Subject: Mental Health Strategy Consultation

Thank you for this opportunity to respond to the consultation document on the Mental Health Strategy.

I have chosen to corral all my responses under **Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?** I do this largely because I think you are asking the wrong questions, all relating to a Government-led agenda of monitoring rather than a service and service-user orientated agenda of what is wrong and how to correct it. The questions you pose show a distinct bias towards two things: Outcome led initiatives and (acknowledging the helpful weighting towards Government led initiatives such as See Me and Choose life) preference towards NHS in favour over social work partners in and out of local authority.

To deal with the latter first, health led initiatives in anything, from rolling out access to counselling therapies to reducing patient readmissions, all rest upon the supportive capacity of both the local authority and its voluntary partners. In all 32 authorities, this capacity is shrinking at an alarming rate, with closure of both council run and voluntary services, stemming from reduction in central government funding and freeze on council tax year on year.

Outcome-led initiatives are good in so far as they hold partners to a given policy and they are easy to measure. However, because they hold partners to account on delivery in straightened times, they squeeze other services and they invite "cooking of the books" to demonstrate a particular outcome.

If we put these two issues together, what emerges is a false picture that Health is delivering well, for example, in preventing readmission rates from rising at a time when there are less and less services out there in the community, the domain of the Local Authority. Meanwhile, service users with more lasting and serious mental disorder are drifting with less and less service provision and, because there is no direct line from Mental Health policy makers in the government to the planners and implementers in the community (in the sense that Health within the Scottish Government has a direct line both to the NHS and local Health Boards), there is a disconnect between Government in St Andrew's House and these local services, which are suffering from the lack of regard that central government gives them.

To revert to the question, what needs to be done is not a simple thing to answer. Rejecting, as I do, the notion that we have a national health and social care system, as Northern Ireland does, for example, we need to find stronger and more creative ways for Government to engage with its 32 local authority partners and the myriad of voluntary partners to track the effects of shrinking social care provision on those with serious and long lasting disorder. We also need to develop qualitative to parallel the quantitative outcome-led measures of progress. Within this there needs to be a more global indicator of progress across the system (the totality of Health and Social Care), which can measure how a squeeze in one area, to meet a given outcome, can lead to a problem elsewhere.

I apologise for the complex and wordy reply to one question at the expense of the other questions- probably a head-ache for you to collate.

I have no objection to you publishing my response against my name.

Mike

07/09/2011

CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments There needs to be a significant increase in availability of psychological services and in particular a widescale roll out of use of Compassionate Mind therapy. In Cowal, we had a new psychologist appointed about 2 years ago who has been using Compassionate Mind therapy extensively and it has made the biggest impact in improving mental health I have seen in my 12 years as a GP. CBT was rolled out to GPs and practice nurses but has had v little impact in my view and I'm far from convinced of its effectiveness – Compassionate Mind therapy is very suitable to use in primary care and if it hasn't been piloted yet, I'd suggest training up GPs, practice nurses etc to do this.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments The cost of alcohol has been much debated in the Scottish and UK Parliaments and the press but it remains the single largest remediable public health challenge. This must be addressed urgently – alcohol excess is a form of self harm and is involved in the majority of self harm and suicide attempts that I see. The major retailers are hypocritical in their stance to this as any brief look at the deals on spirits in any supermarket will show and so the unit cost principle should be implemented urgently.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments There's been good work on this in recent years. I'd like to see education in schools. My wife has chronic depression and my daughter is in P7 – she becomes distressed by her classmates lack of understanding of what depression is. Stigma needs to be addressed at all ages but lifelong values can be started while young – I'd like to see mental health education introduced in the upper primary years (I don't just mean mental well being which is already covered but what mental ill health is)

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

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

Comments Targeted training in mental health should be made available to church and other religious leaders eg ministers, priests, church youth workers etc. They are the first point of contact for many in distress yet usually have no health care background or training nor the resources to access this. I have no experience with rabbis, imams or other faiths but from by church background I know such staff would welcome training in recognising mental health diagnoses, managing acute situations and how to access local services.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

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

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

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

Comments

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments Improved training, resources and support for A&E staff. This could be mandatory training in the mental health first aid course, a mental health champion or coordinator in each A&E department, ready access to telephone support (and not just a harassed junior doctor or a sleepy registrar on call for psychiatry somewhere but a more dedicated service – possibly through NHS24 as they could then also advise and support the triage nurses) etc. There needs to be clear simple guidelines for each A&E department and on call OOH centre to arrange a guaranteed next day follow up if required. There needs to be an urgent, increased level of rapid response services and staff available over the Christmas and New Year periods – there is always a huge jump in psychiatric emergencies and suicide rates at this time yet everyone is on holiday and there are limited services only are available.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments I'd review the effectiveness of CBT and move resources from this into Compassionate Mind therapy

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

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

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

Comments

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

Comments There should be increased screening for adults with learning disabilities and their carers. There is a considerable evidence base for routine screening of this group for both physical and mental health issues as they have so much hidden pathology and difficulties accessing and communicating with health professionals. The Western Isles health board has had an evidence based area wide screening programme in place for nearly 10 years now which has been very successful. It is delivered by the patient's own GPs and practice nurses as a local enhanced service and should be now rolled out nationally. (Wales already has a much more limited enhanced service for learning disability screening).

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments Consider working alongside the armed services and military bases to improve access to mental health services across all personnel. Historically the levels of mental health trauma post conflict (eg Falklands) has been poorly recognised and treated. My sister-in-law was in the RAF at Lossiemouth, came back from Iraq traumatised by the constant shelling of her base but because she was in admin rather than the front line, she had no screening or debriefing, no mental health input and her PTSD was unrecognised and untreated.

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments Levels of mental health pathology are under recognised in my opinion as a GP. When the Quality and Outcomes framework was first introduced into general practice in 2003 a Mental Health register was set up in each practice – this has since been scrapped and is now a register for only those with diagnosed psychoses. The levels of chronic depression and other disabling long term mental health problems are therefore unrecognised and unreported as they are simply endured and only come into contact with mental health teams at times of crises. Work needs to be done through GPs to identify the levels of chronic depression and other disabling long term mental health problems

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments SIGN should produce guidelines on Borderline Personality Disorder – BPD is as common as schizophrenia (1% of the population) yet has a higher mortality rate (up to 10%, second only to anorexia in mortality rates in mental health disorders). NICE have produced guidance but this is only used generally at a specialist level. SIGN can and should produce recommendations for the Scottish context and their guidelines are used by a much wider audience in Scotland than NICE guidelines.

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

Comments There needs to be an urgent look at the medical reviews within the benefits system. I have seen the ATOS healthcare mental health review template and it is not fit for purpose; it is superficial, perfunctory and in the case of one patient, managed to miss the relevant symptoms and diagnoses already provided in great detail by their consultant psychiatrist, consultant psychologist and GP. The hounding of patients with genuine mental health problems is highly detrimental and undermines a significant part of our work. Patients with mental health diagnoses should have any benefit reviews carried out by clinicians with mental health training and preferably qualifications.

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments