

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

1. General Comments

1.1 COSCA (Counselling and Psychotherapy in Scotland) welcomes the Scottish Government's consultation on a national strategy for mental health and well being in Scotland.

1.2 We particularly welcome in the Foreword by the Public Health Minister the inclusion of the third sector as one of the principal means and partners in the support and enabling of people to keep well and to take responsibility for their mental health. Collaboration and partnership with all the mental health and well being services in the third sector in particular will be of enormous importance in the implementation of this Strategy. We also welcome the emphasis in the Foreword on a person-centred approach to the delivery of mental health services

1.3 We would like to further emphasise that in our view mental health and well being is very important, and that it affects people's relationships, their identity as human beings, the work that they do, and the life choices that they make.

1.4 Given the above, we are very pleased that the Scottish Government has decided to prioritise mental health so early after the recent General Election and, in particular, to consult on its new Mental Health Strategy for 2011-2015. In our view, the time is right to do this as people's mental health and well being are being even more sorely tested during the current economic recession.

1.5 Overall, the 14 outcomes covered in the consultation document are commendable, especially those related to improving services, combatting stigma, and ensuring that appropriate care is delivered to people when they most need it.

1.6 Although we endorse the broad direction of the Strategy, the major limitation of the Strategy is that it seems to be an action plan for the National Health Service in Scotland, despite the good intentions of the Public Health Minister in the Foreword. In our view, it needs to be much more inclusive of other domains due to the fact that mental health improvement and the treatment of mental health problems are not only the remit and responsibility of the NHS. There is much evidence to confirm that people with mental health and well being problems depend on a wide variety of services outwith the NHS, including the voluntary sector and other statutory services not delivered by the NHS. COSCA therefore urges the Scottish Government to expand the strategy so that it goes beyond the NHS and in such a way that it gives recognition to the important role of social care, education, justice etc.

1.7 The new Strategy, therefore, needs to be inclusive of not only NHS services but needs to be embedded within those delivered via education, social work, charities, the police, employment services etc. The Strategy also needs to link up much more and better with other policy areas across the Scottish Government. These policy areas include the preventative agenda that was highlighted, funded and promoted in the recent Scottish Government draft budget.

2. Particular Comments

2.1 The Strategy contains no reference to counselling and psychotherapy. These are evidenced based services that can help people to improve their mental health and well-being and include services delivered to people with problems related to alcohol, drugs, relationships, bereavement, depression and anxiety. Counselling and psychotherapy can help people to explore their social networks, improve social skills, and develop positive relationships conducive to mental health and well being (Stiles et al (2008). Shadish et al (2000)). We, therefore, feel strongly that counselling and psychotherapy should have a place in the Strategy as Scotland needs to have a mental health strategy that broadens access to a wider range of psychological therapies and which incorporates patient choice.

2.2 For example, the refreshed Matrix 'A Guide to delivering evidenced-based Psychological Therapies in Scotland' (2011) still focuses predominantly on providing CBT as a treatment for depression (adults) and excludes a wide range of other forms of counselling and psychotherapy that have established evidence bases for their effectiveness. As a result, there are excellent counselling services in the voluntary and other sectors in Scotland that are currently excluded from the above Matrix, and consequently from patient choice.

2.3 To a great extent this is result of the very narrow positivistic criteria used by SIGN (and NICE) to identify and recommend evidenced based psychological interventions. From COSCA's direct experience, the SIGN guidelines are produced without meaningful consultation of relevant counselling/psychotherapy groups and research experts. Its guideline production process uses an overly medicalised perspective on emotional distress and treats counselling and psychotherapy as if it were a drug for research purposes. It also relies on costly RCT-based research and completely ignores excellent interpretative criteria and research evidence that could widen patient choice (Elliott and Freire, 2008). As a result, its guidelines are leading to a serious reduction in patient choice, which is in direct conflict with the aims of the Scottish Government's Mental Health Strategy. In our view, the criteria used by SIGN (and NICE) to make its recommendations for therapeutic approaches and evidenced based interventions should be radically reviewed as a matter of urgency.

