

Date : 17 January 2012
Your Ref :
Our Ref : GA/ma
Direct-Line: 0141 211 6609
Fax : 0141 211 6407

Dear Sir/Madam

Re: Scotlands Mental Health Strategy – Consultation

Thank you for the opportunity to comment on the above.

The document was discussed at the NHS Greater Glasgow and Clyde Mental Health Services Allied Health Professionals (AHPs) Advisory Committee on 22 November 2011 and subsequent additions to the discussion have been received via e-mail. I enclose bullet point answers/ideas in relation to the questions posed.

In addition to our comments we noted some gaps in the strategy, i.e.,

Employability/Vocational Rehabilitation

There is strong evidence that work/employment has a positive impact on mental health. Being in work or having purposeful daily structure reduces social exclusion and promotes recovery from mental illness leading to better overall health. Employability in its widest sense, i.e., including purposeful activity, should be included in the strategy.

Welfare Reform

There is no reference within the document to the planned changes to benefits etc. Given the importance of these changes and the potential consequences for people who currently use mental health services, they should be referenced.

Service Outcomes v's Service User Outcomes

There should be a stronger emphasis on service user outcomes rather than service outcomes. This would shift the balance within the strategy from "mental illness" to "mental health".

I trust that these comments, along with those included in the consultation response form are useful.

Yours faithfully

Gwen Agnew
Chairperson

NHS Greater Glasgow and Clyde Mental Health Services Allied Health Professionals (AHP) Advisory Committee

Cc Mari Brannigan – Nurse and AHP Director, Mental Health Services
David Harley - Planning and Performance Manager

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

New monies to fund key change posts e.g., AHP Consultant in Dementia, are useful although sustainability challenges exist when this funding is on a fixed term basis.

Partnership working is good, and structures need to be flexible to accommodate this. The NHS requires to be promoted with the public in its entirety and opportunities that promote the work of AHPs should be taken in order to reduce the assumption that the NHS is "just about nurses and doctors".

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

Changing the culture of the NHS and utilising the skills of AHPs in supporting individuals to access their own care packages and choose the interventions they require.

Easier, earlier access to AHPs e.g., via NHS 24 or a nationally agreed access point.

Ensuring service users physical health is optimised through diet. This would help service users self esteem and mood which would allow individuals to engage with treatment.

Policy development in care environments on implementing maximum levels of substances potentially damaging to health e.g., caffeine, saturated fat and simple carbohydrates.

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

It is disappointing that AHPs were not included in the national HEAT Targets training, although NHS Greater Glasgow & Clyde made, in our opinion, the correct decision to provide training to AHPs. This has been useful.

Earlier intervention and direct access to AHPs would be useful as AHPs can engage individuals in meaningful activities at an early stage. TV adverts and media campaigns can make people aware of services available and encourage them to seek help early.

Health Improvement Services need to work with Primary Care. Routine enquiry is helpful, but we need to ensure money is available to provide training around this.

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

Use of media.

Use of recovery focused interventions and social inclusion practices to reduce stigma.

Work with children in schools at an early age to infiltrate positive messages across communities.

Use "up to date" technology which will attract young people.

Provide proactive weight management programmes to help decrease obesity, which in turn will limit one area of discrimination.

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

Improve access to leisure centres and work with local councils to provide good financial deals to join leisure clubs.

Develop food co-ops and promote the importance of nutrition. Raise awareness that healthy eating affects mood as well as physical health.

Increase "exercise on prescription" via Primary Care service.

Provide well organised, self help material in GP surgeries. Utilise IT to provide health promotion messages e.g., SOLUS screens in waiting areas.

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

Have dedicated AHP posts in 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

Raise awareness with the public through the media. Supported self management is useful. Staff need to be trained in techniques.

Self referral to Primary Care Mental Health Services and having access to AHPs at this point.

Need to evaluate WISH and "Living Life to the Full".

Need to work with students in HEIs and prepare future staff to change thinking/expectations associated with the NHS in order that individuals are empowered to take more responsibility for their own health.

Promote learning in local communities – drop-ins in supermarkets, barbers, etc.

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

Appropriate screening questions need to be asked at key health care interventions. This requires training for frontline Primary Care Staff in order that they ask appropriate questions timeously.

Need to raise awareness with children at an early age and encourage them to share new knowledge with their families.

Provide information to allow recognition of potential problems to give confidence to act rather than "wait and see what happens" or "it will go away".

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

Better IT systems.

Evaluation of interventions from the service user's perspective.

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

Comments

Ensuring third sector providers are included in ICPs.

Need more training in Service Re-Design Methodology in order to identify waste/bottlenecks etc.

Administrative staff need to be trained in collecting info/stats that can inform future practice.

