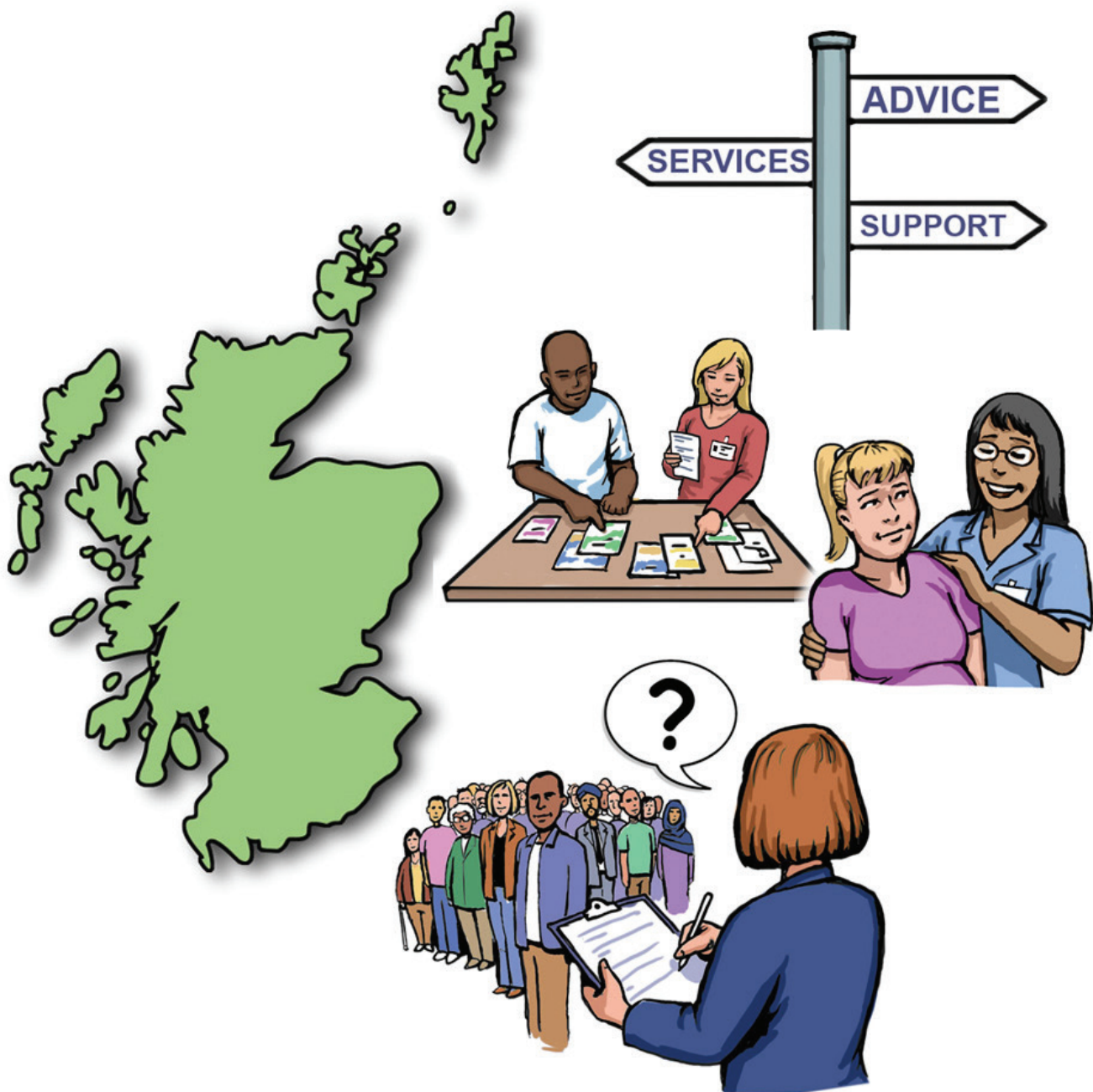


Adult Secondary Mental Health Services Consultation



Overview

- We want to hear your views on the draft quality standards for adult secondary mental health services. We have asked a series of questions, and your answers to these will help us write the final standards and develop how we measure if these standards are being met.

What are Adult Secondary Mental Health Services?

- Secondary mental health care services are there to meet the needs of individuals who have longer term or complex psychological or mental health conditions (e.g. Complex trauma, or severe depression) that cannot be met by their GP or other primary care services.
- Secondary mental health care services are usually services which need a referral from your GP or another healthcare service.
- Secondary mental health services are usually made up of community mental health teams (cmhts) and adult in-patient mental health wards.
- Secondary care services may be delivered in the community or in hospital by a team of mental health professionals who have the skills and training to meet people's needs. Examples of these include, Psychiatrists, Mental Health Nurses, Psychologists, Occupational Therapists and other Allied Health Professions as well as Social Workers and Mental Health Officers.
- Integrated Joint Boards and Health Boards are responsible for providing these services.

What are Primary Care Mental Health Services?

