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 Mental Health Services Public Reference Group (PRG) comprises service users and carers who take part in regular consultation with NHS Ayrshire & Arran with the aim of contributing to the ongoing review, development and improvement of mental health services.

The PRG welcomes the opportunity to participate in this consultation, and accepts the headings under which the draft strategy is structured. However, members have expressed concern that this consultation document itself is not user-friendly. Its layout and, indeed, the process employed, seem to be geared towards institutional and public bodies, and it is constructed in a manner considered to be unlikely to encourage responses from lay people such as those who have direct experience of mental health services.

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.

NHS Ayrshire & Arran has been actively developing an Integrated Care Pathway for Dementia, which is now about to launch. Members of the Public Reference Group have been involved in this process and have been regularly updated on progress by the Service Manager. This involvement is commended as an example of good practice in service development at a local area level, and is one that is being replicated in other areas of mental health service development at the local level.

With regard to additional action at a national level, we believe that that the

following would support local areas to implement improvement measures:

- Provision of sufficient resources, and prioritisation of their allocation, to enable and ensure a sufficient level of core staff of appropriate calibre for all areas of mental health services, thus reducing the necessity for very expensive agency staff which simply puts additional pressure on other budgetary headings;

- Initiate research into best practice, i.e. how the most effective local areas are working, and ensure that the outcome is communicated to all areas with guidelines for implementation;

- Ensure that communication between national and local areas, and between local areas, is improved to facilitate an enhanced level of collaborative working among Health Board areas and among all partner agencies – public, community and third sector;

- In Ayrshire and Arran, service users, their families and carers are demonstrating the value of meaningful involvement with the Health Board in reviewing, developing and improving services. Nationally, this process should be encouraged and supported. One example would be to ensure that all communication is clearly and understandably expressed, to optimise the opportunity for participation by lay people in service development.

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.

Most consultations to date appear to be geared towards seeking the views of service providers. As indicated in the response to question 1 above, to identify what needs to be done to deliver improved outcomes it is considered essential that, in addition to and alongside health professionals, service users, their families & carers, and front line staff, are involved in the process of supporting improvements in mental health services.

It is essential that the strategy and any associated national action plans, should recognise and insist on truly person centred services, developed in partnership with the client base, as we constantly hear from service users that despite the high level commitments which are stated to exist, in many cases actual service provision is still constrained by institutional structures and departmental boundaries. It is suggested that a first step should be a developmental project for community based adult services, the outcome and recommendations of which should be adopted nationally as operational policy.

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?

The national initiatives undertaken to date to promote mental wellbeing are applauded and, indeed, are being actively supported at the local level in Ayrshire and Arran. For example, *Towards a Mentally Flourishing Scotland* has led to our local *Towards a Mentally Flourishing Ayrshire & Arran*, under which a two year action plan has been adopted aimed at supporting self-help and other wellness promoting initiatives.

Suicide and self-harm appears to often be associated with poverty and deprivation, and in the current economic climate it is difficult to forecast any reduction without some further specific support arrangements. Nationally, it is considered that the following actions would be helpful:

- Education about self harm and suicide should be introduced on a national basis as part of the secondary school curriculum, as an increased level of knowledge would be a deterrent for young people.

- In order to reduce self harm and suicide rates local areas should be directed and supported to make services (such as crisis services) available on a 24/7 basis, and at an enhanced level at periods of known high risk, such as over Christmas and New Year.

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

Stigma is another area that would benefit from increased inclusion in education at school level. If young people can be taught that mental health problems are no different from physical health problems, but they affect the brain rather than limbs or other organs, this will gradually become part of mainstream culture. We believe that stigma is already less pronounced among young people, and that with inclusion in mainstream education the spectre of stigma will further decline.

The national campaigns of "see-me", could be supported to extend activity in the education field (see 5 below)

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?

More and better communication. Keep talking openly. Ensure that mental health issues are mainstreamed as part of the wider health service.

Encourage health professionals to always have a positive attitude to mental health issues. Look at how other countries (e.g. the USA), address the stigma issue.

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

As stated in our response to question 3 above, locally, NHS Ayrshire & Arran has developed a two year action plan derived from "Towards a Mentally Flourishing Scotland".

Nationally, an initiative to encourage communication between local areas and dissemination of best practice would be welcomed. As trends and needs emanate from this, consideration should be given to incorporating them into national guidelines.

The provisions of the Disability Discrimination Act and the Equality Act of 2010, could be clarified in the context of their applicability to mental health conditions.

Exercise, including running, walking and other athletic activities has been shown at local levels to be beneficial to mental wellbeing. The national provision of free access for adults to such exercise can be expected to produce equally beneficial outcomes.