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

Need to provide incentives for service users to become involved. At least, travel/subsistence expenses, and at best, payment for their time.

“Buddy Schemes” with NHS Staff to support service users.

Provision of awareness session for service users around the framework/functioning of the NHS in order that they understand how the NHS system works.

Service user involvement needs to be embedded in the “everyday NHS” and not just “tokenistic” when there is a major service change. This requires dedicated time and commitment from staff.

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

Comments

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

Need to ensure that we don't lose sight of person-centred care in the current financial climate. Easy to say “we don't have the resources”. Person centered care does not cost more and probably saves money in the long-term.

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

Comments

Good to see a more 'user friendly' SRI Tool.

Encourage local networks to share good practice.

Evidence the outcomes and any changes made as a result of utilising the SRI Tool.

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

Be clear about expectations.

Provide "easy to read" information and support.

Admit when "things go wrong".

Invest in training in Behavioural Family Therapy and provision of support groups.

Embed user and carer involvement in ICPs.

Include user and carer involvement in local Operational Policies and audit compliance of the same.

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

Ensure robust supervision structures, both operational and profession, care group specific.

Reward/celebrate positive practice.

Share treatment plans whenever possible with carers in order that they can contribute and not work against set goals, e.g., carers/family bringing high calorific foods to obese or diabetic service users in in-patient settings when the dietitian is promoting healthy eating.

Outcome 8: The balance of community and in-service users 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 to train more AHPs in "Releasing Time to Care". Given the diversity of these professional groups, AHPs are often ideally placed to drive change.

National benchmarking for AHPs in mental health – knowing where the gaps are.

Sharing practice – expansion of community of practices.

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

AHPs work with diverse populations. More EQIAs need to be undertaken to identify accessibility issues and make required change.

Encourage self referral where possible and early access to treatment.

Raise awareness of "Hard to Reach" populations and share experiences of positive engagement.

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

Comments

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

Comments

Personality Disorder.

Specific services "tailor made" for minority groups.

Anecdotal evidence suggests that the poorest people do not access services. We need to take a more assertive approach and organise roadshows to promote health, e.g., in local shopping centres.

Need to be aware of literacy problems and compensate appropriately.

Need to make better connections between employability/vocational rehabilitation services and ensure that individuals are "work ready" and can sustain employment/meaningful activity.

Korsakoffs & Huntingtons diagnoses are often picked up in physical rather than mental health, we need to make links.

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

Given the ageing population, older people in general should be priority.

Develop the plan for each person with dementia to have a named keyworker for a year. This could help with hospital admission and discharge process and provide continuity during acute/community transition.

Develop AHP clinicians as part of acute hospital mental health liaison teams to promote a more multidisciplinary and holistic approach. Occupational Therapists are currently being piloted in this way in Lothian and Grampian.

All prisoners, not just female. Re-integrating people into the community before they leave prison is key in order that they are "community ready" – strong role for AHPs, particularly OT.

Need to ensure provision of safe accommodation as part of a package of care. Need to be proactive and provide early intervention to young people who are likely to offend.

Provision of better nutrition education and healthy choices for service users

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

Need to identify further resources in order to provide training and share learning.

Need for national guidance and/or toolkit to support trainers at each of the four levels of implementing Promoting Excellence. Aim to have a more standardised approach to training. Further NES resources in this area would be welcome.

Establishing Dementia Champions is a positive approach to promoting good practice. Guidance for future Dementia Champions on how to support training around Promoting Excellence. Clearer guidance on what is expected of Dementia Champions and how they are allocated/chosen should be considered, e.g., AHPs constituted 20% of champions nationally, but there were considerable variations between health boards in terms of how they were identified and allocated.

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

Possibly need to undertake further analysis around current expertise i.e., who is trained and not using skills to establish potential capacity.

Would be useful to ask AHPs how much of their time is spent undertaking generic tasks rather than providing profession specific intervention i.e., are they delivering what they have been employed to do?

Undertake a Mental Health AHP specific census, designed in conjunction with AHPs in mental health to consider early access to AHPs

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?

Need sustained funding for rolling training programme.

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

Need to identify clear leads from Clinical Governance Structures.

AHP Minimum Data Set should be supported at Health Board level.

“Core” should be rolled out.

‘e-Core could be challenging in areas with under-developed IT systems.

Service users Reported Outcome Measures (PROM) need to be embedded.

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

AHPs should be providing profession specific interventions rather than deploying their time undertaking generic tasks.

Need to review practice in line with evidence.

Practice development posts are key to ensuring development and change but could be an “easy target” in terms of cost savings. This would be short-sighted.

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

Need to ensure governance structures that support clinical/professional leadership and care group, profession specific supervision.

Need to measure caseloads and undertake caseload weighting in order to ensure quality.

Training to clarify clinicians duty of care v's human rights.