- Primary care is all services that provide healthcare in a local area. It is usually delivered by or linked to a GP surgery. These are services that are usually the first points of access for people in the community who are seeking advice or help with a mental health concern.

Context

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

- Demand for mental health services in Scotland had been growing gradually before the coronavirus pandemic in 2020. The pandemic has made the situation worse. The [Mental Health Transition and Recovery Plan \(published October 2020\)](#) outlines the Scottish Government's response to the coronavirus pandemic. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health and wellbeing. It has a key aim of ensuring safe, effective treatment and care of people living with mental illness. It committed us to the development, implementation and assessment of quality standards for adult mental health services.
- We acknowledge that this work is ambitious and will take time to implement. It must compliment other ongoing and interlinking work, such as the creation of the National Care Service (NCS) and the findings from the recently published [Mental Health Law Review](#).
- These standards have been published for consultation in the context of the development of the new Mental Health and Wellbeing Strategy for Scotland. The Strategy provides an opportunity to set out our aims for a high-functioning mental health and wellbeing system and the standards we expect 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.
- For more information on how these standards fit within the wider landscape of principles, standards and frameworks which impact mental health services, please see Annex A.

Aims

We want to support secondary mental health services which enable people to receive the right information, support, care, intervention, or service for their needs, as quickly as possible, with the fewest steps possible.

The aims of the standards for adult secondary services are as follows:

- To let individuals, their families and carers know what they can expect from a secondary mental health service.
- To ensure that person-centred and trauma-informed approaches are embedded within the services.
- To improve experiences and outcomes for people who use adult mental health secondary services.
- To ensure a consistent high quality of service is provided to everyone who needs it. To reduce the scope of unwarranted variation of quality of care.
- To be able to support the improvement of the measurement of the quality of services, in line with standards in order to support improvement.

Process

- Throughout the development of the standards, we engaged extensively with people who use mental health services, the mental health workforce and organisations who deliver mental health services. You can find copies of reports on this engagement alongside this consultation.
- We set up and worked with the Mental Health and Wellbeing Standards Working Group which was made up of people from each of these groups and chaired by someone who had used adult mental health secondary services.
- We have also reported regularly to the [Mental Health Quality and Safety Board](#) which is chaired by the Minister for Mental Health and Wellbeing.

Structure of the Standards

The standards are structured around the themes that emerged from engagement with people lived experience of using adult secondary mental health services and the workforce (see attached reports for more detail). The themes are:

- Access
- Assessment, Care Planning, Treatment and Support
- Moving between and Out of Services
- Workforce
- Governance and Accountability

Each theme contains a section which describes what a person can expect when using adult secondary mental health services: “What I can expect”. Each section also contains a section which describes how services should be designed and delivered: “How services will support me”.

Access and Equalities

A key priority in developing these standards has been addressing the inequalities in outcomes and experiences for people accessing mental health services. We know that access to and experience of mental health support and services is not experienced equally across the population.

We want these standards to support equitable access to mental health care and support as well as equity in the experiences and outcomes of people using services. This is a key focus of our consultation on the standards.

We acknowledge that as we continue to shape these standards, there is more we need to do in terms of listening to and learning from people and member led organisations. In addition, we have undertaken an Equalities Impact Assessment (EQIA) and are using the findings from this to inform our engagement.

Groups of people who experience such inequalities include those with protected characteristics such as sex, gender reassignment, sexual orientation, race and ethnicity, and disability. Often these are the same groups in the population that are systematically disadvantaged in many different aspects of their lives. We also know that some people with neurodivergent differences will experience a higher risk of poor mental health and difficulty accessing the right support.

In addition, individuals living in the most deprived areas report higher levels of common mental health problems and mental ill health (including suicidal behaviour), with lower levels of wellbeing than those living in the most affluent areas. People can also experience disadvantage due to adverse childhood events such as being a victim of abuse, poor housing, traumatic events and poor working conditions. These groups have poorer mental health than others and face greater barriers in getting help.

We also know that people with severe and enduring mental illness are themselves more likely to experience poverty, homelessness, incarceration, social isolation and unemployment. They are also at greater risk of poor physical health and reduced life expectancy.

Therefore, it is important that inequality is not only considered in terms of single characteristics or experiences. In reality, people's lives are multi-dimensional and complex. We all have distinct experiences of inequality that need to be understood. This is known as "intersectionality". Whilst we do not have a complete understanding of intersectional inequalities for mental health, we know we need to do more to understand and improve experiences for people across Scotland.

Measurement

A key aim of the standards is to make them measurable and provide assurance that services are delivering for the people that use them. Making the standards measurable will allow us to understand how they are being implemented and whether they are being met. It will also make it easier for good practice to be shared and for any issues to be identified and addressed, therefore driving improvement in services.

Throughout 2022 and 2023, we will work with partners to ensure that we can measure progress against the new standards, developing a validated self-assessment tool and a set of indicators. We will carry out this work in co-ordination with other related work such as the development of the Mental Health and Wellbeing Strategy. This will ensure that our approach to data and measurement across mental health is joined up, making best use of the data we already collect and minimising the burden on services.

