

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.

The NMC recognises that this is an ambitious proposed strategy, with several strands. The NMC supports the prioritisations as they stand. As the remit of the NMC is to safeguard the health and wellbeing of the public through regulation of nurses and midwives, the NMC has a particular interest in the Dementia Strategy implementation and in the improvement in community, inpatient and crisis services.

The strategy consultation document identifies examples of excellent practice relating to all of the proposed outcomes. From a regulatory perspective the NMC has an interest in actions taken where poor practice is identified and standards are not met. The strategy may also benefit from including a consideration of how poor practice may be addressed.

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.

No comment

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.

No comment

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?

No comment

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

No comment

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?

No comment

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

The NMC standards for preregistration nursing education (2010) state that:

'All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.'

And

'All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.'

All nurses and all healthcare staff need a degree of awareness of mental illness and disorder in order to identify and refer on to appropriate services. Mental health awareness and recognition of mental health needs should routinely form part of service planning and design in all health and social care settings.

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?

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

No comment

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?

No comment

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

No comment

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?

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'All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.'

All nurses and all healthcare staff need a degree of awareness of mental illness and disorder in order to identify and refer on to appropriate services. Mental health awareness and recognition of mental health needs should routinely form part of service planning and design in all health and social care settings.

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?

The NMC recognises the impact of the Releasing Time to Care initiative on patient contact time. The NMC supports the proposal of an extension of this approach to community settings.

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

No comment

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?

No comment

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

No comment

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?

Achieving the targets of the action plan for Rights, Relationships and Recovery should be a priority. The NMC considers that the goals of this work meet the NMC's objectives of safeguarding the health and wellbeing of the public. The NMC would highlight the focus on culture and values as being of paramount importance.

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

The SRI mark 2 offers a simplified version of the original. This should be easier to implement. In order for there to be a wholesale adoption and implementation of this tool, individual teams and ward may benefit from being given step-by-step worked examples of it being used effectively in similar settings to theirs. Adoption of this depends upon seeing evidence of

its benefits and on ease of use.

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

No comment

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?

The NMC regulates individual nurses and midwives. It sets standards relating to this on an individual basis. In order for nurses and midwives to support family and carer involvement they nurse or midwife must work in an environment that promotes and encourages such an approach. This is about working culture and about how values are interpreted in health and social care settings. Engagement with national and local carer and family groups may be the best way of answering this question.

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?

The NMC code of Conduct states that nurses and midwives must: 'work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community.'

Staff need consistent, clear, relevant, accurate information about carers rights, support and services for their board, and nationally. Staff need to know where this information is available and to share it as a matter of course. Nurses and midwives must actively involve carers and families as far as is appropriate in terms of what is best for the patient and their wishes.

Support to fulfil this role depends on training, information and also on working in an environment that promotes family and carer involvement and relationships.

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?

No comment

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?

No comment