current processes.

The focus on protected characteristics when determining appropriate support was welcomed with a few respondents stating that evidence shows that cognitive behavioural therapies are often less effective for people with autism.

Statement 3.5: "There may be a few sessions offered if I have (for example, anxiety) but many more appointments would be offered if I have more complex needs (for example, severe trauma). The appointments offered would be shared with me as part of my treatment plan as a guide, so I know what to expect."

Some respondents raised significant concerns about the inclusion of anxiety as an example. It was felt that the use of two examples positioned anxiety and severe trauma in competition with each other and minimises the severity of anxiety. This was described as "inappropriate", "extremely triggering" and "too reductive".

Other common points raised included that it is more important to offer appointments with greater likelihood of impact rather than simply offering more appointments.

Statement 3.6: "If I do not attend an appointment, my case should not be closed due to nonattendance without contacting me, or the person that referred me. This is to make sure I am not at risk and have the care I need."

Statement 3.6 was widely welcomed as "helpful" as it takes into a range of wider factors which may impact a person's attendance. In particular, some respondents considered it important to consider the impact on certain groups, such as people with disabilities, or no fixed address to reduce inequalities.

There was a call for greater clarity and definition of "contacting" to avoid "very minimal tokenistic contact" and for services to understand if additional resources are required beyond standard letter process. Here, some respondents mentioned that an extra safeguard could be a useful tool.

The role of psychological workforce was raised by a few service providers as it was felt that Statement 3.6 may go beyond the scope of specification and apply to primary care workforce

Outcome 4: My rights are acknowledged, respected and delivered

Statement 4.1: "Any written information, including about confidentially, will be provided in an easy read format, use plain language and be in a format I can understand. Information should be available in formats, which are culturally sensitive, and trauma-informed."

Some respondents welcomed Statement 4.1 with some individuals citing their previous negative experiences with poor written information. Here, it was stated that it could be useful to have specific reference and consideration for groups who could be disproportionately impacted, including people who have a learning disability or dyslexia.

A few respondents felt that the emphasis on accessibility in Statement 4.1 was contradicted by the use of jargon such as "trauma-informed" which could be reworded or clearly defined.

Statement 4.2: “I will be enabled to access care and support from other agencies beyond formal services, if I would find this helpful. This will include consideration of third sector or member led organisations, which support people from different social, economic, cultural and ethnic backgrounds.”

A few respondents raised individual points about Statement 4.2 including that:

- “helpful” could be amended to “appropriate”
- this should be additional rather than diverting certain groups, including people of ethnic minority, away from formal services
- greater clarity on “member-led”
- there will be different levels of third sector or member-led organisations provision in different areas therefore there should be a consideration of inequalities to access

Statement 4.3: “Services and teams that provide care to me will reduce the risk of harms to me or others and support my overall wellbeing.”

Some service providers felt that “will reduce” should be amended to “will aim to reduce” as there can be no guarantee of harm risk reduction, especially for people in forensic settings. It was said that the amended wording could also help to reflect that person is not a passive recipient of care.

Statement 4.4: “There will be a clear responsibility framework and complaints process for services and systems so I know how my concerns will be addressed.”

A few respondents felt that reference to “responsibility framework” was not clear and could be reworded or amended. Raised to a lesser extent, it was stated that monitoring, evaluation and feedback into the process would be important and more detail could be provided to make the process as clear as possible for person accessing psychological care.

Statement 4.5: “There will be ongoing, quality improvement at the heart of offers of care. Listening to the combined voices of those accessing, and those delivering psychological therapies and interventions, will make sure that services continue to develop and improve care for all.”

A few respondents welcomed that ongoing quality improvement would be placed at the heart of service development. There were some calls for greater clarity on how feedback from service users will inform the ongoing quality improvement of psychological care. Also, a few respondents felt that wording of Statement 4.5 should also make reference to families/friend and carers for a consistent approach.

Statement 4.6: “Empathy, kindness, and respect will be used as frameworks for all practice and I should expect this. I am expected to show kindness and respect to staff and those supporting me.”

While some respondents agreed with the intention of Statement 4.6 and welcomed the emphasis on expectations from person accessing care, it was felt that empathy, kindness and respect may not always be possible.

