

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 main gap from our perspective is the absence of independent advocacy in the consultation document. The Strategy should include reference to independent advocacy as an integral part of the approach.

The right to Independent Advocacy for those with mental disorders or who are potentially at risk is enshrined in the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Strategy must reflect this.

"There are times in some peoples lives when decision making becomes difficult and the way forward is far from obvious. The ability to access this kind of service has been extremely helpful."(quote from our 2009-10 survey)

We would like to see other legislation such as the Adult Support and Protection (Scotland) Act 2007 brought into line with the Mental Health Act with regards to giving people the right to independent advocacy as part of the integrated approach being put forward.

There is very little in the Strategy that addresses or promotes the individual's right to have their views and wishes taken into account and this is where independent advocacy is most effective.

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.

There is a need to ensure that NHS Boards and Local Authorities continue

to produce, monitor and update local Advocacy Plans. This will ensure a consistency in the quality of commissioning and funding of independent advocacy.

Set a target for the involvement of independent advocacy, at the earliest opportunity in a person's care, across the whole of the Mental health Strategy, not just for dementia. If referrals are made early enough advocates can work with the person to create 'living wills' or advance statements about what they want to happen when they are unable to articulate this for themselves at a later stage, they can support the person in meetings with health professionals ensuring the person is treated with dignity and respect, make sure that their wishes are heard, act in a safeguarding role and support the person with regard to arranging a Power of Attorney.

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.

Key to improving service provision and identifying gaps in existing provision is the participation of service users in service development and provision.

Independent advocacy, including collective advocacy, historically has played an important role in informing the planning and development of services. In Orkney the work we have done with individuals has opened up services for more people.

It is most often those people who use services who are best placed to know what is needed to improve existing services and to identify gaps in service provision.

The strategy should highlight and promote the role of Independent Advocacy, both one-to-one and Collective, in ensuring that service users are fully engaged with and supported throughout a consultation.

The increase in investment to independent advocacy organisations to enable them to support more people could be offset by the potential savings. If independent advocacy organisations were able to be involved at the earliest opportunity savings can be achieved through knowing in advance the person's wishes therefore having to hold fewer meetings to discuss their care requirements, fewer local authority applications for guardianship may result (saving the legal and administrative costs involved).

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?

We believe that more can be done to support a person when they are experiencing the urge to self-harm or facing a crisis that may lead to suicide; both in terms of direct support, in encouraging people to access support at an early stage, and to encourage people to staying in treatment programmes.

In our experience the support offered by an independent advocate can take away some of the pressures faced by people. It has had a positive effect on their well-being and has meant that they have no longer considered self-harming or suicide because as they say 'someone listened' to them for the first time.

"Would like to say that I owe a lot to Advocacy Orkney. I was in a terrible state when I approached them for help and even though I had sought help from other agencies, Advocacy Orkney were the only ones who listened, took my issues seriously, and helped me to sort my life out. I will be forever grateful." (quote from our 2010-11 survey)

Service users may experience of stigma or discrimination, or perceive this as taking place, from medical staff towards them following self harm. An independent advocate can support an individual to access services and to challenge discrimination. People using our service report that they are treated better when accompanied by their advocate.

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

Independent advocacy aims to safeguard people who are vulnerable or discriminated against. Standard 1.4 of the SIAA *Principles and Standards for Independent Advocacy* states that '*Independent advocacy values the people who use it and always treats people with dignity and respect*'. An associated Indicator states that advocacy organisations must '*Show the people who use the organisation in a positive and respectful way*'.

Independent Advocates will challenge inequalities and discrimination and safeguard people's rights. By empowering individuals to speak up on their own behalf, Independent Advocacy enables people to take action to address instances of stigma and discrimination themselves.

"Contact with Advocacy Orkney has made me feel more confident because it is extremely hard to deal with discrimination on your own!" (quote from our 2008-09 survey)

Collective advocacy challenges the assumptions made about people with mental disorders. As a forum through which people with mental disorders take action and make change happen, collective advocacy clearly demonstrates the abilities skills and knowledge that they bring to society. Supporting and promoting collective advocacy groups within communities therefore helps to highlight and address many of the assumptions that can underlie the stigma surrounding mental health.

In Orkney, we have a collective advocacy group called 'Orkney Minds'. Through our support of their work, along with the Community Mental Health Team and the 'see me' campaign they have produced a DVD – 'Sound of mind' that gives local people's stories of their experiences around mental health. This DVD was shown at a premiere in the local cinema and has been in great demand ever since attracting large audiences at a volunteer's event where it was being shown. However, as an organisation we struggle to provide the support for this group as demands for our core function increase.

Independent advocacy has a key role in reducing the stigma of mental ill health and in reducing discrimination. It is essential that strategy strengthens the message and leads to action to ensure that all those who have a right to Independent Advocacy under the Act can access it, and that different models of advocacy, both individual and collective, are available across Scotland.

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?

Encourage more groups like Orkney Minds to be supported by their local independent advocacy organisations, ensure those organisations are sufficiently funded and recognise that it takes 2 to 3 years, for any community group to be fully ready to actively contribute. You can't just get a group of people together and expect them to challenge discrimination straight away, it takes time.

