CONSULTATION QUESTIONS

The Scottish Council on Deafness represents seventy organisations/bodies working with and on behalf of Deaf Sign Language users, Deafblind, Deafened (Acquired Profound Hearing Loss) and Hard of Hearing people in Scotland; and individuals who have an interest in deaf issues or are deaf themselves.

For more information on the specific needs of Deafened people or those with acquired hearing loss, contact Hearing LINK Scotland on 0131 447 9420.

For more information on the specific needs of Deafblind people, contact Deafblind Scotland on 0141 777 6111.

Throughout this response, the term "deaf" will be used for all people with a hearing loss, unless specifically stated.

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.

Why is the Strategy dated "2011 – 2015"? Should it not be a strategy for 2012 – 2015 as you cannot consult on something that has already happened?

SCoD congratulates the government on meeting the HEAT target on suicide prevention training for staff, but the issue of deaf awareness and communication skills training has not been given a HEAT target so deaf people in Scotland continue to receive poorer mainstream mental health services to those of their hearing peers. The new Scottish Deaf Mental Health Service will help to support mainstream services to provide a better, more inclusive service for Deaf BSL users, Deafblind people and people with an Acquired Profound Hearing Loss (APHL), but more has to be done to ensure deaf people have access to the full compliment of community and inpatient mental health and wellbeing services available to hearing people in Scotland.

People with Acquired Profound Hearing Loss (APHL) – people who are Deafened – need access to the services provided by the Scottish Deaf Mental Health Service, but mainstream mental health services do not appear to be aware of this need and how to refer on. More must be done to support people with APHL when they first receive their diagnosis to prevent individuals developing severe and enduring mental health problems. People who have just been diagnosed with APHL can go through a traumatic emotional and psychological journey before accepting their loss and need the support of appropriate mental health services – from statutory services and voluntary sector services. Deaf organisations that support people with APHL also need financial support and specialist training to provide appropriate peer support mechanisms. There also needs to be an appropriate ICP for people who have APHL so that GPs can refer people to the most appropriate service; and support for audiologists to enable them to refer people on to the most appropriate primary care service.

Has the government carried out equality impact assessments on the 4 priority areas to ensure all are fully accessible to the people in Scotland, including Deaf BSL users, Deafblind, Deafened and Hard of Hearing people? If so, have they been published?

SCoD launched the "Making the Case for Specialist Mental Health Services for Deaf People in Scotland" in May 2008 - http://www.scod.org.uk/pdf/scodpublications/SCoD_Making_the_Case.pdf. Although the Scottish Government and NHS NSS have worked together and with NHS Lothian and NHS Lanarkshire to put in place the Scottish Deaf Mental Health Service, there are still aspects of the recommendations made in the paper that have not been considered and that "fit" with this proposed strategy.

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.

Additional action at a national level – An **inclusive communication strategy** that works on the Principles of Inclusive Communication as put together by the ILiS Working Group. This will ensure that all mainstream services are fully accessible to everyone who has a communication support need in Scotland no matter where they live; and that everyone has access to information in a format that they can understand, because at the present time, there is little information available to Deaf BSL users and to Deafblind people – for example, although there was a commitment in the past from the Scottish Government Mental Health Division to ensure the "purple" booklets were produced in British Sign Language, this has not happened. So Deaf BSL users still do not have the same access to information on the Mental Health (Care and Treatment) (Scotland) Act 2003 that their hearing peers do almost eight years after the first purple booklets were published. The Mental Welfare Commission for Scotland did produce a DVD in BSL, but this is not easy to understand or to follow.

Access to Independent Advocacy for deaf people - there needs to be a commitment from the Scottish Government to support independent advocacy organisations to provide advocacy for deaf people – this could mean the provision of a fund to provide communication support; working with SCoD and SIAA to see that independent advocates in Scotland get the necessary deaf awareness and communication support training to work with deaf people; and working with SIAA and deaf people in Scotland to help "grow" accessible independent advocacy provided by deaf people for deaf people.