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?

Local experience shows that it is difficult for the HEAT target for access to specialist CAMHS to be met, despite the considerable additional investment made in the service over the past couple of years. This is considered to be indicative of the corresponding increases in diagnoses and referrals as the understanding of factors affecting the mental health of young people improves. In particular, an increase in the diagnosis of developmental disorders such as ASD and ADHD, is an outcome of that increased understanding.

The group is concerned that the present CAMHS structure remains too constrained by institutional working practices, and highlighted the following areas that could benefit from national action:

- Improve partnership working between agencies through more developmental education for CAMHS staff, teachers, etc.
- Set targets for greater inter-agency integration and partnership.
- Health visitors should be more closely aligned the CAMHS service.

See also section 8 below.

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

Following on from the comments in section 7 above, the group considered that the biggest single beneficial change would be to have a single children's service (Dundee was quoted as an example). Although this would involve a fundamental revision of practices within Health Boards, and, indeed, between service providing agencies, it is recommended that this should become the national "norm".

Other specific measures for national consideration are:

- A specific HEAT target for developmental disorders such as ADHD and ASD.
- Health Boards should also be supported to provide for a further increase in capacity, which still falls short of known demand, though this should be targeted to improving inter-agency co-operation, and particularly involving active partnership with schools.

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?

The group believes that many people do have a great capacity to manage their own mental health conditions, and that enhanced support would be effective in helping a greater number to benefit in this way. Actions that could be taken include:

- More self-management courses, supported by local Health Boards, and widely publicised to maximise take up;
- Encourage local Health Boards to establish skills-based day centres;
- Encourage AHPs, through the *Realising Potential* initiative, to put more emphasis on partnership with the voluntary sector.
- More could be done to encourage a wider take up of self-directed support.

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

We have no further comments to add to the response to question 9 above.

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?

It is appreciated that much work has already been done to increase the level of early recognition and diagnosis of mental health problems.
NHS Ayrshire & Arran has established Primary Care Mental Health Teams, which are proving effective in the early recognition and treatment of mild to moderate mental health conditions. The teams are designed to offer primarily non-medical interventions, and are proving a valuable resource to help prevent the progression of many problems to the point where people need more mainstream clinical care. Nationally, this structure could be encouraged and supported, with further specific actions being:

- More training of medical and nursing staff in early recognition of mental health issues;
- Promote inclusion of carers in the early recognition and reporting of mental health problems.

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?

As has been identified, the introduction of integrated care pathways should lead to focusing staff time on appropriate care and treatment, avoiding time spent on non value adding activities. The group also considers that there should be additional training of acute staff to improve understanding of mental health issues, and that this should be accompanied by a higher level of "joined up" working between acute and mental health staff.

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

It is considered that the key issue is one of true partnership. Despite years of rhetoric, partnership working between Health Boards and other agencies such as local authorities could become much more effective than it is. The group believes that a stumbling block to this is that none of these agencies has to date been willing to give up some of their sovereignty over resources – financial or staff. Without this, partnership working will always be constrained. Nationally, the situation could be improved by improved training for key partners. This apart, Health Boards should be able to implement integrated care pathways without additional support.

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?

It is known that at Government level and at Board governance level, there is a commitment to increased service user involvement, moving towards the Governments stated objective of a mutual, co-owned NHS. Within mental health services, what is needed is a practical mechanism for giving effect to this.

The model established in NHS Ayrshire & Arran now has a proven track record of effectiveness. The principle of full participation of service users and carers was established during a major strategic review of mental health services undertaken during 2007/8. That led to the establishment of an ongoing reference group in 2009. The group has regular dialogue with NHS Mental Health management and also enables service users and carers to take part in specific service improvement initiatives. It is now embedded as an integral element of mental health service design and development.

It is recommended that this or a similar structure should be adopted by all Health Boards throughout Scotland.

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

Further to the response to question 14 above, success of the structure for supporting service users, families and carers in meaningful partnerships depends on several elements, including:

- Open and transparent communications;
- A positive approach by both NHS management and lay members;
- A willingness to commit to what is sometimes considered by health professionals to be an additional burden to their already heavy workload;
- Dedicated staff support from within mental health services.

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?

Involve service users, families and carers in the monitoring and evaluation of the effectiveness of this approach. For example, in NHS Ayrshire & Arran, the reference group has played a major role in developing patient experience questionnaires. These have now been implemented and for a basis for the various mental health service areas to develop service improvement plans. These are in turn discussed with the group.