In remote and rural areas where there may only be one independent advocacy organisation providing a variety of advocacy models resources are the biggest problem. We work closely with *see me* but have to balance what we do against the needs of the individuals who come to us looking for support with particular issues, who may not want to be part of a collective advocacy group. This is where robust advocacy planning can prove beneficial.

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

Mental wellbeing means different things to different people. It is those who use services who can identify what wellbeing is for them and what they

need to achieve this. Independent advocacy can support individuals to consider options, identify what will work for them and help them to express their views.

Collective advocacy, by identifying what is important to the group, can contribute to the promotion of mental wellbeing within their community. In order to support promotion of mental wellbeing for individuals and within communities the strategy should ensure wide access to independent advocacy across Scotland.

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?

Information about mental health issues and mental health services should be available in all schools in Scotland. Such information should include the child or young person's right to Independent Advocacy alongside an increase in the availability of Independent Advocacy for children and young people to ensure that all young people are supported to access services and that their views and wishes are taken fully into account.

The Strategy should also emphasise the need for more community based and personalised support for children and young people, with strong links to schools, so that where issues are raised the young person has a flexible, responsive and preventative range of resources to draw upon.

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?

Ease of access to services designed to support those with mental health problems will help people take actions themselves to maintain and improve their mental health. These should include services, both formal and informal, provided within the voluntary sector.

This also fits into the wider anti stigma agenda. There is a need to address this to help ensure that individuals feel able to seek help at an early stage without anxiety about any perceived stigma.

Independent advocacy can help people identify and consider options and provide support for those who have difficulties in accessing services.

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

Key to enabling people to seek help when they need to is to make services more user-friendly and accessible, with the people approaching them knowing that they will be treated with dignity and respect regardless of the issue. As stated in the response to Question 9, independent advocacy can support people to access services.

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?

Services should be responsive to the needs of service users. Ensuring that service users are fully consulted both in the design and ongoing delivery of services will help to ensure such responsiveness. Public authorities should actively encourage service users to feedback their views and should demonstrate that they have taken action or, at a very minimum, actively considered and investigated, any feedback received.

Independent Advocacy can have an important role in helping people to get access to services quickly. Advocacy can also raise concerns about the barriers to accessing care or lack of appropriate services when they occur. Unfortunately, too often advocates are becoming aware of cases where the access criteria for statutory services is creating barriers to people getting quick access to services.

*"In my opinion Advocacy always helps and makes you feel that much more able to deal with any problem in dealing with bureaucracy. Advocacy is so much important in taking on what I can't. I consider Advocacy to be a very important voice in the community. Not taking away anything from CAB or any other body. Advocacy in my experience are much more hands on approach. Giving a higher level of representation and are very sensitive to peoples needs especially where anyone has mental health issues – never condescending – always reassuring. Thank you for your professionalism."
(quote from our 2008-09 survey)*

We believe the strategy should do more to highlight the importance of third

sector provision. The Strategy appears to gloss over or fails to acknowledge fully the contribution Third Sector organisations can make. This is particularly noticeable given the inclusion of the Third Sector in other areas such as the Change Fund. It is important that the Strategy recognises the contribution made by the Third Sector in the provision of mental health supports and services.

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 Strategy should include reference to the role of independent advocacy and recognition of the variety of work they undertake on behalf of their advocacy partners. NHS boards should be encouraged to have joint training events where staff can learn about the work of independent advocates, so they can concentrate on their 'value adding activities' whilst the advocate supports their partner with things health professionals may not see as 'value adding'. Too much emphasis is placed on the measurable and perhaps clinical aspects of someone's treatment. Advocates often deal with softer outcomes that can't be measured but improve a person's dignity and self-respect. This work is already starting in relation to the Change Fund (for older people). Locally, individual members of staff learn through experience of the benefits to individuals of being supported by an advocate a more formal and pro-active approach is needed.

One of the key principles of independent advocacy is about broadening horizons. Collective and one-to-one independent advocacy is not just about the care and treatment of an individual but about other aspects of their life.

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

They need to ensure Third Sector organisations are involved at the start of the planning process, value the contribution we can make and accept we come at things from a different angle that may not be 'measurable' but still compliments the work of everyone else. They also need to stick to the plans that have been drawn up.

They should also consider combining integrated care pathways for a number of strands i.e. why have separate ones for Dementia, Mental Health and Dual Diagnosis, when in practice most of the same organisations and staff are involved to a greater or lesser extent.

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?

The experience of independent advocates indicates that the involvement of service users in service delivery is patchy. It needs to be recognised that many people don't want or are unable to contribute to consultations on service design and delivery. In remote and rural areas the need for Public Authorities to consult on a number of scheme's, strategies, policy etc leads to consultation overload or the same people coming forward to give their views rather than getting a true cross section of the community.

Access to Independent advocacy is key to helping many to become involved in service design and delivery and in the care provided. Collective advocacy has had a role for many years in informing service design and delivery, playing a role in ensuring that the right services are available when and where they are needed.