Access to appropriate services for people who are Deafened (have APHL) – Audiologists are not empowered to refer people who they have diagnosed with profound hearing loss onto mental health primary care services. More must be done to ensure that people with APHL do not "slip through the cracks" when they first receive their diagnosis – it could be that a "special" care pathway has to be looked at that starts either with the GP when the person is referred to Audiology (where a referral is also made to primary mental health services) or with the Audiologist when they report back to the GP after a diagnosis is made (where the Audiologist flags up the need to refer to mental health services to the GP or can make the referral directly to primary mental health services). Primary mental health service staff need to receive deaf awareness training that includes the needs of people with APHL as well as Deaf and Deafblind awareness and communication skills, and must also include what voluntary sector organisations offer what appropriate interventions and peer support.

Engagement with people who have or have had a mental illness– how many Health Boards and Local Authorities regularly engage with the people who use their mental health services, especially those who are hard to reach or who have a communication support need, for example Deaf BSL users, Deafblind people and Deafened people, and their carers? What evidence is there of this? For example, NHS GG&C have had two service user days – one to look at an integrated care pathway; the other a year later to update service users on what had happened since the first consultation day. Have other Health Boards carried out similar consultations?

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

Has the government looked at how many staff in mainstream mental health services and voluntary sector/private sector mental health support services have had deaf awareness and communication skills training?
The Scottish Deaf Mental Health Service is delivering training in deaf awareness to some staff but will the government invest in this to ensure all mainstream staff receive this training as part of their annual CPD?
Mainstream staff need to know what is the most appropriate deaf support organisation is available in the local area – some organisations are specialist organisations, for example, Hearing Link works with people with APHL and people who are Hard of Hearing, whereas Deafblind Scotland only works with people who are Deafblind.

What will the government do to ensure that specialist services that work with deaf people who have a mental health issue and additional support needs continue to be funded at a level that will ensure the survival and growth of these services so that the people who need this specialist support continue to have it in Scotland?

Finally, in these times of austerity, it should not fall to the voluntary sector to be expected to provide support services for people who have mental health issues and to do it cheaply or more cheaply than before – it must be recognised that quality costs, even when it is provided by volunteers.

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

Deaf people need accessible information about self harm, suicide prevention and what services are out there to help them. If the government signs up to the Principles of Inclusive Communication as part of this

strategy, then accessible information and accessible services should become a thing of the past for all deaf people and others who have communication support needs.

Deaf organisations need to have access to training courses in suicide prevention and these courses need to be accessible for deaf people; the courses need to take into consideration suicide prevention for Deaf, Deafblind and Deafened people – the Scottish Deaf Mental Health Service might have to be involved in this.
Does this further work include research, for example, into how many deaf people try to commit suicide and the reasons for this? Deaf Connections in Glasgow commissioned research into the incidences of suicide in the Deaf Community, but there has been no research into the incidences of suicide in the Deafblind or Deafened populations in Scotland as far as we are aware. Or research into how deaf people access treatments such as psychological therapies?

See comments above re accessible mainstream services. There should be recognition that Health Boards need the financial resources to ensure appropriate professional registered communication support is made available to those who need it **every** time they need it. It will also be more cost effective to Health Boards to have staff who are fully deaf aware and have had communication skills training which will make sure that there is good communication at the first point of contact reducing the need for second, third and often four appointments so that the patient fully understands the health processes and receives the information and support necessary to look at why they self harm or have suicidal thoughts.

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

More work to be done with the media to look at how they use language and how they portray people who have a mental illness. There also needs to be work done with others who are in the public eye on how they use language, including politicians.

On the other hand, if more public figures who have experienced mental health problems are willing to speak out, then mental health and mental ill health become more mainstream and less "them and us".

There should be more opportunities for people to challenge discrimination and attitudes. It should not be left to the Mental Welfare Commission for Scotland to make the challenges, there should be more challenges by the EHRC and other mainstream bodies. How many times has the EHRC, for example, taken a case of mental health discrimination to court? How many mental health discrimination challenges have been dealt with at employment tribunal in Scotland? What training do employers give their

employees to support colleagues with mental health problems?

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

See comments above.

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

Comments

See comments above.

The Scottish Government, Health Boards (including the special Health Boards) and Local Authorities (including COSLA) should be engaging more with deaf organisations to ensure that mainstream services are fully accessible to deaf people.

