

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

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

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

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

1. Provide ring-fenced funding to further develop the AHP workforce in this specialist area at tertiary level, to strengthen a holistic approach to health and wellbeing and build on the existing and emerging evidence of AHP efficacy.
2. Have a physiotherapy service dedicated to all children's work including mental health
3. Education for parents via visitors and GP surgeries.
4. Education for teachers during pre-reg university course.
5. Improve links between education services, child services, GPs and CAMHS.

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

Comments

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

- Good mental health requires investment in early education with key messages on health and well being, assertion, self efficacy and esteem .Therefore start earlier and use more MH practitioners in schools rather than teachers to enable and deliver change
- Ensure that accessible written information is provided to support discussions with healthcare professionals with clear action plans/points of contact.
- Develop a one stop , easy to use, national website which will link to other web knowledge and resources
- Use Social Networking and age appropriate media more to advertise key messages.
- Strengthen the key messages on exercise and activity and the positive impact on MH
- Support/develop community exercise schemes eg cycling (enable health professionals to prescribe more specific exercises at a reduced and subsidised cost and build bicycle rental schemes across cities in socially deprived localities to support a more proactive approach to health)
- Support GP signposting awareness of what is available so people can make informed choices

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

Comments

- Professional approached first by person should also have good understanding of services available so person has a good experience of the pathway to support them.
- Timely access to the correct services.
- Clear information about what services are available so that people are more aware.
- Continuing to de-stigmatise labels relating to mental health issues.
- Clear links between Mental Health Services and primary and secondary care so that services are seamless and not separate.
- Incorporating wellness or crisis prevention plans into general health care pathways so people recognise when to seek help.
- Give telephone vouchers for mobile phones which can only be used to connect free to key services to enable access to help resources.

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

- Further develop enhanced 'Special interest in MH' professionals in Primary Care.
- Change pathway in NHS 24 which will enable carers to seek help for those they care for such as in advanced statements.
- Improve education on mental health when training those entering healthcare, fire service, police, teaching, spiritual leadership positions
- Support the personal resilience of carers and family members by increasing their knowledge and awareness of their own health and well being needs.

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

- Ensure that there is sufficient dedicated staff resource to commit to protected therapeutic time and set and monitor minimum data set.
- Releasing Time to Care has been shown locally to be very useful when used within individual professions as well as across multidisciplinary teams.
- Professional bodies and the government to collaborate and agree the nature of advice to the Boards on the reduction of the note keeping burden and contribute to releasing time to care.
- Acute Health Care Directives such as HAI are insensitive to the MH environment and negatively impact on quality and opportunity for normalising experience and activities for in patients on the road to recovery.

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?

Comments

- Ensuring, particularly for those diagnosed with dementia, that life history information and preferences are documented at a stage when the person can participate in this process – not as an after-thought
- Increase peer and staff support for service users who contribute to service design, attend meetings and groups.
- Ensure service user involvement should be routine as far as possible in the design and delivery of services.
- Feedback from service users after any treatment intervention in a format appropriate to their needs – using electronic, written, verbal, mailbox options.
- Hold service user feedback/open days, face to face and consider holding these somewhere that the service user can feel empowered and not intimidated.
- Encourage service user groups to form and respond to local policies.
- Have a ring fenced small budget to pay competitive hourly rates to service users and carers for contributions to service redesign, with these fees protected with no detriment to benefits, otherwise there is a continuance of inequality

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

Comments

- Agreed outcome measures used across NHS Scotland to capture service user and carer feedback as well as the impact services have on their lives.
- To reflect the cultural diversity of our nation and to empower all, then there should be a concerted effort to develop tools that are generically accessible and not reliant solely on language skills
- Develop national protocols for the use of social networking sites for promoting pro active messaging and exchanges on MH matters
- Developing use of Talking Points and/or other outcome measures that measure service user satisfaction Develop training on use of and access to these measures.
- Have Information/feedback tools in different formats – electronic, written, verbal, DVD.
- Electronic Information points for all Boards with all the available services, accessible and up to date that is accessible to all.
- Further training to improve staff confidence in sharing information with family's carers without breaking confidentiality.

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

- Ensure that people are properly involved in goal setting and treatment planning, not just as a token gesture, but as an active participant in their own care. Ensure that accessible written information is provided to support discussions with healthcare professionals with clear choices/action plans/points of contact.
- Explain further what this means to the person on the street and be clear the methods that can be used to help people express what really matters to him/her without solely being reliant on verbal communication methods.
- Move the learning delivery centres away from a central Scotland bias.
- Services where the patient needs them. Easier access to services – self referral.
- Joint reporting of outcomes with voluntary sectors/local authorities partners
- Enhance mechanisms by which the clinical evidence of smaller professions can be heard and influence practice change

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

- SRI should seconde persons to Boards to lead from within to establish baselines and monitor progress otherwise the system continues to have ownership and falls short of true change.
- The launch of the SRI 2 should help this process.
- The SRI network should liaise with the professional bodies to agree an implementation plan of recovery based practice and then monitor progress

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

- This can be difficult in an in-patient setting, i.e. not always able to link easily with family due to limited visiting time or possible distance from setting. Liaising with family and carers can be invaluable in adding to the case history, information about day to day problems and concerns and also to share information with, to enable clients to be supported appropriately on discharge allowing to reach their full potential.
- Resolve some of the complexity around confidentiality for the professionals.
- Provide more psycho-education sessions run in partnership with carers... through information 'informed' choices can be made
- Provide information and choice on a range of treatments, interventions and self management approaches in a variety of settings
- Support development of AHP self-management groups for various conditions
- Strengthen links with the Voluntary sector
- Gain feedback using different formats.