2.4 The Strategy needs to embrace people who do not get access to counselling and psychotherapy because they are not diagnosed with mental health problems and/or illness e.g. prisoners, immigrants etc. This can be because of their drug use or fear about being diagnosed as mentally ill. The Strategy needs to include the diversity of people within Scotland's communities, but especially those that are most socially and financially deprived, and not only people who have a voice or the ability to pay for counselling and/or psychotherapy services.

2.5 The Strategy needs to reach out to those in receipt of Incapacity Benefit and ensure that the Employment Service has a better understanding of, and provides more targeted services for, those unable to work as result of mental ill health. This may include the provision at an early stage of counselling and psychotherapy services for people who are experiencing, for example depression, grief, alcohol and drug, anxiety and other stress related problems. Access to these support services can help people on Incapacity Capacity to return to paid work earlier than they might do otherwise without the above intervention.

2.6 In our view, every NHS Health Board ought to provide a consultancy service to recognised counselling and psychotherapy organisations so that when working with a client with a mental health issue / crisis the counsellor can get quality support from a mental health professional to ensure that a client presenting with difficulties can be well held therapeutically into safety. We think that this will reduce suicide attempts, self-harm and harm – deliberate and accidental. In our experience, at the moment the practice of counsellors and psychotherapists referring clients back to the individual's GP offers patchy solutions. Alternative methods of referral should be investigated including the referral of the above clients to specialised voluntary sector counselling and psychotherapy services, who in turn would be financially resourced via service level agreements by the local NHS Health Board for offering this referral service.

References:

Stiles, W.B., Berkham M., Mellor-Clark, J. and Connell, J. (2008) 'Effectiveness of cognitive-behavioural, person-centred, and psychodynamic therapies in UK primary-care routine practice: replication in a large sample', *Psychological Medicine*, 38(5) 677-88.

Shadish, W.R., Matt, G.E., Navarro, A.M. and Phillips, G. (2000) 'The effects of psychological therapies under clinically representative conditions: a meta-analysis', *Psychological Bulletin*, 126 (4), 512-29.

Elliott E., Freire B (2008). Person-centred & experiential therapies are highly effective: summary of the 2008 meta-analysis. *Person-Centred Quarterly*. November 2008: 1-3.

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

Specialised training of mental health workers in the counselling approach has been demonstrated to work effectively with dementia nurses in Tayside (Weaks D. et al 2009). COSCA's Counselling Skills Course was delivered to the above nurses and the University of Abertay carried out research into how this training impacted on the nurses' work with people experiencing dementia. The outcomes from the nurses' work improved significantly following the above training. In the light of these findings, we recommend that the Scottish Government requires all mental health workers to be trained in the counselling approach, and that they are required to have the competencies covered in the COSCA Counselling Skills Course or equivalent.

Reference :Weaks D. et al (2009) 'Developing nursing practice : a counselling approach to delivering post diagnostic dementia support', University of Abertay

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

Local councils, police and *Transport Scotland* should promote counselling and psychotherapy as effective interventions to reduce self harm and suicide rates. Revisions to the Suicide Strategy delivered by Choose Life and any other partners should include raising awareness about the benefits of counselling and psychotherapy and how to access local services. Specifically, voluntary sector counselling and psychotherapy organisations nationally should be involved and supported as partners to promote the above local services.

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

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

Comments

To support implementation of the HEAT target on access to specialist CAMHS, NHS Boards should establish formalised partnership agreements with relevant services, including counselling and psychotherapy services, in their locales. Partnerships of this kind that have been established are helping to cement relationships, build accountability, and promote the available services to clients and staff alike. Liaison and regular reviews among partners should be introduced to help break down any barriers to working together.

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

People should be signposted to where they can find information that helps them to access counselling and psychotherapy services. COSCA's website has a large amount of information about how to find a counsellor or psychotherapist locally. It also gives guidance about how to make safer choices about choosing a counsellor or psychotherapist. www.cosca.org.uk

The public's general knowledge of what counselling and psychotherapy can do for them should be raised. This could be done by directing people to the COSCA website to find out more about counselling and whether it is for them. For example, our recent film 'Person to Person: COSCA's Guide to Counselling' is available free to the general public on our website. It explains very clearly the purpose and uses of counselling and psychotherapy. Knowledge could also be raised by referring the public to counselling and psychotherapy services in their area.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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