

## 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.

I think this is the correct approach and welcome the opportunity to make a mental health practitioner response.  
It has been a challenge to work through the fourteen outcomes and identify the relevant patient group.

### 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

**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?**

Seek to encourage 'listening services', such as breathing space, increase easy access, since social isolation is a factor retold regularly by those who self harm or attempt 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?**

Invest in a 'schools' education programme' addressing attitudes, early in the formation process of primary age children.  
Use the chaplains, trained in existential therapy, to enable patients and carers to explore what mental health means to them and articulate for themselves the journey towards well-being. Spiritual care is often defined within the structure of meaning and how to understand this will reduce the individuals concept of stigma therefore that of society.

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?

Continue to support high profile exposure through TV advertising

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

Being accepted, valued and contributing are essential elements of well-being but with reduced opportunities for social interaction and safe meeting places, many people with poor mental health feel excluded and unwanted. Today, a patient admitted the value of a group where education and peer support made all the difference. We need people to facilitate and places to go that will provide a meaningful experience on a regular basis.

**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?**

Encourage easy access to 'listening services' through CHPs.

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

Signposting in public places, options and choices readily available in the local community.

**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?**

Develop the concept of the 'well-man' or 'well-women' clinics to include aspects of 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?**

Comments

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

Develop systems where all interested parties are talking together – do what is possible to reduce the competitive nature of care giving

**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?**

Encourage the participant to reflect on meaning and well-being, perhaps facilitated by an experienced practitioner. An existential understanding of care is somewhat missing from the medical and psychological model.

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

A designed space that can be owned during the journey by all those involved where pictures, stories etc might be posted in a public shared domain. The concept of being in this with others will help to move patients' forward.

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?

By encouraging a philosophy of intervention – we all have a contribution to make to the community of care, especially within the hospital setting. Nothing is more frustrating to the patient than to be met with a closed door when they need access to a member of staff. We must work towards making the processes for the patient as easy as possible.

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?

Enable a working partnership through listening, evaluating and reporting what the extended involvement is thinking, feeling and making of the process of care. Giving opportunities for safe space to develop where families and carers can go and be received positively.

**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 be taken seriously by designated people, preferably outside the management structure who can be tempted to make value judgements regarding the persons' wellbeing and future employability.

**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?

Create a forum where good practice might be read about; and develop a structure of reflective practice that reaches beyond individual disciplines to a multi-disciplinary approach, this will involve investing time and opportunity and encouragement to engage at a meaningful level.

**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?**

Continue to advance the e-learning facilities and encourage managers to create physical and psychological space for study to take place.

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

Comments

**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

**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?

An inter-disciplinary approach to reflective practice – and what is needed to support this is a team of trained facilitators. The lack of follow up to the values based training indicates a need for forward thinking and low budget reflective cells might offer a useful platform for personal and institutional development.

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

More of the above – while not seeing CBT as a catch all to everyone's needs but one among many approaches – we have a highly skilled workforce who bring and use their rich experience on a daily basis for the benefit of the patient, if this were recorded I expect the interventions available would be surprising.

**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

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?**

Comments

**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