In addition, the group works with the support of the Mental Health Executive, and reports periodically to the Executive.

These, together with periodic formal evaluation of the structure, are considered necessary steps in further embedding and demonstrating the outcomes of the approach.

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

National actions could include:

- Establish HEAT targets;
- Publish league tables;
- Establish best practice guidelines
- Keep encouraging local areas to put emphasis on recovery.

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

The network could undertake research to find out what is working well, and support its adoption in all arrears as speedily as possible.

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?

Much work has already been done to recognise and support the role of families and carers in the care and treatment of mental health service users. To date, this has been approached on a somewhat piecemeal basis and works more effectively in some areas (e.g. dementia) than in others. It is recognised that such involvement has to be balanced with a patient's right to confidentiality. However, it is suggested that, on balance, there should be a presumption of inclusion of cares and families in the care ant treatment package unless the patient specifically requests otherwise.

It is also suggested that greater efforts should be applied to encouraging the use of advance statements, not just for inpatient care and treatment, but also for community based services.

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 know that they can speak to carers and families unless the patient has expressly forbidden it. They need assurance that they should act in the patient's interest, and that the information they give should be based on what the patient will need for care and support additional to the direct clinical intervention.

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?

As the text of the consultation document makes clear, there are gaps in information regarding the shift of the balance of care towards the community. Research could reveal what works and where, so that it can be adopted as standard.

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?

The consultation document itself highlights the need for monitoring both those who access services and those who don't. Among groups that should be identified are minority ethnic groups, LAAC, the LGBT community, Travellers, Prisons, etc. Use can be made of published demographic statistics to compare service usage with population levels, to assess how these match up to expectations.

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

Gather local information nationally, so that best practice can be identified and shared.

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

The group is not aware of specific groups suffering significant gaps in service provision other than those identified in the consultation document.

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?

The Learning Disability Service/ CAMHS is a good model, but there is a need to integrate all mental health services, and this is not as comprehensive or as advanced as we would wish. See also earlier comments recommending a single Children's Service.

If LDS/CAMHS is taken as a model, a similar support structure can perhaps be identified.

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?

In several of the above responses to this consultation, the importance of greater integration of services between NHS and local authorities has been emphasised. It is considered that improving this should be a major national target over the next four years.

Additional priorities should be given to training for prison officers and the police. However, improvement of the partnership with local authorities should take overall precedence, as mental health service and support provision is integral to both.

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?

In addition to the work described as already under way, more effective implementation of *Promoting Excellence* could be achieved by ending self-evaluation and passing this function to, say, HQS.

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?

The need for a workforce survey to determine Boards' capacities to deliver effective psychological services is accepted. However, given this information together with existing information, it is considered that it is time to stop surveying and concentrate on actions.

Ongoing evaluation of psychological services can be undertaken by asking service users what their needs are and how they are being met.

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

Clearly set out accountabilities and responsibilities. Encourage positive leadership attitudes. Match staff competencies to identified best practice needs, and re-train wherever necessary.

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

See responses to questions 28 and 29 above. It is considered essential to prioritise training and re-training to ensure that all staff have appropriate skills and abilities.

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.

Create a broader based database of information to enable benchmarking to take place over a much wider range of activities. It is essential that all Health Boards should know what others are doing, what works well and how they can learn from that.

The gathering, dissemination and comparison of data as a learning tool is fundamental to service improvements over the whole range of mental health services.

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

The group considers that there is room for much improvement in the use of care plans. Local experience is that there are gaps in the use of care plans and it is suggested that greater emphasis needs to be given to their proper construction and use, in consultation with patients, their families and carers. If care plans are properly and universally used, they can form the basis of reporting clinical outcomes in a routine way.

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?

In addition to following Lean processes, the challenge of delivering improved outcomes for no additional resource has to involve, once again, further integration and partnership between service providing agencies. Without this, and improvements will be peripheral and much less that the optimum that needs to be achieved.

The fundamental priorities that need to be addressed include:

- True integration and partnership between agencies;

- Better integration between mental health and other, particularly acute, NHS services;
- Better communication and dissemination of information as a learning tool;
- Better and more training;
- Implement improvements as soon as they are identified;
- Work in genuine partnership with service users, their families and carers.

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

See response to question 33 above.

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?

- Clarify and state clearly accountabilities and responsibilities, both in terms of current legislation and of operational and line management requirements;
- Establish peer group support for specific situations;
- Make it easier for staff to express concerns about legislative requirements, and seek assurances from seniors;
- Ensure that staff act in line with agreed care plans and advance statements;
- Approach all issues arising from incidents relating to care and treatment positively, with a presumption of "no blame".