Deaf people and their carers/family/friends are no different to their hearing peers in the fact that "one size doesn't fit all". They need access to a range of support systems, treatment, healthy living programmes and information services, and these will be, in the majority of cases, have to be provided by mainstream services with appropriate communication support services put in place and paid for by the service providers. There should also be scope for deaf peer support services and these should be fully funded in the same way that peer support services are funded for the local hearing populations.

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 SCoD Mental Health Task Group set up a short – term working group to look at Deaf CAMHS in Scotland and to put together a paper that makes recommendations to the Scottish Government. This paper will be published shortly.

NDCS produced a separate briefing paper for the joint Cross Party Group on Mental Health and Cross Party Group on Children and Young People meeting that took place at the Scottish Parliament late in 2011 which highlights many of the issues faced by young deaf people who have mental health issues.

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

Comments

See comments made above – Q 7.

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

Deaf people can only maintain and improve their own mental health if they have the same access to support systems, treatment, healthy living programmes and information services as their hearing peers. See comments made above.

Breathing Space is mentioned. SCoD supports the webcam initiative that has been put in place at Breathing Space that has enabled Deaf BSL users to have access to this service. The service is still not fully accessible for Deafened people who do not have access to a computer as they still have to go through TextRelay.

Deaf people have a limited access to initiatives such as NHS Living Life as this is another telephone based service.

"The Scottish Government also funded a pilot to provide multiple ways of accessing CBT self-help for people experiencing mild to moderate depression or anxiety. It is delivered through one-to-one self help clinics, written workbooks, CD ROMs, telephone, group sessions, college courses and website delivery." Is this fully accessible? Is it available in BSL? Is communication support provided at the one-to-one self help clinics, the group sessions and the college courses? If it is not fully accessible, what is the Scottish Government putting in place for Deaf BSL users, Deafblind people and Deafened people who would benefit from accessing CBT Self Help?

http://www.wellscotland.info/yourmentalhealth/hocanlimprove/suicidal/index.aspx "If you're feeling suicidal or you know someone else who might be feeling suicidal, don't wait. Talk to someone from the following organisations:" Then

there is a list of telephone numbers. If the person is deaf, how do they access similar support? Is there similar support available, or do they have to have a textphone and go through TextRelay to access this support?
Where are the links to accessible information on the "wellscotland" website?

Mainstream mental health service staff need to know what specialist deaf services there are in their local area so that they can direct deaf clients/patients to these services.

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

Comments

To support deaf people to work in partnership with mainstream mental health services to ensure they are fully accessible for Deaf BSL users, Deafblind people and Deafened people; and to support deaf organisations to obtain the necessary training for their staff in supporting deaf people with mental health issues.

Ensuring that Deaf BSL users and Deafblind people have the same access to information as their hearing peers on how to recognise mental health issues in their own lives and those of their family/friends; and on what support systems, treatments, healthy living programmes are available. This means investing in making information available in BSL – on websites but also on DVD.

Ensuring that there are clear referral pathways for people with APHL so that individuals receive the most appropriate support and help at an early stage and as soon as possible after the diagnosis of hearing loss to prevent the person developing severe and enduring mental health problems.

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

Services should be designed using co-production – working in partnership from the beginning with the people who will use the services and their carers/supporters. This must include people who have communication support needs and deaf people, so that mainstream services are fully accessible to the whole community.
But there should also be specialist services available if there is a need. The work being done by the new Scottish Deaf Mental Health Service and the

NHS Lothian Community Deaf Mental Health Services will show whether or not there is a need to have more specialist deaf mental health services throughout Scotland.

"Talking Mental Health" has been developed for "first contact services". http://www.talkingmentalhealth.net/DaytoDayNeeds/Day-to-Day-Needs.aspx Unfortunately, the needs of Deaf BSL users and Deafblind people have not been taken into consideration when designing this website, and according to NHS Health Scotland, "because it is designed for using with people who are experiencing a mental health crisis or who are subject to mental health laws, we felt it was important that service users were not given information in a way which did not allow them to ask staff questions. Therefore, we decided only to translate a limited amount of material: the "Essential Information" sheets. All the other information was developed with a view to being conveyed with an interpreter present, therefore allowing the service user to ask questions of staff."

