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

Bipolar Scotland would like to make the following general comments on the strategy document:

The strategy is weighted very much in favour of the medical model and in particular hospital based services.

Services for older people should also cover mental illness in general. Strategy seems to concentrate on dementia.

Bipolar Scotland is a member organisation of the Scottish Perinatal Mental Health Forum. Perinatal mental health issues are of particular concern to women who have a diagnosis of bipolar disorder. We would like to see a commitment to improve training for GPs and staff in mental health services in this area. Also we would like to see greater financial investment in perinatal mental health care.

People throughout the country have highlighted problems with Local Authorities not being able to meet their legal requirements under the Mental Health Act in relation to care and support for individuals and the lack of financial support for voluntary sector organisations. We feel that there is a need to look at ways of minimising the effects that financial cut backs are having on individuals with mental health issues.

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
We feel that there needs to be better follow up after a person is discharged from hospital. Some people need to be seen by a professional within 24 to 48 hours after discharge. This requires better co-ordination between hospital and community staff. **People need greater access to psychological services. Also we feel that there is a need for greater financial resources for self management training.** **There are reports of an increase of recorded suicides in England & Wales of men aged between 40 – 49, linked to economic downturn. We suspect that this statistic will be replicated in Scotland. There is a need for government to look at addressing socio economic issues.**

We feel there is a need to continue to address suicide awareness training for health professionals, police, general public.

Look at promoting peer support through written articles in health related publications. Greater impact if people can read about others experience of going through the recovery process.

Look at expansion of suicide awareness training courses to people working in the health/social care sector and to the general public.

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

There is a need to improve access to Advocacy services. Also a need to provide more Advocacy services.

Look at implementing the legal requirements of the Equality Act. Do we need an act for mental health that is similar to the Race Relations bill?

Look at setting up a programme to provide awareness raising/education about mental health issues for employers.

Could government look to provide funding for awareness raising? For example Bipolar Scotland held a very successful Scottish Bipolar Awareness Week.

We need to move away from labelling people, which can be self-stigmatising for people with mental health issues.

We need tighter control on the use of language that the media use to describe people with mental health issues.

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 media should not be above the law and the Equality Act should include prejudicial reporting of mental health stories.

Language is key. Calling people service users makes them sound needy and dependent and excludes those with a mental health issue who don't use services. Need to reclaim the language as modelled by other movements.

Continue to support the See Me programme and for See Me to continue to provide media training for other organisations.

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

Comments

Promote self management training. Increase mental health promotion in schools (could this be linked into the Personal and Social Development syllabus).

Also look to promote arts projects that cover mental health, both within the community and in educational settings.

Look at the Scottish Mental Health co-operative making a consolidated and focused effort to fundraise through a series of annual national fundraising events. Money raised could be used to fund activities at grass roots level.

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

HEAT (Health Improvement, Efficiency, Access to Services and Treatment) target of 26 weeks is far too long for initial appointment. Must be very distressing for parents and child alike.

Need to look at establishing more early psychosis services such as Esteem.

Need for more specialist resources and training for GPs.

Develop information booklets on mental health problems in childhood/adolescence.

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

Comments

Financial in-put for early intervention.

Look at developing support for carers and parents.

Further training as stated above.

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

We feel that further funding for self management training is needed – SMT course run by Bipolar Scotland, WRAP, Living Life to the full etc.

Greater health promotion around mental health. Look to provide the same sort of resources that are currently used to promote heart disease/cancer.

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

Comments

Again self management and self help groups can meet some of this need.

Further development of "home based" care.

A Discharge Protocol (for family, carers & patients), which includes an information package containing a range of information providing signposting to local community mental health services with relevant addresses and telephone numbers.

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

NICE estimate that on average it can take 10 years for bipolar 2 to be diagnosed. GPs need to be mindful that people presenting with depressive symptoms could have bipolar disorder and investigate accordingly.

Further education for GPs on how to recognise bipolar 2.

