CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

The Strategy should reflect:

- a commitment towards stronger partnership working between different public sectors agencies i.e. NHS and Local Authorities and between those agencies and third sector organisations.

- enhanced communication and joined-up working between the Sectors.

- support to local community-led health organisations

- increased commitment to unified referral procedures and processes e.g. note - good practice example - Lifelink North Glasgow

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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

The Strategy should :

Ensure national leadership on local delivery of:
- person-centred and empowerment approaches in working with people with dementia.

- participative engagement with users and carers that create meaningful opportunities for negotiation and influence.

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

The Strategy should:

- build on existing economic evidence from NHS Health Scotland and elsewhere. It should reflect the contribution made by community and voluntary organisations in preventative approaches to mental wellbeing; keeping people mentally well within their communities.

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 strategy should:

- recognise the contribution that local organisations make to promote, enhance and support increased levels of social capital, through provision of safe social spaces, increased volunteering opportunities and increased opportunities to take action for positive change on many aspects of community life. All of these activities promote mental well being thus contributing to a preventative approach to self harm and suicide.

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

The Strategy should:

continue to draw on the knowledge and expertise of community-led initiatives that challenge stigma and discrimination by building awareness and support in their communities. For example note good practice example Flourish House in Glasgow

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

The Strategy should:

- take forward lessons from the 'See Me' Campaign by funding and delivering a further campaign to consolidate awareness of the realities faced by people experiencing discrimination

- undertake awareness raising sessions with targeted audiences – policy makers, practitioners, community members - on addressing discrimination facing people on issues related to mental health

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

Comments

The Strategy should:

- recognise the contribution that local organisations make to promote, enhance and support increased levels of social capital, through provision of safe social spaces, increased volunteering opportunities and increased opportunities to take action for positive change on many aspects of community life. All of these activities promote mental well being although they may not be 'badged' as such.

- ensure statutory sector support and recognition of community-led health approaches including positive action in promoting equal opportunities and anti-discriminatory practice

- Self referral into community health projects. Some community health projects have been able to set up systems to respond to people connecting directly with the service when it is required. Note good practice CHANGES Community Health Project in Musselburgh

- commit support to community-led approaches in promoting wellbeing for individuals. Note CHEX Seminar Report 'How do We Measure Up Report' (2009) http://www.chex.org.uk/media/resources/publications/CHEX-events/Knowing%20Me,%20Knowing%20You%203%20report.pdf.

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

The Strategy should:

- endorse referral routes into established community support groups for parents with children with mental health problems

- raise awareness in Community Mental Health Teams of local community-led initiatives which can support parents and families in their activities.

- actively seek examples of local initiatives which have been effective in providing support to families in particular evaluations and evidence of work and impact

- consider group work with those on waiting lists. Parents with similar issues may be well placed to support each other and existing local community organisations may are likely to have all the skills to facilitate this process (as per the bullet point above)

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

Comments

The Strategy should:

- raise awareness with the mental health improvement workforce of the community and voluntary sector's services and approaches which complement and bring added value to existing statutory service provision

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.

Comments

- ensure good information is widely available about local services and in particular that information for services from the non statutory sectors, which will support people in crisis, are equally widely available, including the use of case studies and personal success stories to promote the benefit to individual wellbeing

- continue to provide mental health first aid and ASIST training for members for the public

Comments

The Strategy should:

- ensure good marketing of how people can access appropriate support services is available locally

- raise awareness, and commit to training and capacity building in communities of increased opportunities for mental health First Aid and ASIST courses

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

The Strategy should:

- create opportunities for the integration of user feedback from those who have used existing services and are therefore knowledgeable about how things could be improved and ensure participation in re-design of co-produced services

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support does NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

The Strategy should ensure that:

- Boards and partners fully acknowledge the knowledge and expertise of those who have used their services

- Boards and partners implement models that are effective in co-producing services with users and community members e.g. Participatory Appraisal and Learning Evaluation and Planning (LEAP)

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

Comments

The Strategy should:

- create opportunities for service providers and users and community members to come together in participatory planning and evaluation

- ensure full involvement of community and voluntary sector organisations providing supportive services in an integrated local referral systems

See North Glasgow Lifelink case study in
Breaking Through - **Community-led Health Organisations: Removing Barriers to Wellbeing**
http://www.chex.org.uk/media/resources/publications/briefings/Breaking%20Through%20(2nd%20edition).pdf

- recognise the contribution and power of advocacy services in reflecting the concerns of individuals with mental health issues

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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

- design and deliver training and opportunities to support the building of confidence and skills in service users

- support staff to use participatory planning and coproduction of services methodologies

See SCDC website Co-production useful resources

http://www.scdc.org.uk/co-production-scotland/co-production-useful-resources/

Doing with, not to: Community Resilience and Co-production
http://www.scdc.org.uk/media/resources/policy-and-practice/Doing%20with%20-%20not%20to.pdf

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

Comments

- Statutory sector staff required to be well trained in participatory planning and co-production of services or able to call on community and voluntary sector partners who have the skills to meaningfully engage with service users, families and carers in active partnership working for the purposes of meaningful service re-design.

