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.

- Need to engage with people out with health
- Presentation of document was very clinical focused, need to include service users
- Wording and language not engaging and would put people off
- Mental health not just about health – needs to be more focused on other agencies
- How to we transfer to local perspective?
- Widen the targets to include other sectors

Gaps in the document

- More third sector involvement
- Mental Health review needs to be less finance/number focused and more on partnership working
- What involvement was there from social care?
- Training for home care staff
- Make finance transparent

Outcomes

- Need to include Realising Potential?
- Pulled outcomes together in health service perspective but didn't reflect the "whole" approach

Strengths

- Services work closely, we know each other

Future

- Sustaining services, innovative working
- Technology

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.

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.

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?

- Need to highlight self harm awareness raising especially younger age groups/support for families and carers
- Deliver training within schools for teachers, parents and voluntary sector (person centred)
- STIGMA – continuation of campaigns (SEE ME), making it relevant
- Access to services for those not already known to services;
    - Multi agency working including training
    - Referrals, especially from GPs
    - Crisis/pathways particularly from voluntary sectors

More commitment to Choose Life. More education and information. Support for parents. Preventative work through schools delivered by mental health workers and not landed on teachers. Funding for self harm services more clearly identified and put in place as needs grow. Take forward findings from previous consultation. More direct services in place for all age groups. More concentration and commitment to delivering ASIST to the wider community e.g. people working with the public not necessarily in an area of mental health. Work to broaden and educate the view from wider communities. GPs and surgery staff to recognise the need for support. More training.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

- Education
    - Especially in schools
    - Literature to be available
    - Staff to be trained to build parents confidence
- Person centred health care
- Statutory training

Consider how, in the financial environment where cuts are inevitable

and taking place, how organisations and services step up to the plate. Services coming together, educating. More focused TV advertising. Keep See Me in place. Simple, straightforward and constant messages to raise awareness and bring Mental Health to the forefront of people's awareness and conscience. More work with employers.

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?

Relevant local literature, funding for local awareness

- Make it targeted,
    - gives focus/priority
    - across all sectors
    - statutory awareness training for mental health

Build on an all embracing action which would see all organisations and employers to have a Mental Health First Aider, as well as a First Aider, insist upon it. Would it be possible to find out through the use of an anonymous questionnaire how many staff within an organisation suffer from or have some kind of mental health issue/symptoms, this would then enable them to contact organisations who can help and advise. Of course, this would depend on employees completing the questionnaire.

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

- Public focus on stress management from young to old
- More practical working
- More media attention
- Need to focus on inequalities, support for feeling of loss/failure/recession
- Focus on problem solving/coping strategies
    - Building/resilience promoting
    - Self management

Signposting/referrals, using community services who support this. Give more flexibility to 3rd Sector services to change and adapt to changing needs, develop more leaflets around major life events. There should be a wider focus on mental Well-Being and recognition that this does not just belong to health, it is a shared responsibility.

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?

- Pathways – focus on the ICPs, ensuring agencies are aware

- Training – building capacity and confidence

Why only CAMHS ..... What about other services? Is it true that the target for adults is 12 weeks yet there is a target of 26 weeks for our young people, when there is a focus on preventative work, is this realistic and possible?
Acknowledgement should be given of the support/interventions of other services. HEAT targets should take account of external agencies and the works that they do e.g. some organisations provide counselling and additional support and this should be counted. Work in schools should be increased. 3rd sector services would be perfect for this kind of work and would be cheaper, and evidence-based practices and results speak for themselves. The development of a national outcomes based tool would ensure that all agencies are signed up to working this way and it would cut down on the bureaucracy that surrounds support. More concentration and action needs to take place regarding preventative work.

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

- Demographics
- Making the team robust through capacity and capabilities
- If we don't have all specialities we have to use out resources the best we can.....

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?