Independent advocacy can support people to take part in consultations on service delivery. Independent advocacy also has a role in ensuring that the service user is at the centre of planning for their care. That independence allows independent advocacy to challenge poor practice and to speak out. If independent advocacy is involved and helps shape services to ensure that they are responsive to need this is likely to contribute to positive outcomes and may reduce costs on the longer term by preventing crisis from developing.

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

It is important to consider that service users, their families and carers and health professionals may not necessarily agree on what outcome they want. One option would be to increase the availability and use of Family Group Conferences (FGC) where the family seeks solutions rather than potentially ending up in conflict with each other and health professionals. Independent advocacy has a role to play in supporting people at an FGC, although advocacy for families and carers should be kept distinct from that for service users. Independent advocacy organisation's, as part of our adherence to the Principals and Standards for Independent Advocacy recognise and take account of the potential for conflicts of interest that may arise in such a situation.

Advocacy Planning can assist in identifying the need for greater provision of independent advocacy organisations within an area that may reduce potential conflict of interest.

The use of FGC was driven forward by Children 1st and in Orkney this has been taken up by Relationships Scotland Orkney. The structure is there to

be expanded and developed into other areas such as this.

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?

Different people have different measures of recovery and any outcomes need reflect this.

Access to independent advocacy can help ensure that the individual is at the heart of planning for their care. The independent advocate will ensure that the individual is as fully informed as possible and will support them to make informed choices and to express these choices making sure that their voice is heard and full account is taken of their views and wishes.

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

The Scottish Government and Scottish Recovery Network need to engage more with individuals and groups who may encounter individuals with mental disorders, including mental health tribunal members, GPs, faith leaders, and other community based support networks.

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

As above.

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?

See the comments given at question 15. Additionally, independent advocacy available to support families and carers separately from the service user can help in ensuring meaningful participation in care and treatment.

However it is important to ensure that the wishes of the service user direct any involvement. The service user may not wish to have family or carers involved in their care and treatment and such wishes should be respected.

Independent Advocacy for carers must be separate from the Independent

Advocacy provided to service users to avoid conflicts of interest. Those Independent Advocacy organisations which provide both have clear policies and procedures in place, based upon the SIAA Principles and Standards, to ensure that such conflicts of interest do not occur. Also to avoid conflicts of interest, it is essential that advocacy for carers is independent.

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 question assumes that service users want their family or carer involved in their care. This depends on the individual's wishes as to who they want involved in their care. They may not want their family or carer to be involved in any aspect of or certain aspects of their care.

"Because I was ignored when I tried to deal with the problems – you were listened to on my behalf and some positive action resulted in 1 particular scenario." (quote from our 2008-09 survey)

Staff need to improve their understanding of how to respect the past and present wishes of someone who may no longer be able to articulate their views on the involvement of others. Again if the person has been referred to and has taken up the offer of an independent advocate at the earliest opportunity this situation may not arise.

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?

It is important to acknowledge that different communities may have differing needs in terms of service provision. While there are likely to be opportunities for learning from what is successful in one area, before reproducing it in another local people should be engaged in considering the needs of their own area.

Sharing of good practice across health boards would help. But ultimately each area has to decide what fits with their local community.

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?

Information gathered should be consistent across all NHS Boards and Local Authorities.

Data should include all details as recommended by the Equality & Human Rights Commission.

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

See comments at question 21.

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

There should be a clearer distinction made with regard to services and support for people on the Autistic spectrum, recognising that it may not be appropriate to use mental health or learning disability services for people on the spectrum with no diagnosis of either.

Awareness training for police officers needs to be enhanced and their performance in dealing with people with mental disorders should be monitored. In our experience police officers lack the understanding necessary to deal appropriately with people with a mental disorder either as a witness or suspect.

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?

Access to Independent advocacy can ensure that the views and wishes of the individual is heard and taken into account thereby ensuring that they are at the heart of care planning.

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?

Ensuring that independent advocacy for those with a right of access is available throughout Scotland. Increase the independence of organisations by centrally funding independent advocacy organisations rather than funding through local authorities and NHS boards. In the current financial situation we are finding it harder to maintain our independence, as an organisation, given our dependence on funding from our joint commissioners.

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?

We don't know enough about Promoting Excellence to comment directly about its implementation. Staff must learn to listen to the people they are working with. Independent advocates can support a person in getting their views heard but only if we are involved. Our advocacy partners report they feel they are listened to more when accompanied by their advocate.

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?

No comment

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

There needs to be further work around raising awareness of independent advocacy amongst the workforce.

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

No comment.

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.

Include a benchmark for the number of referrals made to independent advocacy, include a 'reason why a referral to independent advocacy is not being made' as part of the benchmarking tool.

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

No comment

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?

Continued improvement across all settings can be supported by constant checking back with service users for their views on existing services and gaps.

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

Where decisions are made in relation to local services, more should be done to ensure service user participation in service design and planning. The Scottish Government should also facilitate sharing of good practice across Scotland.

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?

There should be on-going education and awareness raising on independent advocacy for staff. Joint training should be encouraged.