Need to improve working practices between statutory mental health services and local community voluntary sector mental health services (good in some areas, not so good in others).

As an adjacent to this we have concerns about the low take up of psychiatry as a career option among junior doctors. Concerned about the quality of care in future years if posts are not filled.

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

We feel it depends what is meant by non value adding? It used to be that nursing staff in wards would interact a lot with patients. Nurses no longer seem to see this as part of their role or they do not have time for it. You could consider this non-value adding, but we consider it essential to recovery. If by non-value adding you mean bureaucracy then it would be a welcome change to see that reduced and time spent with people increased.

Look at Health Service maximising their relationship with voluntary sector organisations in terms of training.

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

Comments

Implementation of the Integrated Care Pathway programme (ICP) is very patchy. It is obvious that not all clinicians are on board. The ICP programme needs to be better publicised. Maybe people should be given a pre pathway briefing to explain the programme before they are put on it.

From the experience of Bipolar Scotland most people probably don't know what an ICP is, but nonetheless it directly affects them.

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

If this consultation is anything to by, the language needs to change drastically and the jargon be removed so that people can understand it. People first need to be kept informed before they can actively participate if involvement is to avoid tokenism. To respond to this consultation people need to have a lot of prior knowledge which in the normal course of things they wouldn't acquire because they haven't been informed and educated in, for example, Integrated Care Pathways.

Look to provide a glossary of the terms used as an appendix.

Areas worth looking at would be to provide paid work opportunities for service user involvement for providing their "lived experiences". There is a need to see if this could be linked to payment and without penalising their welfare benefit payments.

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

Comments

We feel that there is a need to provide easy to understand, non-patronising, non-paternalistic, meaningful information. This should be an active process and should be a key task of all frontline staff. It should not be down to the person using a service to ask but should automatically offered.

We understand that there has been a poor uptake of people completing Advance Statements. There should be a campaign to promote the benefits of people completing Advance Statements.

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 build as much fluidity and flexibility into services as possible so that staff can be truly responsive to individual needs.

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

Comments

Most people with mental health problems don't know what the SRI is or enough about it to answer this question.

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

Comments

We feel that Scottish Recovery Network have been very effective in developing the "recovery" model through voluntary sector organisations, through groups led by people with experience of mental ill health and through community mental health services.

However, we feel that more work needs to be done with hospital based staff.

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

Better promotion of the use of advance statements and named persons. Support and encourage people to write an advance statement. Good quality, meaningful information and an ongoing dialogue between staff and family/carers. Being told that staff can't discuss their loved one's case is rarely helpful but is often the only dialogue there is.

Ensure that family/carers are given information about local community mental health services in their area.

Look to provide a greater emphasis on a holistic model of care and treatment.

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

Staff need a certain level of knowledge and understanding provided for them, at appropriate levels and methods of delivery. The time to take part in e.g. staff-development events, with invited, informed speakers etc. Constant updating on current information etc.

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

Need to gather data and use as exemplars of good practice if and where it exists.

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

Bipolar Scotland for example, could provide useful data derived from long-standing and current outreach work (self-help groups, geographical aspect of experience of provision, gaps in, good practice; 'On the Level, Lesbian Gay Bisexual Transgender service).

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

Comments

It might be worth developing an internet forum for people working in the mental health field.

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

Comments

Greater funding for perinatal mental health services.

Look at ways of developing community based services. Loss of local government funding has caused many voluntary sector organisations to cut or reduce much needed services.

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

We feel it needs implementation across all generic spheres. Perhaps use of good dementia experience/outcomes as models if 'generalisable', but beware of 'one size fits all' danger.

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

It is important that if cuts need to be made that people do not lose valuable face to face time with frontline health professionals and that home treatment and crisis teams' service levels are maintained.

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
Good methodology (including widely understood and agreed terminology/definitions of terms, e.g. of 'outcomes').

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

Comments
We feel that more good quality resources are needed (human and material), informed by 31.

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