- Investment in peer support groups
- Recovery model – coping strategies
- Helping people to be more aware about mental health , including visual information
- Information – basic information about what services are available **locally**
- Links to other agendas
    - Exercise
    - ADP
    - Holistic approaches
    - Benefits
- Commitment from the client – do it yourself

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

- Social media
- Giving more information about condition
- Whole systems approach
    - ICPs to help measure progress
    - Has to be systems in place which create these links
    - Voluntary sectors to be recognised/in the loop
    - Work with the client to create pathway

Adequately fund 3rd Sector to deliver education, offer tier 1 and tier 2 support, more cost effective and wider than statutory partners, the ability to think 'outside the box' and hit the ground running is better. Efficiencies of service delivery due to the speed that we can respond to areas of identified need, e.g. CBT does not need to be carried out by Health, the use of technology can be increased, particularly with young people, back to advertising etc to promote positive messages which help people raise awareness of themselves and recognise their own mental health and give ideas about self-management and maintaining their own well being. Using local services that are easy to access.

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?

- Multi systemic approach
- Need to be able to report on the work done by the voluntary sector too – such as at the annual reviews
- Transitional periods from young person service to adult service – recognition and early intervention
- Building capacity for crisis services

    - Primary care (GP's)
    - Counselling services
    - How to manage a crisis
- Need to have joint working between health and social services. The gap between voluntary and services – who will pick it up in the financial climate?
- Resilience – using social networks to the best of services

Crisis services do not need to be health based. Work to further develop Peer Services required. Scotland Mental Health First Aid (SMHFA) in all workplaces could help. A mental health worker/practitioner in all GP Surgeries and in schools would aid early detection. Do GPs need to increase their knowledge and the toolbox they discuss with patients, supporting the person to take control, using a strength based approach.
More effective use of 3rd sector talents where staff are well trained, knowledgeable and flexible and services are easily accessed and recovery focused.

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?

- Education / upskilling staff and carers on approach on each condition
- More integrated working
    - Movement between services
    - Only needs a small bit of finance
- Being prescriptive/focused
- Evidence led care and treatment
    - Knowing what's appropriate
    - Criteria/directed by client
- Making it about the technique and making sure that there are appropriate dependencies
    - Relationships and technique have to both work

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

- Needs facilitation/resources
- Need funding
- Ring fenced time – for planning, review, monitoring and feedback

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?

- Funding
- Transference of resources – for non statutory organisations to engage
- Expectation that voluntary sector will pick up the slack
- Person centred
- Expect to hear things you don't want to hear but its from service user perspective

Demonstrate how this can work, encouragement to talk about what works. Increase the wish of communities to be involved in their services by promoting ownership. Increase the ethos for people to give something back and that it is a joint responsibility. Look at the fundamental principals of Self Directed Support. Listen to service users who are the experts by experience in their own mental health.

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

- Shared / free training
- Shared resources
- Focus

- Improved sharing of client information (where appropriate)
- Cares – respite.
- Education / information for families

A partner has equal rights, equal say etc, health do not see service user's families and carers as their partners, some health professionals still see themselves as the experts and that they know best. Very health based . Use of self-management tools such as WRAP and a wider knowledge of such tools should be in place.

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?

- More emphasis on patient story
- Evaluations

Using learning tools that are adaptable to suit each person, outcome based. All staff should be trained to use WRAP, PATH etc. Still a need to work with some ward staff to support them to always have a recovery attitude in their work, there is still some old fashioned thinking and terminology around.

Increase the amount of peer workers in health and other sectors. Increase the strength based approach, outcome based measurement across all sectors with mutual understanding.

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

- Make people do it – no legal requirement to do it
- Make it a priority
- Part of ICP's – use it as base board

Simplify the document and widen access, still a very health based document.

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

- Build it into current procedures
- Local focus and relevant

Strengthen partnership working. Health need to see families, carers and friends as equal and knowledgeable. Encourage the general population to question and encourage wider participation from senior levels in health boards i.e. consultants etc.

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?

Education & Support

- Advice line, local perspective versus national
- Multi faceted person centred planning, carers & professionals. (identified care manager e.g. GIRFEC)

- Awareness raising across communities, libraries, shops, etc.
- Carers networks / member

Participation

- Inclusive in care provision

Increase knowledge from school onwards, build on work around positive mental attitudes, increasing the pool of staff in each care section adding mental health specialist. Increase information for families. Build on communication systems to ensure good clear access.