How you can help us / our next steps

In this consultation, we have asked a number of questions about the standards.

On [pages 8 to 22](#) you can find a copy of the draft standards in their entirety.

- [Part One](#) of the consultation asks questions about the standards overall.

Parts Two, Three, Four, Five and Six ask questions about specific themes covered in the standards:

- [Part Two: Access](#)
- [Part Three: Assessment, Care Planning, Treatment and Support](#)
- [Part Four: Moving between and Out of Services](#)
- [Part Five: Workforce](#)
- [Part Six: Governance and Accountability](#)
- [Part Seven](#) asks questions about the implementation and measurement of the standards.

Some questions will be of more interest to some people than others. For example, some questions might feel most relevant to people who have experiences of mental health issues, while some questions might be of particular interest to people who provide care and support for those with poor mental wellbeing and mental health conditions.

If you have less time to complete the consultation, you may wish to focus on [Part One](#). This contains six questions which will allow you to feedback on the standards overall. This part of the consultation may be of the most interest to people who have experience of using services.

[Parts Two](#) to Six of the consultation ask more detailed questions on each theme and may take more time to complete.

[Part Seven](#) contains more detailed and technical questions seeking initial views on how we implement and measure the standards. While we welcome everyone's views across the whole consultation, this part of the consultation may be of most interest to people with experience of working in or running services.

Whether you answer all of the questions, or only some, your views will be carefully considered by the Scottish Government when we are writing the final standards. We will publish a summary of all of the responses to show what people have said. The final standards will be published in 2023.

Mental Health And Wellbeing Support

We want to hear about people's experiences of mental health and wellbeing, and any support they have received. However, we know that sometimes it can be difficult to talk or write about these experiences, whether they are your own or other people's.

You can respond to any questions in the consultation that you want to. There is no need to respond to them all.

If you are affected by any of the issues covered in this document and need support, help is available.

We have included links to some of those sources of support below.

- [Breathing Space](#) / phone 0800 83 85 87
- [NHS24](#) / phone 111
- [Mind To Mind](#)
- [National Trauma Training Program](#)

Standards for Adult Secondary Mental Health Services

In this part of the document you can find a full version of the standards we have drafted for secondary mental health services. The final document will also contain background information to introduce the standards. You can find the background information contained in the [overview](#) of the consultation. Questions about the standards overall can be found on [page 23](#).

We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet your needs whoever you are and whatever your background.

However, we know that we need to do more to listen to and learn from people and organisations as we work to improve the standards.

1. Access

What I can expect:

- 1.1 I will be able to easily access and understand information on who services are for, what is provided, and how I can be referred to these.
- 1.2 If I seek support, I will be supported to get the help that is right for me regardless of where I first made contact.
- 1.3 After I am referred to a service, I will be contacted with an estimate of the time I will have to wait to be seen. I will receive regular updates if the time I have to wait is longer than this.
- 1.4 I will be provided with information on other available support such as online resources and community resources which will support me while I wait.
- 1.5 I will be treated with kindness, compassion, dignity and respect when accessing services and my personal circumstances and requirements will be considered.
- 1.6 I will receive care and support in a timescale that reflects my needs.

How services will support me:

- 1.7 Services will prioritise the referrals of those in most need and detail the criteria used to assess need and to prioritise.
- 1.8 Services will publish information in a clear and accessible format on who services are for, what is provided, and who can refer to these services. Information will include contact information, location of services, opening hours and how to contact out of hours/emergency care.
- 1.9 This information should be widely available and easily found. Information should be available in people's preferred languages and in formats which are culturally sensitive and understands the possible impact of trauma on people accessing services.
- 1.10 Services will provide information on how mental services work together and with other agencies and organisations. Services will work with people to ensure this is easy to understand. This could be through ensuring information is available in an accessible format, for example, a visual representation.
- 1.11 Services will provide information on other sources of support such as online resources and community resources which will support people waiting. This will include consideration of third sector or member led organisations which support people from different social, economic, cultural and ethnic backgrounds.
- 1.12 Services must have systems to accurately measure waiting times for assessment and treatment, this information should be accessible to everyone. It must be recorded and regularly reported through Clinical and Care Governance structures.

2. Assessment, Care Planning, Treatment and Support

What I can expect:

- 2.1 I will be supported by a team which includes a range of professionals who can meet my assessed needs.
- 2.2 Alongside consideration of my needs, I will be asked what is important to me and this will inform my mental health assessment, care planning, treatment and support. If I want them to be, and it is appropriate, my carer and/or family should be involved.
- 2.3 I will have a copy of my care plan which will be regularly reviewed to ensure it reflects my needs.
- 2.4 The care and support I receive will be centred around my personal circumstances. This care and support will take into account my cultural and social needs, and will be trauma-informed.
- 2.5 Based on my needs and safety, my mental health care and support will be delivered in the community whenever possible.
- 2.6 I will have a choice in how I prefer to access care and support and whether I engage digitally or face to face. However I access support, the environment will be safe and will enable effective treatment.
- 2.7 If I need support from multiple professionals and agencies, I will have a designated named person who will offer support in coordinating these.
- 2.8 If I am experiencing crisis, I will be able to access information, care and support at a time I need it, in an accessible and available space. I will be shown compassion by the people who provide my support.

