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

Overall, the Strategy could be said to lack ambition, and is too service and illness focused. There are significant gaps in the need to focus more 'upstream' to promote and support resilience, addressing the needs of children and young people (not just from a CAMHS) perspective, and in considering the role of employers.

The attempt to focus this around outcomes is a postive development, but more work is required to develop these into a more meaningful and measureable set of indicators.

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

Need to bring expertise and capacity to local systems through supportive interventions/involvement from organisations such as the Joint Improvement Team (JIT).

Key messages needed nationally that mental health is not just the business of the NHS and local authorities. Stronger message re role of variety of organisations, particularly the voluntary sector.

Need to recognise impact of societal issues (such as poverty, employment and inequality) and the role that all sectors can play in ameliorating the detrimental impact of these issues.

Need clarity re interface between MH and Learning Disability and addictions. Need policy that supports the sharing/pooling and possible integration of resources across organisations. This needs to be explicitly articulated.

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

General point that the strategy has not described outcomes particularly well. Lack specificity and they look more like statements of intent or aspirations, as opposed to client focused outcomes. Balance of outcomes is very NHS service focused – this wrongly reinforces a message the mental health is only the business of the NHS.

It lacks a collaborative/partnership focus and the draft strategy is already perceived a barrier to engagement and undermines the joint approaches promoted through TAMFS.

Need to look at what is working well in other areas – examples of this in QuEST based approach. It has not drawn well enough upon numerous examples of good practice that exist nationally.

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

The outcome is a wider public health issue, yet the question focuses again on mental ill health. As a consequence, it misses some key questions such as the growing evidence base on co-production, asset based approaches and building individual and community resilience.

There is a need to review the existing evidence base in relation to community development (and the role of volunteering) and its impact on individual and community mental health and well being.

There is a question over the focus of the training delivered through the Choose Life agenda. Focusing this primarily on front line NHS staff does not reconcile with the fact that most suicides are completed by people not know to services. Economic decline is likely to have a significant impact on suicide rates and this needs to be factored into any nationally driven programmes. The relationship with organisations such as the Citizens Advice Bureau needs to be considered in terms of the focus of training delivery.

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
Recognise the importance of the national See Me campaign. We need to look at how we use positive role models (who have used MH services) to tackle stigma. We need to look at how we influence all sections of the media to promote positive MH messages. There is a need to look at an inter-generational approach to communicating accurate messages to reduce stigma.

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
See response to question 4.

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

Comments
See response to question 3. Within communities it is felt that there are strong foundations already in place that can be built upon that are not currently recognised or acknowledged within this document. This includes SOA shared outcomes with partners, including the voluntary sector. Increasing access to psychological therapies would be useful. Lessons could be learnt from community psychologists and other professionals involved in the design and delivery of psychological therapies.

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
This section focuses almost entirely on CAMHS. There is nothing that acknowledges the importance of upstream and early intervention actions to ensure a 'flying start' for children. There is limited reference to the importance of parenting or the evidence based positive parenting interventions. There is no reference to the role of educational, youth work or spiritual organisations in promoting emotional resilience and readiness for transition into training and employability.

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

Comments
No comments offered.

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

We need to raise awareness of positive mental health and well being in order to maintain non medicalised approach to support, such as peer and family supports. There is also a role for community groups, schools, employers and other organisations in promoting this.

There needs to be easy access to a range of easily understood self help approaches, which include non clinical and clinical approaches that do not just focus on illness, but the wider needs of the individual.

Asset based approaches need developed and evaluated for effectiveness.

The role of social media needs to be harnessed.

It may be helpful to understand why there are high drop out rates for some services. Perhaps linking in with referrers to understand this from a service user perspective would be helpful, and then we can understand some of the barriers that affect service users taking action.

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

Comments

Asset based approaches need developed and evaluated for effectiveness.

There needs to be easy access to a range of easily understood self help approaches, which include non clinical and clinical approaches that do not just focus on illness, but the wider needs of the individual. This should include developing peer support.

The role of social media needs to be harnessed.

There needs to be awareness among the population of when they may require additional support for their mental health and well being from recognised services.

Need simple routes of access into services where required. For example, self referral approaches into 'stress control' type classes.

We need to further embed these approaches into the practice of health and social care professionals, for example self determined approaches to care planning, and increased use of advance statements.

We also need to understand the psychological correlates that affect a client's ability to seek help. It is only once we know this information that we can then tackle help seeking problems. Help seeking problems are often associated with attachment problems and the service needs to understand this.

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

We need to work with GPs to ensure that there is shared understanding of care pathways to ensure a seamless service response.

Single point of contact and single initial assessment, with matched care approach.

There is a need to ensure that people can move seamlessly between services and transitions in their lives.

Need consistent use of service improvement methodology such as DCAQ, PDSA and process mapping to promote effective, efficient service delivery.

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

Need to engage with national programmes, such as QuEST and the SPSP to support local activities that will enable increased efficiencies to be achieved and sustained.

Investment is needed in IT systems to support transformational change in this area. This covers everything from cross agency IT systems to electronic patient records.

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

Comments

Shared IT infrastructure.

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

We need to ensure that all redesign processes have service user involvement. For CHPs, this be could be achieved, for example through the Public Partnership Forums.

Need to further develop peer support worker approaches, supporting use of wellness recovery action planning and the Scottish Recovery Indicator.

We need to ensure a systematic approach to service user evaluation of services and also need to draw upon the self reported needs of service users to influence the shape of mental health care.

