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.

What you are doing is impressive! A few comments:
It would be good to stress more about partnerships/all agencies working together. There is so much concern about mental health, well-being and suicide prevention in eg church and faith groups, Forestry Commission, RSPB, Mountain Rescue etc
It would be really good if 'health and social work' organisations could be more linked in with all of these for 'signposting' into activities that help with well-being.
Though I understand this document's ref to 'we' when referring to plans, it is important to avoid implying that there are those, such as NHS staff, church leaders etc who are 'okay' and others who are 'not okay' and in need of help. This is not so, since everybody experiences problems with mental health (and would be abnormal/mentally ill if we didn't since stress, grief, etc is 'appropriate response to difficult situation). And also it will not encourage anyone to look after their own mental health if it is implied that some people are 'help needers' and others 'help givers'

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.

People caring for someone with dementia need good support, respite care etc. And care homes need staff who are long-term, good hearted folks, more so than they need (of course need some of these also) trained nurses etc. Recently on the bus I travelled with a student, not from local area, on her way to do night duty at local care home here. Clear from her attitude as well as what she said that she had no interest in elderly people, no desire to get to know local people while here,, but purely that night duty was good way of earning money. Having such "casual labour" in care homes for people with dementia (and anywhere else come to that) shows lack of respect for the needs of the people requiring care

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.

Some specialised help is definitely sometimes needed. But there is also evidence eg from Sri Lanka where research is ongoing with people affected by both war and tsunami, that apart from some very traumatised individuals needing specialist care, the majority benefit MOST from maintaining 'usual' community resources such as community centre, mosque, temple. And rather than offering services to individuals and making them feel 'I have been identified as having a problem', resources are better used offering training, skills etc to community workers, imams, temple priests etc.

I do not want to overstress potential role for church and faith groups in Scotland as I am only too well aware of damage that can be caused to some people by some views/practices in all faith groups. But having said that, linking existing policies, training etc into church and faith groups could be really useful. Because almost every community in Scotland has a faith community of some sort and at least some of these people are keen to help where needed in their local community.

In short, better communication and training possibilities etc between a whole range of broadly 'caring organisations' would be really helpful. Alongside the confidence to say to each other eg 'your org is good at doing this so please do not 'interfere' in that' Or 'your org has great potential but before getting involved your staff need to understand x'.

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?

Self harm and suicide, while there is a connection between for some people, are also quite separate issues with many people describing 'self harm' as a coping strategy NOT as a sign of lost hope.
So I think it important to consider each separately when planning, policy etc

Seems to me that current policies etc working well. But that where people feel life is struggle, lose meaning/purpose and hope then problems will continue.
So policies about social housing, tackling homelessness, alcohol misuse etc are just as important as any policy specifically designed to reduce self-harm or suicide

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

Keep at it just like with racism, gender issues etc. And more to support employers who take on staff with mental illness, teaching about 'well-being friendly' work places etc
More thought needs to be given to assessment for eg benefits to ensure that individuals are matched with employment they can cope with, and not be faced with failure if returning to work that is 'too much ' for them. Maybe % of support from benefits continuing during part time work so that there is financial as well as social benefit to working but realistic expectation of what a person can do

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?

Keep supporting See Me. Encourage wide range of organisations to get more involved in its work
I encourage elderly folks in church congregations who may feel 'what can I do as I don't get out much' to respond to prejudice/stigma in newspapers etc through See Me. Again more partnership/joined up work would help people top see these issues as important for EVERYONE andnot just for those involved directly in 'mental health work'

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

Continuing support for local community initiatives. As well as work on issues such as social housing, local employment, improving rural transport, reducing drug/alcohol misuse etc

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?

I am not sure about access to existing services but would like to comment that 'good neighbour' schemes and generally helping communities to see that we can all do something to help is crucial.
Individualistic society and fear of involvement in other families needs to be challenged. Eg when in India on a bus a small child sat on a seat by the open door and the conductor told him to move as it was not safe. This was welcomed by parent. Here it is likely that if driver were to say something similar a parent would say 'he's not your child mind your own business'.
I know that this is delicate issue but community involvement/responsibilty needs improving.

We need to always recognise that well-being cannot be 'what makes me feel good' but only when community lives well can individuals have well-being

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?