How Services will support me:

- 2.9 Services will ensure that teams have an adequate staffing skill mix to provide a wide range of assessments and therapeutic interventions based on needs in their community. This team should include psychiatry, nursing, psychology, social work and Allied Health Professionals as well as opportunity for peer support and other expertise as needed.
- 2.10 Services will ensure that people's preferences inform how they access services and that services are delivered in an environment which is accessible, safe, and conducive to enabling assessment, care and treatment.
- 2.11 Services will ensure that the mental health care and support is provided in a community setting wherever possible. If people need in-patient care, this will be for the shortest necessary time and planning for returning to the community will begin as soon as they are admitted with an estimated date for discharge.
- 2.12 When planning and delivering services, consideration of the wider determinants of health which can increase the risk of inequality will be addressed so that care and support can be person-centred and responsive. This will include consideration of inequalities related to cultural, ethnic and other protected characteristics.
- 2.13 Services will routinely measure and report care and treatment outcomes. This should include understanding both responsiveness of interventions and service users and carer experience. This should routinely be reported through clinical and care governance.
- 2.14 Services will use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly.

3. Moving between and out of services

What I can expect:

- 3.1 I will have one written care plan which is jointly created by me and the professionals supporting me. If I move between different services, this will include clear information which supports my move.
- 3.2 With my permission, this plan will be shared as I move between services so that I have to tell my story as few times as possible.
- 3.3 If I need to move between or out of services, I will be supported to prepare for this move. If I need someone to help me, that support will be available to me at a time and pace I need, for example, advocacy.
- 3.4 If I am discharged from mental health services, I will understand how to get care and support if I need this again, this will be easy for me.

How Services will support me:

- 3.5 All mental health and care services will work together to reduce delays in transitions of care, whether from inpatient to community or between services, there must be joint processes in place to enable seamless transitions.
- 3.6 Services will ensure that if people's move out of inpatient care or between services are delayed, this will be recorded with the reason for the delay made clear. Services will report this through Clinical and Care Governance processes.
- 3.7 Services will provide co-produced written care plans for transitions between services or discharge from services, detailing how to reengage.

4. Workforce

What I can expect:

- 4.1 I will be confident that the staff who work with me have the right skills and experience to care for and support me.
- 4.2 I will be confident that the staff who work with me are well supported to do their job and their wellbeing is protected.

How Services will support me:

- 4.3 Services will support the wellbeing of the workforce.
- 4.4 Services will ensure that all staff who work with me will be trained in trauma informed practice and approaches and will have completed equalities and diversity awareness training.
- 4.5 Services will ensure that any assessments or interventions are delivered by staff who have the appropriate skills, training, capability and capacity to fulfil their roles. Where workload tools exist these must be utilised.
- 4.6 Services will ensure that staffing levels are safe and adequate and are compliant with the health and care staffing legislation.
- 4.7 All workforce will have access to continuous professional development that meets their needs and have protected time to undertake this.
- 4.8 Clinical supervision and reflective practice will be incorporated into all services as routine practice.
- 4.9 Leadership of services will create a collaborative culture which empowers and enables the workforce to support the implementation of these standards.

5. Governance and accountability

What I can expect:

- 5.1 I will be asked about my experiences and this feedback will be used to improve services.
- 5.2 I will be able to easily find accessible information on what actions I can take if these standards are not being met or I do not feel satisfied with my experience.¹
- 5.3 I will be signposted to independent advocacy services for support, and given the opportunity to share my experience confidentially and or be supported to make a formal complaint.

How Services will support me:

- 5.4 Services will ensure that information on compliments, feedback and complaints processes will be easily available and in a clear, easy to understand format regarding the performance of services against these standards.
- 5.5 Services will ensure that processes are in place to learn from feedback and complaints and will use this to improve services.
- 5.6 Senior leaders of services will work collaboratively to ensure a whole-system approach in supporting people who need mental health support.
- 5.7 Services will monitor and report on the standards and this will be embedded in the core Clinical and Care Governance business of Boards.
- 5.8 Services will work together with scrutiny bodies to provide assurance that standards are met and improve quality of care where necessary.

¹ For information on what steps you can take currently please see Annex C.

Glossary

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

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

Community: This is care and support which can be accessed without the need to be admitted to an inpatient hospital ward.

Needs: Includes your physical, social and psychological and neurodivergent needs.

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

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

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

Annex A - Principles and the Wider Standards Landscape

The [Health and Social Care Standards](#), published in 2017, set out what people should expect when using health, social care or social work services in Scotland.

These standards are not specific to mental health services. They do however contain key principles which aim to ensure every person is treated with respect and dignity, and their human rights are upheld in line with the Equalities Act 2010.

The standards outlined in this document are one of a suite which will cover mental health services more comprehensively. We have already developed service specifications for CAMHS and the Neurodevelopmental services for Children and Young People and are currently developing a specification for Psychological Services and Therapies. Our ambition is that all of these standards be linked by a set of shared principles which are based on the Health and Social Care Standards.

These shared principles were developed through extensive engagement which was undertaken during the development of the CAMHS and Neurodevelopmental Service Specifications.

Mental Health Principles

1. High Quality Care And Support That Is Right For Me
2. I Am Fully Involved In The Decisions About My Care
3. High Quality Interventions And Treatment That Are Right For Me
4. My Rights Are Acknowledged, Respected and Delivered
5. I Am Fully Involved In Planning And Agreeing My Transitions
6. We Fully Involve Adults And Their Families And Carers
7. I Have Confidence In The Staff Who Support Me

These principles inform all of the standards below and we would expect these principles to be applied to each of the thematic areas.

Realistic Medicine

The standards are in line with the vision for NHS Scotland that by 2025 anyone providing health and social care will take a realistic medicine approach. This approach puts people at the centre of decisions made about their care and how it is delivered.

Realistic Medicine means that people should be provided with the highest quality supports that are right for them and evidenced based interventions on discussion with them and only when they require these.

The six principles of realistic medicine are:

- shared decision making
- building a personalised approach to care
- managing risk
- reducing harm and waste
- tackling unwarranted variation
- innovating and improving

Time, Space, Compassion

[The Time, Space, Compassion](#) approach aims to ensure that those who reach the point of suicidal crisis are able to access support at a Time they need it, in an accessible and available Space, and are shown Compassion by those who are providing the support. We would expect these standards to be delivered in line with this approach.

Trauma Informed Practice

We would expect these standards to be delivered as part of our ambition for workforces and services across Scotland to operate in a [trauma-informed and trauma-responsive way](#). Trauma-informed services assume that people have had traumatic experiences, and as a result may find it difficult to feel safe within services and to develop trusting relationships with service providers. Consequently, services are structured, organised and delivered in ways that promote safety and trust and aim to prevent re-traumatisation. This helps to ensure that our services are delivered in ways that reduce barriers and prevent further harm or re-traumatisation for people who have experienced psychological trauma or adversity at any stage in their lives.

Professional Standards

We would expect that all professionals delivering adult secondary mental health services to be guided by all recommended service and professional and regulatory standards set out, produced and monitored by individual professional bodies and other organisations.

Annex B - Process

Throughout the standards development process we have used [the PANEL Principles](#) to ensure we took a Human Rights Based Approach.

Discussions with stakeholders emphasised the importance of a partnership approach to the standards development with the voices of those with lived experience of using services being central. A partnership approach enabled a broader range of expertise and buy in than one organisation alone.

To facilitate this partnership approach, we established the Mental Health and Wellbeing Standards Working Group in December 2021.

The primary purpose of the Mental Health and Wellbeing Standards Working Group was to ensure the development and delivery of quality standards for adult secondary mental health services is carried out on time and to a high standard. To ensure consistency and to save duplication of resource, the group was also an advisory group on the development of National Quality Standards for Psychological Therapies.

The group brought together representatives of people with lived and living experience of using services and their carers (a carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support), the mental health and social care workforce and organisations who commission mental health services.

The chair of the group – Gordon Johnston – was selected by Ministerial appointment. Gordon has lived experience of using mental health services and is the chair of Vox Scotland's board.

The working group reported to the Mental Health Quality and Safety Board at key milestones during the development of the standards. The board is chaired by the Minister for Mental Wellbeing and Social Care.

The Health and Social Care Alliance Scotland and Vox Scotland were commissioned to engage with people with lived experience of using secondary mental health services. They engaged with people through an online survey and several virtual focus groups. In total, 177 people engaged with the development process.

The [National Centre for Collaboration on Mental Health](#) was commissioned to undertake engagement with the mental health workforce and organisations who commission and deliver mental health services. They hosted virtual engagement events and conducted an online survey. Through 23 engagement events, 254 people were engaged and 271 people responded to the survey. Engagement events

included members of the workforce from all health board areas in Scotland and those who worked in both health and social care.

Healthcare Improvement Scotland were commissioned to undertake an evidence review to inform the standards development process. They identified what mental health standards had already been published in the UK and other English language countries. They identified cross cutting themes and underlying principles from the standards examined. More detail can be found in Annex.

The evidence from the engagement work and the evidence review were brought together at a Consensus Conference. The conference took place virtually and delegates included people with lived experience of using services and those who work in and lead mental health services. Delegates discussed the findings of the three reports and reached consensus on their priorities for what needed to be included in the standards. These priorities were grouped into five key themes:

- Access
- Assessment and Care Planning
- Support, Care and Treatment
- Transitions and Continuity of Care
- Workforce

Annex C - Feedback and Complaints

A key priority in the standards is that you are able to give feedback on your experiences of engaging with mental health services and are supported to take action if you are not satisfied with your experience. This section contains information on your rights and the actions you can currently take.