- use participatory planning methods to implement coproduction of 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 Strategy should:

- revisit the value base that underpins personal and community empowerment e.g. raising awareness of engaging service users in dialogue about mental health issues

- draw on the existing evidence base and continue to compile new evidence that demonstrates the increased effectiveness of person-centered approaches and community-led approaches

See - Healthy Communities: Meeting the Shared Challenge
Making it happen : Case studies of community-led health improvement in action
http://www.scdc.org.uk/media/resources/what-we-do/mtsc/Making%20it%20Happen.pdf

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

Comments

- ensure the benefits of the use of SRI are reported to staff and encourage practice development within normal staff routines

- embed monitoring of the use of SRI into support and supervision sessions with staff

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

Comments

We acknowledge the work of the Scottish Recovery Network to date and would welcome the prospect that they are further facilitated to continue to progress the work already undertaken.

We suggest the following would be helpful for them to ensure that they are enabled to contribute to embedding the recovery approach with different

professional groups.

- That Government provide effective access to mental health professionals to promote the message of the recovery approach. This should include strategic access via organisations like the Royal College of General Practitioners and Royal College of Psychiatrists to influence training and continuing professional development.

- That SRN are provided with access to research professionals charged with presenting the evidence they have already gathered for presentation in the medical and academic literature

We would anticipate that properly resourced they would be well placed to promote the culture shift required within the NHS that would result in Health Professional groups to recognise the recovery potential in the people who consult them. Further, to encourage stronger partnership working between statutory sector providers and community and voluntary sector organisations.

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 Strategy should:

- raise awareness with statutory sector staff of local organisations and agencies that may engage with families and carers already and that have the skills and knowledge to work in partnership with all stakeholders to effect positive change in terms of participative planning and coproduction

- raise awareness with statutory sector staff of organisations and networks which build social capital and support community participation and influence

- raise awareness of the benefits of social prescribing e.g. volunteering opportunities for people with mental health issues and the links to local organisations that provide such opportunities

Comments

The Strategy should:

- support work with families and carers to co-produce information resources

- ensure that resources address issues of importance to families and carers and that material is produced in the most appropriate languages/format

- create opportunities for capacity building to raise awareness of the benefits of co-produced services

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

The Strategy should:

- use existing learning networks and communities of practice to share experience, expertise and knowledge

- ensure that strategic managers are familiar with the benefits of community-led practice and take steps to implement it at an operational level

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

The Strategy should:

- ensure that monitoring is embedded into established procedures and act on information gathered being open to new ways of working which will reduce barriers to services e.g. changing venues of services, hours at which services are available providing expenses for travel, respite care for carers, etc

- continue to work with community and voluntary sector partners to develop services which are inclusive of people i.e. addressing barriers such as income, language, culture, disability, age and sexual orientation.

- cultural awareness training: Health Scotland has developed some excellent resources for this e.g. Happy to Ask Happy to Tell DVD and training resource pack http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials/Happy%20to%20Ask%20TrainersManual.pdf

Comments

The Strategy should:

- increase use of national and local community-led health networks e.g. CHEX, Community Food and Health Scotland, and Scottish Healthy Living Centre Alliance

- increase use of national and local networks in the third sector e.g. Voluntary Health Scotland

- build knowledge of and make contact with pre-existing organisations with specialist awareness of removing barriers to services e.g. disability groups, black minority ethnic organisations, lesbian gay bisexual and transgendered people's organisations etc.

- use the expertise and resources available within Health Scotland's Equality Directorate

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

The Strategy should:

- support the implementation of good practice of care in the community that demonstrates person centered approaches

- embed monitoring of partnership working into local reporting processes with particular emphasis on how services have engaged with the wider community and their community and voluntary sector partners

- embed measures of how service users, families and carers are included in monitoring of services and whether participatory planning and co-production processes are in place.

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

- To support appropriate attitudes and behaviours use Happy to Ask Happy to Tell resource developed by Health Scotland http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Training-Materials/Happy%20to%20Ask%20TrainersManual.pdf

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

The Strategy should:

- provide opportunities for capacity building and support around the concepts and delivery of co-producing services between users and community-led groups and service providers

See SCDC website for resources on co-production
http://www.scdc.org.uk/co-production-scotland/co-production-useful-resources/

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

- recognise the value for money that working in partnership with community and voluntary organisations can offer. CHEX Seminar Report 'Money Well Spent' (2011)

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