Welfare state should not be 'nanny state'. Individual and community responsibility needs encouraging.
Stress should be on caring ABOUT everyone and only caring FOR those who at any point in life or because of sig problems cannot do themselves

While being horrified to hear, when working short term in a children's hospital, from teenagers who had self –harmed, that in A+E they had been left until last, sitting alone in a room to 'think about what you have done' I do think that we should all be aware that certain 'lifestyle choices' are harmful.

So ongoing care of all equally is needed while teaching about ways to live well

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

Perhaps less power within GP surgeries as 'gatekeepers' to services would be good

Again more community,, good neighbour etc so that problems can be 'solved' before becoming major. As apart from actual mental illnesses needing medical or therapeutic treatment, most people 'just' need care of friends, family, neighbour

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?

More people with understanding about 'mental health issues' In same way

as workplaces etc need named first aiders for minor accidents or to know how to contact emergency services, we need communities to see this as responsibility re mental health

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?

More recognition that 'common sense' view that good relationships are crucial to well-being but that time spent on relationships is hard to 'prove benefit of'.

Better selection of staff, less 'bank' staff and easier removal of staff who are not helping would ensure that trusting those in employment to be doing a good job would take priority over filling in forms to show what they had done each shift

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?

Keep listening to service users. Never ask just one or two service users to attend meeting re policy as this is too intimidating.
Invite service users onto interviews for staff (I had service users on my interview panel for post as Mental Health Chaplain and this was incredibly important both in selection process and to their confidence)Treat service users as partners in care

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

Not sure about 'tools'.
But again links with organisations such as outdoor activities, hobbies, skills learning etc are vital in ensuring understanding that mental health is about strategies for living well and not just removal of symptoms etc
And looking more at what people who are struggling CAN do as way of enabling them to identify their own coping mechanisms for getting through difficulties

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?

Just keep doing it! And keep stressing that caring relationships (as in stories from Scottish Recovery Network) really are as important as 'treatment'.

We have to believe this, trust what service users say about this and just do it without always having to prove the financial benefit

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?

Better networking and partnership with groups whose PRIMARY focus may not be mental health but whose activities, purpose etc do indeed benefit well-being

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?

Same as for service users. BUT always need to ensure that the service user is happy with who the 'system' sees as family/carer
(eg when I was in hospital I did not want to give my father as next of kin because he was abusing me, but hospital reluctant to write another name in next of kin box)

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?

Staff need to feel valued and respected otherwise they will 'protect' their role as 'better carer than a relative'. Need clarity as to role of each so that everyone in the caring partnership feels that they have an important contribution but that they alone are not enough

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?

I am not sure that the balance is appropriate! There needs to be enough beds in inpatient care to allow people (who have been enabled to recognise their own difficulties and how to cope with them) to say 'I need a few days respite.' Or 'I know I need my medication levels checked' And not have to wait until in crisis to get appropriate care. This need not be in a hospital setting but there needs to be places of safety/refuge for people without

other carers/support. There is no point in encouraging people to know their own needs and then not be able to help them when they say 'I need this'

There could be a role here for church and faith groups in offering such respite, so long as there are good partnerships with local psychiatrist/CPN

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?

Diffcult as producing leaflets in approp languages is not enough.
My experience as Mental Health Chaplain is that once people in any group – whether eg people with HIV, alcohol abuse, or from other cultures – ARE in contact with services the care is excellent and approp to need.
But reaching these groups is huge issue.

In relation to other cultures, again helping faith groups to see role in mental health could be really helpful in enabling people to feel it is acceptable to ask for help

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

Better communication between whole range of organisations. And identifying where each has unique contribution. Then sharing ideas, training etc

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

Respite care both for those in distress/difficulty and for carers

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?

Again better communication between partners and recognition that no one service can ever meet all the needs of any individual or group

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

Comments

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

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

Comments

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

Involving wider range of 'partners' in HEAT targets

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.

This is response to Qu 30 that dos not have a box: Make more use of (so long as properly accredited etc) 'listening schemes/counselling' offered by wide range of partners. Many people do not need 'therapy' but good listening and support in decision-making

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

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

Again good communication between partners, broadening definition of who is a partner re mental health and encouraging recognition of unique contribution of each org and reality that no single activity/treatment etc can enable towards well-being

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?

See answer to qu 12. Also make legislation CLEAR