For example, it was stated that this may be challenging for a person with significant relational trauma or personality disorder.

A few organisations felt that training of workforce could help a culture shift to remove stigma around psychological care – it was stated that this would need resourced.

A wider point raised included that more detail would be required on how this would be measured.

Outcome 5: I am fully involved in planning and agreeing my transitions

Statement 5.1: “There will be recognition of the importance of a good therapeutic relationship between me and the psychologically trained professional helping me; and consistency of relationship once in therapy will be the same wherever possible.”

Some respondents restated the importance of a good therapeutic relationship and consistency of relationship for smooth transitions of care. It was felt that Statement 5.1 would be important for implementation of person-centred care and its principles of compassion and non-judgemental care. It was highlighted that this is not the current reality in many cases.

Statement 5.2: “There will be effective communication between professionals, if there is any transition of my psychological care. To support continuity of care, a clear plan that has been agreed with me will be in place. Any risks will be clearly identified and documented; and the flexibility of transfer time and handover of care will be considered.”

A few respondents raised some common points in relation to Statement 5.2, including that:

- there could be more detail on what “effective communication” and “risks” would mean in practice
- incorporating feedback from person accessing psychological care would important to ensuring effective communication between professionals – a potential benefit could be removing stigma
- the draft specification sets out additional reliance on third sector organisations therefore there should be a consideration of different governance arrangements in third sector compared to NHS – for example it was stated that this could have implications on effective communication and continuity of care

Statement 5.3: “Services and teams that provide psychological care will use referral systems that are simple, consistent and efficient. Self-referral options can be offered, where appropriate, for those needing less complex types of support.”

Some service providers highlighted that it may be challenging for self-referral options to be “simple” and “consistent” as options will be different and more/less appropriate in different services, particularly forensic services where clinical oversight is essential.

A wider point raised by a few mental health organisations was that there is a key role for “shared decision-making, advocacy, and advance statements in care” as often person faces a power imbalance when self-referring.

Although a few respondents were supportive of self-referral for ”less complex types of support”, it was stated that a definition of “where appropriate” would be helpful.

Statement 5.4: “Clinical and data systems used by services will be used in a way that confidentially supports my care and does not hinder the quality of care provided.”

A few respondents welcomed clinical and data systems which are fit for purpose, minimise duplications, increase consistency across Health Boards, make efficient use of existing data, and are aligned to the joint Scottish Government and COSLA Digital Health and Care Strategy. As above, it was highlighted that investment in digital infrastructure would need to be adequately funded and resourced.

Raised to a lesser extent, it was felt that Statement 5.4 could be reworded for greater clarity.

Outcome 6: We fully involve people, their families and carers

Statement 6.1: "It is recognised that my existing support network – carers, family, or friends – are key in helping me with my support needs and the delivery of my care, should I consent to them being involved."

Some respondents expressed concerns regarding Statement 6.1 including that:

- the potential of family and carer abusive relationships should be taken into account and reflected in change of wording to "may" rather than imply that their involvement is necessary
- the importance of informed consent should be better reflected
- a person's existing support network should not be used as a replacement for mental health services

Statement 6.2: "I will be informed that I can have someone with me, if I choose to do so, when seeking psychological support. All interventions and services will take into consideration my preferences and consent about involving my carers, family, or friends in my care."

Some respondents considered whether a person would need to have someone else present when seeking psychological support, and that this may not always be. appropriate. For example, feedback included that:

- individuals may not feel that they can express themselves fully with a family member, friend or carer present. This could remove the safe space aspect of seeking psychological support and constrain the ability of the person to speak freely and honestly
- some therapies do not allow for additional people to be present, such as neuropsychological assessments, mindfulness and eye movement desensitisation and reprocessing (EMDR)
- informed consent would be essential, and may also look different for certain groups of people (for example, children and young people)

Statement 6.4: “Peer support and / or informal support will be considered and offered as part of future service planning, where appropriate, to my family members and / or carers.”

A few organisations called for further clarity on how and when peer support would be implemented and what governance and safeguarding arrangements would be in place.

A wider point raised was that peer support may be difficult to access for people accessing forensic services.

Outcome 7: I have confidence in the staff who support me

Statement 7.1: “There will be an adequately funded and staffed psychological workforce, taking into account specific clinical services, population need, and local circumstance so that I receive the level of care I need.”

A few respondents felt that statement 7.1 was too vague and called for more detail and clarity on:

- how “adequately funded and staffed psychological workforce” is defined
- which job roles make up the psychological workforce
- the need for increased investment for services, including those that support marginalised groups

Statement 7.2: “There will be enough resources available for professional, clinical and managerial supervision so that the staff and services helping me are safe and led well.”

While some respondents were generally positive about increased provision of further resources, there were calls for greater clarity on:

- how ‘resources’ is defined (for example, funding, clinic space, therapy rooms)
- what is considered ‘enough resources’

A few respondents felt that statement was too ambitious as they were unsure where resources would come from to deliver it.

Statement 7.3: “The roles and qualifications of all staff delivering direct psychological care will be clearly described in an accessible format to me and will be available for me.”

A few respondents asked for further detail and clarity on how the information on staff roles and qualifications would be communicated to service users, and what information would be shared.

Statement 7.5: “Investment in the workforce will be provided so that staff are trained to deliver interventions that help me to improve my health. All staff providing psychological care will have access to relevant learning materials, and will keep their training updated as part of routine continuous personal development.”

A few respondents highlighted the importance of staff being supported to undertake relevant training and continuing professional development in order to better meet the different needs of people looking to access psychological care.

Statement 7.6: “Services will consider how psychologists can best support those with more complex need, and help train and supervise the wider workforce, including those focussing on early intervention and prevention.”

Some respondents considered it important that the statement acknowledged that it is not only psychologists who support people with complex needs.

Statement 7.7: "There will be a Psychological Care Governance Group in my local area that will be led by the Professional Lead for Psychology, or their delegated senior clinician. All staff in Health and Social Care, who deliver psychological therapies and interventions, will be represented so that care offered to me by anyone is safe and based on evidence."

A few organisations welcomed the establishment of a Psychological Care Governance Group, and wider points raised included a request for more detail on the Group's role and remit, and composition of the group should involve diverse representation of the workforce.

Statement 7.9: "Central to all leadership and planning, will be people with lived experience. My views will be sought and analysed through regular service review and research to help improve the care offered. I will be positively enabled to provide clear, regular, and meaningful feedback as standard practice."

A few service providers felt that the involvement of people with lived experience would need to be resourced (for example remuneration for their time).

Statement 7.11: "The appointment duration is considered to meet my need (for example, longer appointments for neuropsychological testing)."

While a few respondents expressed support for the statement, they also felt that there could be in-built flexibility to allow for shorter appointments for neuropsychological testing if that meets the person's needs.

Statement 7.16: "Staff seeing me will work within their agreed objectives to support their wellbeing and job satisfaction. Time will be protected for staff to allow them to teach and continually develop the workforce."

A few respondents noted that action to promote and support staff wellbeing was crucial in order to ensure the provision of high-quality care.

Appendix E: publishing consultation responses

Of the 95 validated consultation responses:

- 19 selected “publish response with name”, including 10 organisations and nine individuals
- 60 selected “publish response only (without name)”, including 22 organisations and 38 individuals
- 11 selected “do not publish”, including four organisations and seven individuals
- Five respondents did not provide a Respondent Information Form, including four organisations and one individual.

Appendix F: satisfaction with the consultation

Table D1: How satisfied were you with this consultation?

Satisfaction (N=65)	Individuals	Organisations	Total
Very satisfied	20%	16%	18%
Slightly satisfied	40%	32%	37%
Neither/nor	28%	24%	26%
Slightly dissatisfied	8%	24%	14%
Very dissatisfied	5%	4%	5%

N=65 (40 individuals and 25 organisations). Excludes blank responses.

Table D2: How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?

Satisfaction (N=66)	Individuals	Organisations	Total
Very satisfied	51%	36%	45%
Slightly satisfied	37%	28%	33%
Neither/nor	10%	20%	14%
Slightly dissatisfied	0%	12%	5%
Very dissatisfied	2%	4%	3%

N=66 (41 individuals and 25 organisations). Excludes blank responses.

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