Family liaison to include mental health aspect, use of peer workers across the board. Increase the use of advance statements.

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?

- Education
  - Advanced knowledge base
  - Motivational interviewing
  - Communication
  - Accessible at point of contact
  - Extended needs / sensory needs
- Person centred planning
- Early input and recognition necessary
- Clinical supervision / mentorship
- Time allocation – resources – IT easy read, linking in with relatives living a distance away
- Support services – e.g. deaf patients
- Admin support – time allocation
- Effective technology for information transfer
- Reallocation – staff doing admin.

Which staff and where.....use examples of existing good practice? Share information and reach a wide audience.

Greater use of existing services/information so that the wheel is not reinvented.

Staff need to feel valued with good support for them in their work. Be more explicit re guidance on the use of data protection so that there is a common understanding.

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?

- Compare like for like remote & rural – shared network
- SIGN/NICE/Collaborative Project/knowledge network/'Vioce'/ MCN/Pyramid and current research
- Shared knowledge – 'link identified' disseminator "champion". NHS Scotland IRISS/Health Awards

- Exchange and visits/conference. VC supplemented conferencing.

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?

- Suitable IT returns for analysis local/national
- Equipment technology to capture same
- SSA (Single Shared Assessment) – automated data pool
- Client focused data sharing agreement
- Single agency – links with data collection
- Ensure data obtained auctioned regarding service access
- Involve service users
- Awareness regarding how to access service – GP paper based. IT intranet advice/visual

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

- Using local resources
  - Intranet
  - Champions
  - Magazines
  - Voluntary sectors e.g. elderly

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

- Social exclusion
- Rehabilitation – multi-agency local
- Carer respite
- Home support (integrated)
- Transitions
- Intensive home care treatments
- Mild/moderate intervention – psychological therapy provision
- Early disorders
- Homelessness, poverty

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?

- Training on person centred planning
- Mental health training practitioners – general service provision all sectors
- 'key' case manager
  - Pulls interagency working
  - Suitable administration support is vital
- Realigning of resources (right people doing the right job e.g. band 7 doing admin)

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?

- Elderly isolation in remote and rural settings (ageing population, addiction pattern)
- **Crisis intensive home treatment as an alternative to hospital care**
- National review regarding the role of primary care & GP's in relation to Mental Health as central role to community care

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?

- Promote awareness of early signs and symptoms of dementia
- Potential screening
- Educate health care and social care staff on early signs and symptoms
- Minimum training for all staff in social care workforce

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?

- Cross board comparisons, staffing and training/mentoring
- Availability of staff to train
- Learning from other boards on good practice

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

- National Managed Clinical network for psychological therapies
- Support for smaller boards off larger boards
- Ring -fenced funding for large boards for obligate networks
- Are current services offering the best value for money
- Need Scottish Government support to small boards
- Recognise that small boards have multi-skilled staff rather than dedicated CBT staff

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

- Financial support
- Stronger technological facilities
- Support off academia
- Government financial support to any academic institution offering support
- Support for releasing staff to train

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.

- Ensuring timely and accurate recording data
- Is benchmarking truly national
- Feedback from all pilot trails
- Accurate comparison across boards

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

- Encourage staff to record data
- Demonstrate why it is important to record
- Easy to use IT systems
- Provides feedback
- Raising awareness
- Location of input device

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?

- Acknowledge and recognise and facilitate the sharing of good practice especially in remote and rural areas
- Ring-fenced budgets and protection of existing monies
- High level of financial accountability and budget reporting at mental health reviews

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

- Training of frontline staff and integrate training
- Information distributed accurately/correctly/timely
- Need to identify appropriate manager and all departments
- Local champions need national support
- National support for third sector
- Improve integration of services locally

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?

- Training in new and changing legislation
- With additional resources to implement new legislation
- Monitoring, education and linking with Mental Welfare Commission
- National review of clinical workloads following the inclusion of personality disorders