The Patient Rights (Scotland) Act 2011 and supporting legislation, provides a specific right for people to make complaints, raise concerns, make comments and give feedback. The Act also places a duty on NHS Boards to thoroughly investigate and respond to any concerns raised, to take improvement actions where appropriate and to share learning from the views they receive. If you have concerns about your care or support, this should be addressed at a local level through the NHS complaints procedure. When that is not possible the Scottish Public Services Ombudsman (SPSO) is the second and final stage in the complaints process.

The SPSO is independent from the provider of healthcare and Ministers and looks into complaints about most organisations providing public services in Scotland. Their role is to give an independent and impartial decision on complaints. Once the SPSO have completed an investigation and made a decision, they will write to the person who brought the complaint, as well as the organisation involved, and give details of that decision. This will include details of any recommendations the SPSO have made to put things right, and the deadlines by which the organisation must carry out these recommendations. There is a rigorous review process in place to ensure that recommendations have been implemented by that time.

Advocacy

NHS Boards also have a duty to provide information on the advice and support services available for people who wish to make a complaint including providing contact details of the Patient Advice and Support Service (PASS).

The PASS service is free, confidential and independent and is delivered by the Citizens Advice Bureau (CAB). The service can be accessed by;

- Visiting www.patientadvicescotland.org.uk ,
- Telephone: 0800 917 2127, or go to your Local Citizens Advice Bureau

This service has been set up to assist people who use services and their families in raising concerns and to help them understand their rights and responsibilities when using the health services.

Care Opinion Lines

You may also wish to consider sharing your experience of the NHS via Care Opinion. This is an independent website where patients, their carers or family members can tell other people about their experiences of the NHS. NHS Boards are alerted to stories posted about services in their area and are encouraged by the Scottish Government to respond. You can share your story online at Care Opinion by clicking this link: [Care Opinion](#) or by telephone 0800 122 3135.

NHS Inform

In addition NHS Inform contains further information on patient's rights and the complaints and feedback process, this can be found by following this link: [NHS Inform](#).

Consultation

Part 1: Questions On All Of The Standards

This part of the consultation asks questions about all of the standards which you can find on pages 8 to 22.

If you have less time to complete the consultation, you may wish to focus on section called 'General standards questions'. It contains six questions which will allow you to feedback on the standards overall. This part of the consultation may be of the most interest to people who have experience of using services. The other sections in the consultation ask more detailed questions on each theme and may take more time to complete.

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

4. We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help

make sure that services meet everyone's needs whoever you are and whatever your background. How far do you agree that the standards will help do this?

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

5. Do you have any suggestions for how the standards could go further to help ensure that services meet everyone's needs regardless of who they are or their background?

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

7. Please share with us any of your thinking on your answers above and give us your views on the standards overall.

Part 2: Access Questions

Parts two to six of the consultation ask more detailed questions on each theme and may take more time to complete.

This part of the consultation is about access. The Access Standards can be found on [page 8](#).

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

11. Do you think there is anything missing from the Access standards?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

13. Do you have any suggestions for how the Access standards could go further to help ensure that services meet everyone's needs?

14. Please share with us any of your thinking on your answers above and your views on Access standards overall.

Part 3: Assessment, Care Planning, Treatment and Support Questions

This part of the consultation is about Assessment, Care Planning, Treatment and Support. The standards on Assessment, Care Planning, Treatment and Support. Can be found on [page 10](#).

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

18. Do you think there is anything missing from Assessment, Care Planning, Treatment and Support standards?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

20. Do you have any suggestions for how the Assessment, Care Planning, Treatment and Support standards could go further to help ensure that services meet everyone's needs

21. Please share with us any of your thinking on your answers above and your views on Assessment, Care Planning, Treatment and Support standards overall.

Part 4: Moving between and out of services Questions

This part of the consultation is about Moving Between and Out of Services. The Standards on Moving between and out of services can be found on [page 12](#).

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

25. Do you think there is anything missing from the Moving between and Out of Services standards?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

27. Do you have any suggestions for how the Moving between and out of services standards could go further to help ensure that services meet everyone’s needs?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

29. What should a standard around substance use contain?

30. Please share with us any of your thinking on your answers above and your views on the Moving between and Out of Services standards overall.

Part 5: Workforce Questions

This part of the consultation is about the Workforce. The standards on Workforce can be found on [page 13](#).

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

32. How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

34. Do you think there is anything missing from the Workforce standards?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

36. Do you have any suggestions for how the Workforce standards could go further to help ensure that services meet everyone's needs?

37. Please share with us any of your thinking on your answers above and your views on Workforce standards overall.

Part 6: Governance and Accountability Questions

This part of the consultation is about Governance and Accountability. The Standards on Governance and Accountability can be found on [page 14](#).

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

41. Do you think there is anything missing from the Governance and Accountability standards?

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

43. Do you have any suggestions for how the Governance And Accountability standards could go further to help ensure that services meet everyone's needs?