And yet, the essential information includes:
"Essential Information for Service Users
Hello. My name is...
I am a...
You are in hospital.
You are not in prison.
You are safe here.
We are worried about your mental health.
We are here to care for you and help you get better.
A doctor will come and speak with you.
We will arrange an interpreter so that you can speak with us in your own language.
If you look after anyone we can make sure they are safe.
Your family, friends and people you trust can visit you."

Surely, Deaf BSL users and Deafblind people also need this information in their own language, before the BSL/English Interpreter and/or the Guide/Communicator arrives?

Again from NHS Health Scotland – "The Essential Information sheet is translated into the ten written languages which, at time of translation, were the most commonly requested in Scotland. However, if an individual cannot read any of these languages then they will not be able to access this information until the interpreter arrives.
The absence of the information in the Essential Information sheet being provided in BSL does potentially disadvantage BSL users who cannot read English. We are unsure how to address this however.
While we could embed a video clip on TMH, we do not think this will address the problem. When we tested TMH with clinicians we found that computer provision in clinical settings is variable. Also, computers in clinical settings tend to be in staff areas: that's why TMH designs information sheets to be printed off. And because the Essential Information sheet is designed to be used in the very distressing period between initial detention (when there is a genuine fear that an individual will hurt themselves or others) and an interpreter arriving, it is unclear how many individuals will be well enough to go to staff area and access an online video, if an adequate

computer is available.
What does the Scottish Government think would be a similar "reasonable adjustment" under the Equality Act 2010? Is it too much to ask that a Deaf BSL user or Deafblind person has the same access to information in their own language as someone whose first language is Arabic, Bengali, French, Hindi, Lithuanian, Polish, Russian, Spanish, Chinese or Urdu?

"The best solution is to reduce the period between initial detention and an interpreter arriving to the minimum possible, this is for individual Boards to address and TMH cannot help." While this might be the best possible solution in the Central Belt, Monday to Friday 9.00 am to 5.00 pm, what happens out of hours or in, for example, the Shetland Islands or Inverness where there are few BSL/English interpreters and/or Guide/Communicators available or out of hours in other areas?

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

"A Guide to Delivering Evidence-based Psychological Therapies in Scotland – The matrix" does not seem to have anything in it for people who have a communication support need or who are deaf. Why not?

What is a "non-value adding" activity? And why are staff spending time on these activities?

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

Comments

When Health Boards involve service users and their carers in putting together ICPs, what will the Scottish Government do to ensure this work is not lost or ignored? NHS GG&C organised a consultation event for deaf mental health service users in 2009. There was a follow-up event in 2010, and as of 2012, there is little in the way of accessible services for deaf people with mental health problems in the NHS GG&C area. There is a Deaf Mental Health Working Group. This group submitted a paper to the Mental Health Inequalities Committee, which highlighted that organisations and interested parties/individuals have been working with NHS GG&C since 1999 to try to put in place an ICP for deaf people with mental health problems. Only NHS Lothian has put in place a Community Mental Health

Service specifically for deaf people.

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

See comments made above. Service user involvement should never be "tokenistic" as it appears to have been for deaf service users in some areas. If the Scottish Government and Health Boards are going to involve service users and their carers/family/supporters, then it has to be meaningful and the government/boards have to show that they are listening and taking on board what is being said to them. At the present time, there is little evidence that the majority of boards in Scotland as listening to deaf people about their mental health needs.

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

Comments

See comments above.

Deaf people need access to accessible information and to appropriate professional registered communication support, as well as staff who have the skills to work with them without communication support – for example, mental health staff with a minimum of Level 3 BSL.

Deaf people and their carers also need access to independent advocacy, including collective advocacy.

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

See previous comments.

Mental health service users must be at the heart of all person-centred and values-based approaches and must be able to give feedback at every step of the process. This will only happen, at least in the first instance, if mental health staff ask for this feedback and listen to what is being said, even if it is not what they want to hear or does not agree with what they think has taken place; and this process of asking for feedback and acting on it will only be successful if staff know how to communicate with service users.

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

Comments

"Basic needs include housing, nutrition, health, finance, safety, personal care and spirituality" http://www.sri2.net/sri-guidance/21-guidance-on-data-collection-from-people-who-use-the-service

There does not appear to be anything on communication needs. The SRI needs to take into consideration whether or not the service user, carers/family/supporters communication needs were met as this is a "basic need"; if the person's communication needs are not met, then their recovery cannot be measured – in fact, they may not receive the most appropriate treatment for their illness.

