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
The 14 broad headings are comprehensive and cover the main themes within mental health ie process , service delivery and service improvement. It is crucial that development and delivery are evidence based and that there is capacity to deliver quality service at the right time and of the best quality to patients of all ages and backgrounds and their families and carers.

Children and young people's needs are clearly highlighted in Outcome 2. I would stress however that all outcomes have relevance across the age range and that children and young people's mental health should be included across all outcomes.

Key challenges include building an evidence base in Child and Adolescent Mental Health. Clear emphasis on the importance of academic/ research infrastructure.
Recruitment to psychiatry including child and adolescent psychiatry remains challenging. It will be important to have support to improve undergraduate medical training in all areas of mental health, and support postgraduate training and recruitment. The new consultant contract reduces time available to senior doctors to provide input to train the next generation of psychiatrists or engage in research.

Mental health is a huge area covering cradle to grave, with interfaces across physical health as well as social and community services. Links with other areas of health service need to be stressed and the practice of working closely across all disciplines and agencies needs to be continuously improved.

Services for people with mental health difficulties are delivered by a highly skilled and motivated workforce who have a wide range of experience and many good ideas for service improvement and delivery.Key priorities include improving training for all staff but in particular focussing on development of evidence base and clinical leadership. Capacity of the workforce to deliver high quality care and treatment requires support for staff to access training and do research. Too much focus on numbers of patients through the door should not lead to quality being compromised. Staff need support and recognition. All staff are patients at one time in their

lives and many are involved with mental health services as patients or carers. Staff views overlap with users' and carers' views and this can be very valuable in shaping services .Morale in some staff groups has been low and it is important to develop a culture of celebrating success rather than focussing on problem issues. Although clinical governance systems need to remain robust.

In large health systems it is important that there is a mechanism for local flexibility dependent on needs and availability of services.Working across professional and organisational boundaries in a flexible manner can provide service to suit local need in one area differently but equitably from another area. No one model suits or is available to all.

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

Improve training at undergraduate and postgraduate level for all disciplines. Doctors have a key role and GPs are often first contact for families. A claerer strategy for improving skills around dementia diagnosis and management would improve future trained doctors and other staff had the skills to help these patients.
The same principal of reviewing and enhancing university curricula for undergraduate training and working with national Royal Colleges and GMC to develop postgraduate traing curricula could be applied across a wide range of mental health issues. This would raise the profile of mental healty and lead to a wider group of trained professionals with knowledge and commitment to help this patient group.
Continuing with wider work to reduce stigma and provide community education about mental health issues through eg advertising or school education, would also help.

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
Developmental disorders are increasingly being recognised in children, young people and their families. The prevalence is noted to have icreased massively over the last decade with in some areas 1 in 5 school-age children noted to have additional needs.
HIS has reviewed services for children and young people with ADHD and SIGN have developed guidelines for ADHD and autistic spectrum disorder. There is a requirement to increase service capacity and training to address the needs of this group. It is also crucial that there are not perverse incentives for diagnosis and that children and young people are not denied appropriate services if their developmental difficulties fall short of diagnosis but still adversely affect health. So many young people show developmentral difficulties that it is important to support them not to see themselves as different or abnormal. Self esteem and confidence are important to this group of patients, this can be addressed through psychological therapies and trainig and support to families, carers , teachers and other involved professionals.

Transition to adult services needs to be well supported and development of adult services for developmental disorders requires to be highlighted.

Further research is needed in this area.

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
National public education following high profile events, eg death of a celebrity, may help reduce copycat events.
A critical appraisal of social networking would also be useful. Cyber bullying is a growing stress for children and young people and research in this area

would provide information.

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
School education can address issues early. Primary mental health has a role in working with schools to develop and deliver age appropriate teaching around health promotion.
Improving mental health training for all professionals working across health and social services, in medical training exposure to more psychiatry teaching from early in the course would help.

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

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
Improve capacity of the workforce. CAMHS mapping has shown that overall the workforce has grown and access to CAMHS has improved however there is no clear evidence that outcomes are improving. There are internal and hidden waiting times as patients can wait for long periods to access more skilled members of the team, in particular psychiatry. Psychiatrists are increasingly working with children and young people in brief focussed episodes around medication, complex needs and clarifying diagnosis. There are bottlenecks in the CAMHS pathway which delay timely throughput and impinge on patient care. Getting the right balance of skills across the workforce not concentrating only on generic staff numbers is vital to improve outcomes.

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

Comments
More skilled staff in teams in particular psychiatrists who are trained broadly

to assess a full range of serious presentations. This would allow patients to have high quality timely assessments and management and reduce hidden waiting times. Encourage Boards to use the broad skills of psychiatrists in leadership and development of CAMHS.

Multidisciplinary staff need to be involved in continual professional development. I welcome the NES Competency Framework which provides a structure for CAMHS staff training. Development of nurse prescribing in eg ADHD would help to spread the growing task of supporting this patient group. Improving skills of the workforce will help patients access high quality care.

National ICP development in CAMHS has provided a quality framework for Boards to look at pathways and improve the patient journey. This work needs to be promoted and supported centrally so that ICPs are taken seriously and used to benefit patients locally.

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
Public health promotion needs to continue to include mental health in a non stigmatising way.