44. Please share with us any of your thinking on your answers above and your views on Governance and Accountability standards overall.

Part 7: Implementation and Measurement

This part of the consultation contains more detailed questions seeking initial views on what services will need do to implement the standards and how we might measure the standards. While we welcome everyone's views across the whole consultation, this part of the consultation may be of most interest to people with experience of working in or running services.

Implementation Question

45. Overall, what support do you think services will need to implement the standards?

Measurement Questions

A key aim of the standards is that they are measurable. By measuring the standards, we will be able to celebrate and share good practice, identify any issues and drive improvement in services. We will work with services to ensure that measurement doesn't add unnecessary burden and findings are used in a supportive way.

We are proposing that the standards are measured in two ways:

Firstly, by services across the country filling out a self-assessment tool to collect information and data to find out how the standards are being implemented across their services.

A self-assessment tool is a way for services to gather information to allow them to evaluate how well they are meeting the standards. The tool will allow services to

provide evidence to show that they are meeting the relevant standards, supporting them to recognise good practice and make necessary improvements to the services that they deliver.

It is proposed that this self-assessment would be a continual way to drive improvement in services over time. The number and frequency of self-assessments is still to be decided.

Secondly, we propose another way to measure performance, by collecting and publishing data on a number of indicators.

An indicator is information collected across the country that provides a measure of how well services are meeting the standards. Service providers will be asked to submit data on these indicators, which will be analysed and published to allow the Scottish Government and the public to understand how services are performing against the relevant standards and how well they are delivering for the people who use them.

It is proposed that this data on indicators would be collected, analysed and published on a regular basis. The frequency of collection is still to be decided.

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

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

Please explain the thinking behind your choice.

47. How far do you agree that some of the standards should be measured using a range of indicators?

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree

48. Please explain the thinking behind your choice.

We have included a few examples of ways we could measure the standards.

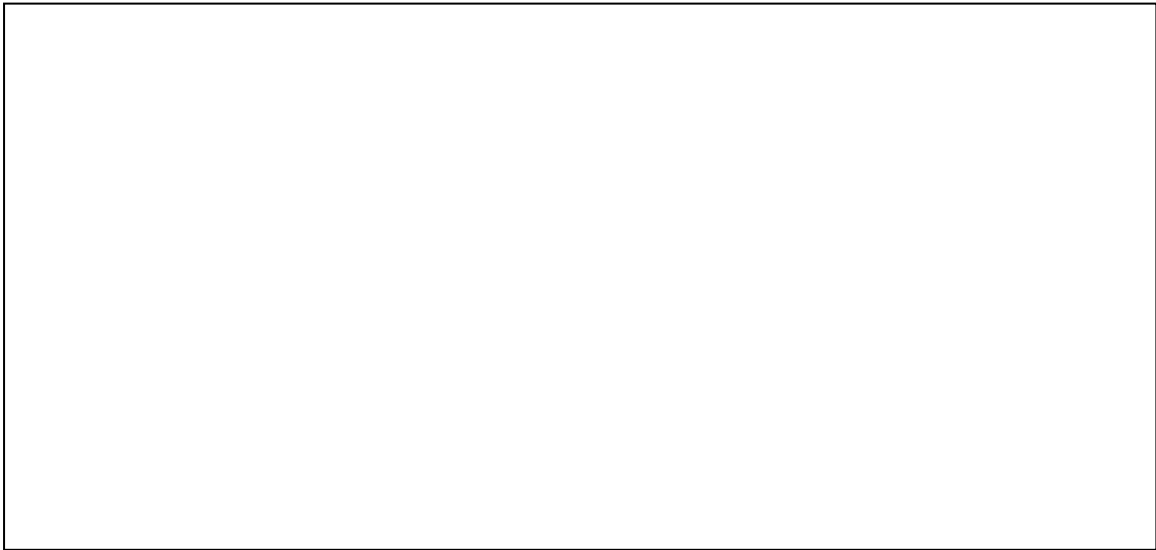
We are keen to gather your views about these initial suggestions, as well as any other suggestions you may have of how to evidence the successful implementation of the standards and measure progress against them.

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

Suggestions for Possible Self-Assessment Questions

		Relates to standard(s)
	Access	
(a)	How have services ensured that information is accessible, culturally sensitive and trauma informed? E.g., engagement with people with lived experience of using adult secondary mental health services.	1.1, 1.4, 1.8, 1.9, 1.10, 1.11
(b)	Do services gather and monitor waiting times data?	1.3, 1.6, 1.12
	Assessment, Care Planning, Treatment and Support	
(c)	What choices are available to people who use services for accessing services? E.g., face-to-face, digital, telephone.	2.7, 2.11
(d)	What data on protected characteristics is currently collected and how is this used to inform the planning and delivery of services?	2.16
	Moving between and Out of services	
(e)	What data about delays in moves between services is available and what does this tell us?	3.5, 3.6
(f)	What communication is provided about discharge and reengagement with services?	3.1, 3.3, 3.4, 3.7
	Workforce	
(g)	What data about staff training, including diversity and trauma training is available and what does this tell us?	4.1, 4.4, 4.5, 4.7, 4.9
(h)	What wellbeing support is available to staff?	4.2, 4.3, 4.9
	Governance and Accountability	
(i)	How is patient feedback gathered and how is it used to inform improvements in how services are planned and delivered?	5.1, 5.4, 5.5
(j)	What have recent external scrutiny inspections found and what actions have consequently been taken?	5.8