It would be helpful to understand why people don't want to become involved, and then work to reduce barriers to engagement.

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

Comments

Wellness recovery action planning needs to be rolled out, as well as the Scottish Recovery Indicator.

The 'Triangle of Care' contains a very useful assessment tool through which in patient and crisis services can rate their ability to meet the 6 key dimensions of the triangle of care. This could be used by all acute MH services.

Carer's assessments need to be used routinely by all MH 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?

Comments

The use of supervision and reflective practice with a routine focus on service user outcomes will help embed this.

The 10 Essential Shared Capabilities continue to be an excellent resource that should be part of in service education/personal development activities across all organisations that provide mental health care.

The routine use of a consistent set of clinical outcome measures (such as CORE) could help achieve this. This should sit alongside the routine and systematic gathering of service user feedback on their satisfaction with services.

Promotion of the personalisation agenda, through greater uptake of self directed support.

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

Comments

There needs to be a national programme of training to support the roll out of this tool.

There needs to be realistic performance targets set in relation to the completion of the tool and response to the findings.

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

Comments

The SRN needs a higher profile nationally. They need to consider how to utilise their resources to greater effect on professional groups.

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

The starting point is for services to strive to engage with families and carers as equal partners in care. This includes completion of carer's assessments and response to needs.

Access to appropriate, accessible, easily understood information about services, care pathways, illness etc at each stage of the care journey is crucial.

We need to consider the times at which we deliver services. If community service are delivering largely 9-5 services, does this represent a barrier to working with some families and carers?

Greater use of advance statements may be one mechanism to help achieve this.

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

Staff training and guidance for staff on sharing of information.

Need to identify, analyse and share good practice in this area.

Better awareness of the benefits of having families/carers as partners in care. See response to question 15 re the 'Triangle of Care'.

Access to appropriate, relevant, and easily understood information throughout the care journey.

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

Need consistent approaches to capturing and sharing clinical data. Make best use of existing data sets such as HEAT target reporting.

There are existing networks/forums such as the National Crisis Network, who are a useful source of knowledge and expertise.

Need to make best use of the national knowledge networks to share best practice.

Where QuEST are working on specific projects in this field, learning needs to be shared on a cross system basis.

Any analysis of outcomes needs to take into account local demographic variables.

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

We need to ensure that there is consistent use of a core national data set that can be interrogated to inform redesign of services where access issues are identified.

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

Comments
This could be done through a national best practice briefing process, stakeholder events, or use of the knowledge network.

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

Comments
It is felt that there are gaps in respite care for a range of care groups. There are no therapeutic community or day service approaches for people with personality disorders.

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 should be more reference within the strategy to collaborative, multi agency and stakeholder involvement (including service users and carers). This will have the added benefit of tackling stigma, reduce popular misconceptions about mental health and well being, and ultimately help improve services

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

Need to roll out the acute focused work on dementia to all hospital settings.

There are gaps in how we best deliver services to people with dual diagnosis and other co-morbidities, but is a particular issue in addiction services and the interface between health and social care; and mental health and addictions services.

There is a need to look across at what other government targets are in place (such as 18 week RTT and A&E waits) and link into these to reduce duplication and help achieve a better joined up response.

There is a need to ensure that under graduate schemes of health and social care professional education are balanced enough to ensure we are producing practitioners who are fit for practice in a complex care environment.

The identification of priorities should be achieved by ensuring proper engagement with staff who deliver front line services, and across a range of agencies.

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

There needs to be a centrally driven process of the monitoring of standards set out in this document. These need to be published nationally, with partners held to account publicly for making improvements.

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

The identification of areas that could be surveys could be achieved by ensuring proper engagement with staff who deliver front line services, and across a range of agencies.

It may be helpful to look workforce trends, with a particular focus on absence, and consider what interventions might help the NHS achieve its 4% attendance target.

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

Comments

The broader workforce needs to be considered in the context of a national MH strategy. We need to consider not only the development needs of those working in mental health services, but those of others working for large employers, such as teachers, police etc. We need to think about improving the mental health literacy of the Scottish workforce in general.

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

This question misses an important point. Any person can go along to a training course but it does not mean they are proficient to deliver therapy. Post training supervision is crucial in ensuring our ability to build capacity in this area, and training is only one aspect of this process.

It would be helpful to be clear about the meaning of the word "psychological therapy"

We need to fully understand who in the service is trained in psychological therapies. This means having access to certificates of course completion. Some people may believe they are trained in a psychological therapy but their level of acquired training may not match this belief- this is a clinical/care governance issue that all services need to consider, within and outwith the NHS.

On a practical level, services need to consistently use service improvement methodologies to best understand the demand on services, and the capacity that they have to deliver.

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

No comments provided.

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

Comments

We need to ensure that our clinical recording systems are fit for purpose, with minimum standards set for these.

CORE has been identified as a core clinical outcome measure – the purchase of licenses to support use of this should be progressed through a national procurement route.

For commissioned services, this needs to be written into contract monitoring arrangements.

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

We need to ensure that systems are in place to support communication across all providers. This includes wide cascade of improvement resources, and where lessons have been learned.

Serious thought needs to be given to the role and power of digital and social media to ensure spread and sustainability.

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

Comments

As 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?

Comments

Staff require ongoing supervision and training in this area. Training could be made mandatory for a broader range of staff groups, covering the legislative framework that we operate in, and importantly, the principles/values base for practice. This needs to cover all current legislation, including AWI and ASP.

Ensuring systems are in place for good multi-disciplinary working is an ideal vehicle for ensuring staff support in this area.