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

Comments
Reduce stigma and improve public heath.

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
If there is improved identification there needs to be a parallel improvement in capacity of specialist CAMHS and other mental health 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?

Comments
Improve capacity of psychiatrists and skilled health staff across all disciplines with emphasis on more skilled rather than support staff so that patients can access full and necessary assessment and treatment as needed. Work with partner agencies to reduce problems around transitions. More administrative support ,(team secretaries for clinical teams)for clinicians many of whom are currently spending unnecessary clinical time on administrative duties. Reduce remote manager input and give clinical leadership more focus in teams locally. Services provided by health often work best if coterminous with local authority. Large Health Boards are less sensitive to local variation and need, with topdown management and lowest common denominator approach/ one size fits all. Health esp mental health service do not provide best outcomes unless links are clearly made and encouraged at a local level with partner agencies.

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

Comments
It will be important to engage clinicians and managers, locally with provision for backfill and administrative support. Education and training for locality clinicians should be supported to upskill and encourage participation in this area. Clinical leadership needs to be supported to link this work with current activity around access to CAMHS and development of local pathways.
HIS has a role in providing ongoing guidance and centralised training.
Scottish Government Benchmarking and CAMHS Balanced Scorecard allow tracking and monitoring of ICPs. All areas of mental health could work together to share learning rather than a separate approach across different age ranges.
Within CAMHS development of condition specific ICPs would be helpful to allow for review of best practice and equity of care, eg developmental disorders. Existing adult ICP work could be expanded to adopt a lifespan approach.

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
Within CAMHS there have been many initiatives to involve users and carers. A locality based approach has advantages as users and cares are generally engaged across a range of local services working together.
Mental health service users responses often involve a multiagency view of their perception of their needs and what would help. Involving users and carers in service planning and review is helpful. Services need to have support and backfill to allow time for clinicians to listen to users views.
Existing initiatives, eg locality users groups (often in health linked to specific conditions-ASD group in Inverclyde) are very helpful. Clinicians can attend and discuss informally any issues. Inviting users to professional groups can also be helpful.
It would also be useful to engage with staff as users and carers as with high prevalence of MH difficulties many staff have first hand knowledge and may be interested in contributing their views.

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

Comments
Training in psychological therapy esp family therapy particularly in CAMHS but important across the age range
Availability of information to share with families.

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

In CAMHS GIRFEC underpins our service.

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
In CAMHS families/carers are involved in every case. Training for all professionals in working with families needs to continue. CAP higher training curricula include competencies in this area as does the newly developed NES CAMHS Competencies Framework for MDT staff. Backfill and funding needs to be provided to allow staff to access ongoing training. Within core psychiatric training it would be useful for all trainees to have experience in CAMHS to allow for learning around family involvement. Public education about families roles, school based initiatives in training can provide information to users and carers about the importance of family involvement.

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

Training as noted in Q19. backfill and funding and time in job plans. Availability of administrative support, information about community supports and other services. Equalities training.

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

Increased academic capacity in NHS CAMHS is needed to provide more outcome based research. There has been a reduction in academic posts in recent years in Scotland and NHS consultants contracts have been changed reducing SPA time. Research should be encouraged and supported in all areas of mental health so that services can deliver evidence based practice. National Boards , HIS and NES, have an ongoing role in national review and guidelines on best practice.

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
In CAMHS there is no Scottish Adolescent IPCU. Young people have had to access adult IPCU when needed to manage risk. This is not ideal and carries additional risks. Forensic CAMHS has only one consultantand small team in GGC. There are no inpatient beds in Scotland. The prevalence of developmental disorders notably ADHD, ASD and Tourettes, is increasing across all ages starting in CAMHS. Capacity and training issues need to be addressed. Transitions between services need careful management. A pathways approach to transitions may be helpful.

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
There need to be clear lines of governance and supervision when clinicians are based out with mainstream services separate from clinical workers. Confidentiality , record keeping and staff support need to be considered also.

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
Continue work in CAMHS across agencies at all levels.

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
Implement and support ongoing training as noted above through existing undergraduate and postgraduate curricula and the new NES CAMHS Competency Framework. Reward good practice. Disseminate learning points from good practice examples, eg PYRAMIDS. Development of clinical forums and MCNs,eg Regional CAMHS Networks for Tier4.

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
Increase higher training numbers in Child and Adolescent psychiatry and consultant psychiatrists in CAMHS. This will help provide quality CAMHS clinical care and leadership. It will also support patients to access high quality appropriate care when needed rather than have patients face hidden internal waiting times for consultant input. Recruitment to consultant posts out with the central belt of Scotland is problematic and this may reflect the female demographics of the workforce. Regional planning and networks may help address this issue.

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

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

Comments

Encourage use of outcome measures. Local flexibility about this using evidence based measures. CORC for CAMHS has been suggested but there are capacity and training issues for this to be meaningfully implemented.

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?

Build evidence base. Ensure workforce planning provides sufficient skilled workforce trained for quality outcomes.

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

Comments

Engage clinicians at coalface and ensure that management support evidence based approaches. Continue to to invest in and develop clinical leadership. Invest in quality training of all staff. Engage users and carers in service planning.

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
Training and capacity.