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

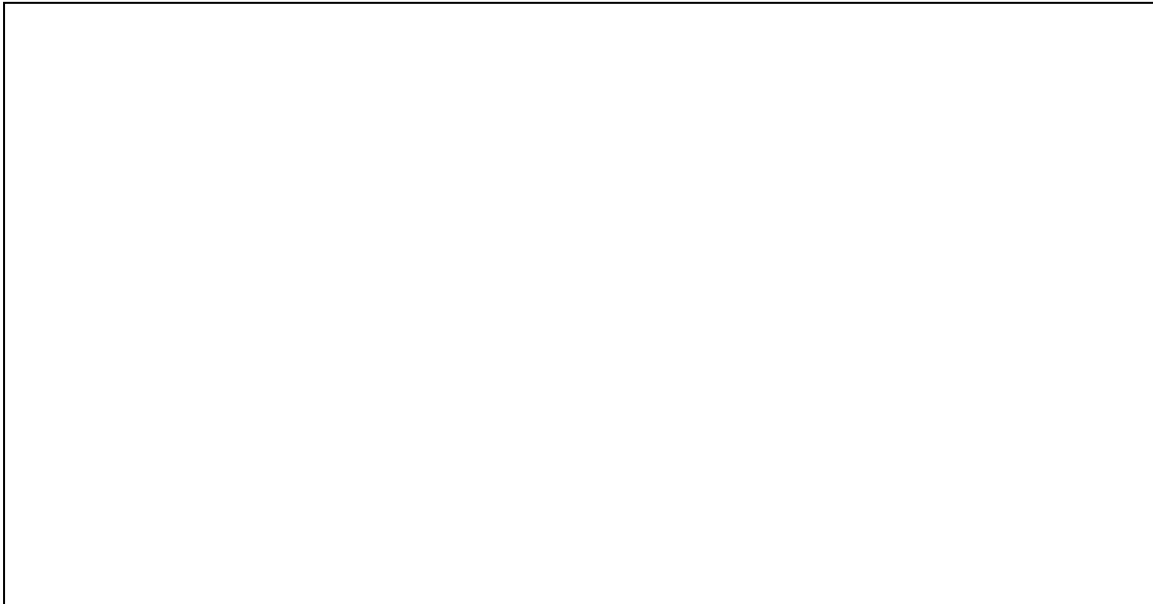


Suggestions for Possible Indicators

		Relates to standard(s)
	Access	
(a)	Proportion of people who agree with the statement: "I was treated with kindness, compassion, dignity and respect when accessing services."	1.5
	Assessment, Care Planning, Treatment and Support	
(b)	Proportion of people who agree with the statement: "I was asked about my needs and my personal circumstances and requirements were considered in planning my care and treatment."	2.2, 2.4
(c)	Proportion of people treated in the community compared to inpatient settings.	2.6, 2.12
(d)	How long people stay in inpatient settings.	2.6, 2.12
(e)	Proportion of people in mental health services seen for at least 1 month that show improvement in any personal outcome measurement over the previous month.	2.15
	Moving between and Out of services	
(f)	Proportion of people whose referral included a copy of their care plan.	3.1, 3.2, 3.7
(g)	Proportion of people whose move out of services is delayed, and average length of delay.	3.5, 3.6
	Workforce	
(h)	Mental Health workforce staffing levels and skill mix.	4.1, 4.5, 4.6

Please Note: We have not included a waiting times target as an indicator. This is following feedback during stakeholder engagement to date, that highlighted the wide range of services within adult secondary mental health which means that establishing one waiting times target would not be appropriate or helpful. We would, however, be grateful for any further views.

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



51. We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet your needs whoever you are and whatever your background. How 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 standards?



Responding to this Consultation

Please respond to this consultation using the Scottish Government's consultation Hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation Online at [insert hyperlink].

You can save and return to your responses while the consultation is still open.

Please ensure that consultation responses are submitted before the closing date of

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Mental Health and Wellbeing – Adult Secondary Standards

Scottish Government

Mental Health Directorate

St Andrew's House

Edinburgh, EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page Before submitting your response. Please indicate how you wish your response to be Handled and, in particular, whether you are content for your response to published. If You ask for your response not to be published, we will regard it as confidential, and We will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the

Provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy:

<https://www.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>.

If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work. You can find all our consultations online: <http://consult.gov.scot>.

Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision-making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation.

Depending on the nature of the consultation

Exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation

Exercise may usefully inform the policy process, consultation exercises cannot

Address individual concerns and comments, which should be directed to the relevant Public body.



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