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

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 **Trauma underpins and is associated with many mental health problems** and many of the mental health priority areas
- **Early recognition and intervention in trauma related problems is** essential to minimise the impact on development, prevent revictimisation and a range of mental health problems and to prevent chronicity and disability.
- **All services from CAMHS through to older adults need to be Trauma Informed** (ie to know the history of current and past abuse in the life of clients and to use this information to design a more integrated and appropriate way of meeting their needs
- **However, we also need Trauma Specific Services** at Tier 3 or 4 which can focus on the needs of people with mental health problems related to complex trauma eg prolonged childhood sexual abuse, torture and domestic violence. Specialist Trauma services would also have the expertise to respond to a range of co-morbid problems eg substance misuse, eating disorders and repeated self harm, interfacing with other services as required.
- **Matched care model** The Matrix proposes a matched care model as most appropriate to this client group where people with problems related to uncomplicated type 1 Trauma (eg car crash, a single assault) are treated in PCMHT's or CAMHS. Complex Trauma problems may be matched and set straight to a Trauma specific service or intial stabilisation work may be carried out at Tier 1 or 2 before evidenced based trauma processing work is carried out at a Trauma Specific service. Working with complex trauma is high intensity, low volume work.
- **Building the capacity of mental health staff to feel more confident in working in Trauma** This has already begun with the NES national training in Trauma. Trauma specific services can also build the capacity of generic mental health services (including CAMHS) through consultation, shared assessments, teaching, training and clinical placements.
- **Targetted mental health services for young people aged 16-21 who have experienced multiple traumas and are additionally marginalised** (e.g young people leaving care, unaccompanied asylum seeking children, trafficked children, children involved in sexual exploitation) to support transition to adulthood and to prevent further revictimisation. (The Leaving care intervention run by the Trauma and Homelessness team in NHSGG&C is an example of

good practice)

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 There is a link between a history of trauma and self harm and suicide.** Early detection of trauma and intervention should play a significant role in reducing self harm and suicide.
- **We should ensure that Suicide prevention training includes** information on Trauma as a possible precipitating factor and that training also draws attention to the particular stresses of minority ethnic groups.
- **Mental health and suicide prevention training to agencies working with clients where there is heightened suicide risk** e.g. UKBA

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

- **Public education** about the effects of trauma

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 Engage with challenging the stigma of mental health problems within health organisations by:
- Involving Users in the mental health education of professional trainees
- Involving users of mental health services in panels for the recruitment of staff
- Achieving clarity about the recruitment policies of NHS staff with regard to employing people who have experienced mental health difficulties

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?

- CommentsDevelop a parenting strategy to respond to the parenting needs of adults with mental health dificulties/history of trauma
- CAMHS teams should be trained in the early detection and intervention with traumatised children before further complications and possible re-victimisation
- There is a need for continuity between CAMHS and Generic Adult /Specialist services

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

Comments
The provision/continued provision of specialist CAMHS services eg in Complex Trauma, Looked after and Accomodated teams, Forensic/CAMHS etc should reduce the volume of referrals to CAMHS teams.

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 make sure there is good public awareness of what support and help is available
- For marginalised groups eg those for whom English is not their first language, information needs to be more proactive in peoples own languages and in ways that challenge the stigma of mental health services. Local radio such as Awaz radio is good at reaching a large Asian population in Glasgow.
- Information needs to be given regarding patient's right to have an interpreter and where possible to request a worker in the patient's preferred gender
- Development of advocacy service for asylum seekers with mental health difficulties to support them in navigating the systems with which they are involved .

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

Comments

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

- Matched care models would ensure rapid assignment to the most appropriate Tier of service delivery
- Routine enquiry of gender based violence should ensure identification of much complex trauma but we need services to refer on to

- All mental health staff should feel competent in assessing whether or not someone has a history of trauma and, understand which service would be most appropriate to help. More training will be required here.
- Close collaboration between NHS mental health servicers and third sector support services to ensure a good package of care for individuals known to have experienced significant trauma eg trafficking for sexual exploitation. This would allow for early assessment and intervention when required.
- Mental health screening in non-statutory mental health settings for those at increased risk of mental ill health to ensure better access to treatment e.g. for trafficked adults and children

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?

Comments

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?

- CommentsSetting up NHS champions around good practice involving users
- Develop protocols for involving service users in recruitment of staff
- Training for service users in recruitment of NHS staff, in attending health service committees and in influencing policy
- Service user involvement in providing feedback for trainees on professional training courses eg psychologists and psychiatrists
- Making consultation and service planning meetings more user friendly (eg preparing users for meetings, breaks if required, provision of interpreters etc)
- Encouraging service users to attend NHS planning meetings and to provide them with the necessary support and preparation to most effectively contribute.
- Protocols to be developed around payment of expenses for users attending meetings
- Encouragement of service user involvement in research design e.g. in professional training courses and consulting users as a stage in NHS ethics process

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

Comments

- Development of tool for measuring successful service user involvement in services including feedback on individual care/ delivery of services/service planning/ recruitment/setting research priorities
- Tools for mapping social and community resources to ensure there is choice and control for clients of different pathways to recovery
- User involvement in contributing to the matrix of evidence based
- Making sure the most marginalised groups are included in the evidence that contributes to the Matrix

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

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 Encouraging staff to routinely record the names and ages of all family members in all mental health settings ie adult services should ask about children and CAMHS services about adults and older adults
- Wider use of systemic family work/family therapy models to enable staff to understand the important role of the family
- The development of record keeping that can accommodate simultaneous work with a number of members of a family

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 There is a lot of information on mental illness available in different places on the internet. Previously Harpweb provided a very useful function in pulling information in different languages on to their site and ensuring it was available for staff, families and carers and users themselves. This included translated appointment letters which helped make services accessible to patients and carers.
- Our understanding is that Harpweb is not funded any more. It would be very useful if something like that was available again to reduce staff time looking through the Web for information in patient's own language.

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

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
- Recording people's ethnic background should be mandatory on PIMS or equivalent monitoring system. This needs to be linked to training for staff so they can sensitively ask a patient about their ethnic identity
- We need to look at population figures regarding minority ethnic groups and then see if these rates are reflected in referrals to mental health services eg Chinese people are amongst the most frequent people seeking asylum and dispersed to Glasgow. Chinese people are also a significant part of the indigneous BMI community in Glasgow. However, referrrals from the Chinese community to mental health are low.
- Disparities like this should be noted and specifically targetted as was done by the Wah Kin project in Glasgow to improve the access of older Chinese adults to primary care Compass (NHSGG&C) are also looking at improving the access of Chinese asylum seekers/refugees to Trauma services.
- DNA rates in marginalised client groups could also be monitored and changes noted when different interventions are made eg providing bus fares etc.

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

Comments

- Train secretarial /reception staff in culturally competent practice eg sending out letters in peoples' own language, sending easily readable maps, information about bus services, enquiring about whether a person is eligible for a bus pass or bus fare reimbursement
- Embedding training in the undergraduate/postgraduate training of professionals
- Picking one topic per year and running a campaign on staff net pages etc to ensure all staff get one message that can make a major difference to patients eg Book an interpreter
- Ensure that Equality and Diversity training are mandatory for NHS staff.

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?

Comments

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

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