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

- The issue of patient confidentiality may in some circumstances deter staff from routinely suggesting that families and carers are involved in patient care and if raised permission may not be given by the patient. The importance of family and carer involvement should be emphasised to all staff.
- Provide more access to family therapy by developing and implementing enhanced practice modules across the care pathways.
- Provide more IT with internet connection options for staff on the go, in remote and rural locations, thereby making health information accessible and contextual to the needs of each family/carer/individual
- More listening time to be released.
- Pool and agree national forms/tools that the staff can give to a service user's family and carers
- Look at ways to use secure e-mail for communication with families/carers would be useful as not always possible to communicate face to face or on the telephone.

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

- Encourage all Boards to establish Early Psychosis Intervention Services to include the employment pathway.
- Ensure the accuracy of the Benchmarking data. Factor in a formula for remote and rural variation.
- For Personality Disorder roll out the evidence of planned admissions at Board levels to reduce in crises behaviours.
- We need to share what we do. Often individuals and teams underestimate the importance of sharing their pieces of work and lessons learnt – both positive and negative. The focus can be too much on evidence based practice rather than practice based evidence.
- Continue to encourage and support AHPs working in Mental Health to attend relevant National Special Interest groups to meet and share experience and outcomes with colleagues, e.g. Scottish SLT Mental Health SIG.

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

- Improving access to services; Need to move away from appointment letters to text and e mail, and invite opt in by return.
- Need to have a security lock on email correspondence just like internet shopping protecting people's privacy. Then more emails for attachment of pre-assessment and entry level data from service users and carers to be completed before first clinical visits could happen.
- ISD recording is not sufficiently robust to capture all activity data and that should be a priority.
- By incorporating this information into existing mandatory information that is collected by teams.
- Equality across Scotland for the development of electronic infrastructure and systems at clinical level to support data gathering

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

Comments

- Global communications to the Staff groups by Boards into mail box , under specific headings with links attached to hot topics Being mindful not to overload or we could habituate to non response mode.

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

Comments

Adults on the Autistic Spectrum with social communication difficulties

Young offenders with Language disorders and social communication difficulties.
Adults on the ASD spectrum with co morbid mental illness with no intellectual impairment (not solely adults with ADHD).

- Need diagnostic service
- Early intervention to include vocational rehabilitation.

Speech and Language services to Adults with Mental Illness and Brain Injury

- Access to assessment and treatment interventions

Increase in Exercise and Fitness services for forensic and in patient services for health and wellbeing and to support the employability pathway

More prevention services in primary/acute physical settings.

Mental health in general – still a lot of stigma attached.

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

- Strengthened focus between health and the prison services on the routes to re-ablement, making positive health choices, and preparation for the employability pathway, using the skills and expertise of Allied Health Professionals.

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

- The care of the older person in the community requires regulation and scrutiny particularly in the context of the allocation of appropriate levels of time to care, and the contractual arrangements and pay structures, to ensure that genuine vocation and desire to support is not quashed by low pay and significant unsociable hours.

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

- Survey on training needs for psychological literacy in various professional groupings
- What is the current provision of dedicated SLT resource in settings providing Mental Health Care?
- Survey around AHP and the Health and Works Agenda: namely what workforce planning and changes are Boards undertaking to support the Agenda.

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

Comments

- Other non-mental health areas having more knowledge on mental health.
- Ensure that personnel working in mental health have robust support and supervision
- Enhance protected time for staff to engage with the Healthy Working Lives agenda, to reduce staff sickness and absence.
- Workforce plans that are realistic and sustainable to meet future demographic changes.
- And meet the needs of an ageing population, i.e. more people with dementia and more carers meeting their needs at home rather than in hospital settings. Focus on supporting community services to support people and carers at home.
- Require Boards to present robust plans to support the training requirements of carer support workers.
- Up skill the health workforce to communicate effectively with those living with autistic spectrum disorder.

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

Comments

- Allow cascaders time for cascade training.
- Running courses from a central point- NES.
- Build psychological literacy into healthcare pre-reg university courses.
- Have mental health mandatory training for all staff – e.g. SAMH.
- Fund the delivery of more frequent CBT and other low intensity level courses at certificate level rather than diploma.
- Lower the entry bar for cascade trainers for specific courses e.g. CBT diploma bar for Behavioural Activation is too high.
- Train practitioners in cardiac and pulmonary and stroke rehabilitation to deliver more low intensity psychological interventions.

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

- Ensure that ISD data is regularly cleansed, fit for purpose and reflective of clinical activity e.g. data pertaining to the inpatient activity of all AHPs is not gathered and thus reporting must be inaccurate.

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

Comments

- More IT infrastructure and administrative support.

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