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

Comments

No comment.

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

See comments made in previous questions.

To enable deaf families and carers to participate meaningfully Health Boards must provide appropriate professional registered communication support for them if they ask for this; staff should also be proactive in asking family members and carers whether or not they have a communication support need and each Health Board should have a procedure for recording this and keeping this information on file so that every time an appointment or meeting is arranged with a particular family member or a carer, appropriate professional registered communication support is booked at the same time.

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

If staff are providing information to deaf families and carers, then the information must be appropriate and accessible. This might mean that the staff member has to book appropriate, professional registered communication support so that the family members/carers have an opportunity to ask questions and to receive all information in a way they fully understand. If the person wants information to take away, then this should be fully accessible and given in a format that the person can understand. This might be leaflets in English or Easy Read or DVDs in BSL – staff must ask the family members and carers what their communication needs are.

Staff will need to know what the family's communication needs are so that they can contact them – it could be the family/carers are Deaf BSL users or Deafblind or Deafened or they may be hearing. See comment for Q 19.

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

See previous 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

Each service user should have their communication needs recorded in their medical file and this information should be gathered and stored at a "national" level in the health board, not simply at a "local" service level. If this information is not collated centrally, how can the health board/local

authority ensure their services are fully accessible; how can they plan funding for communication support services; how can they ensure that they have adequate information in accessible formats; how can they target services?

NHS NSD ISD is working on the recording of communication support needs for patients. This work needs to be incorporated into mental health services provided/funded by local authorities as well as those funded by NHS Boards and Scottish Government. Voluntary sector organisations should be providing feedback on the numbers of people with a communication support need who use their services, including Deaf BSL users, Deafblind people and Deafened people – both mental health service users and their family/carers.

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

Comments

Support the work that Dr Deborah Innes and her staff team are doing – the Scottish Deaf Mental Health Service – and make sure that the training is provided for all mainstream mental health staff on a regular CPD basis. Make sure all mental health services publish EQIAs with action plans so that service users, their family/carers/supporters and advocates can challenge the lack of accessibility and off suggestions as to how services can be made more accessible.

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

Comments

See comments above – services for deaf people, including the "back up" services such as health living programmes; and accessible inpatient treatment in an environment where staff and other patients can communicate directly with the Deaf and Deafblind patient. Deaf and Deafblind patients should not have to travel to England in order to have inpatient treatment that is linguistically accessible, as it leads them to be isolated from both their families and their communities.

Integrated Care Pathway for people who are Deafened (have APHL) – Audiologists are often the first people to "notice" that the person who has been diagnosed with APHL could benefit from support from primary care mental health services but has no way of making the referral. More must be done to ensure that people with APHL do not "slip through the cracks" when they first receive their diagnosis – it could be that a "special" care pathway has to be looked at that starts either with the GP when the person is referred to Audiology (where a referral is also made to primary mental health services) or with the Audiologist when they report back to the GP

after a diagnosis is made (where the Audiologist flags up the need to refer to mental health services to the GP or can make the referral directly to primary mental health services). It might mean looking at how to build the capacity to do this within Audiology Departments – is there the scope to have mental health surgeries in the departments?

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

See comments above on specialist services and on accessible mainstream services.

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

To ensure that mainstream mental health services in all parts of Scotland are accessible to people who have communication needs, especially for Deaf BSL users, Deafblind people and Deafened people.

To ensure patients in mainstream mental health inpatient services have regular hearing checks and receive the most appropriate support for their hearing loss.

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

No comment

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
Communication skills of staff in mental health services. SCoD undertook an audit of the communication skills of social workers and social work staff in 2009 – http://www.scod.org.uk/Research-i-46.html. Staff often undertake training that is not known to their employer simply because they have an interest or because they have met a person with communication support needs in their job.

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

Comments
An evaluation of the Scottish Deaf Mental Health Service.

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

Better access to psychological therapies – need to ensure they are accessible to deaf people because at the moment they are not, neither are the pilot projects that are being tested. Many of the self help therapies are not accessible either. Health Boards, including special Health Boards, should be carrying out EQIAs on all therapies on offer, including the pilots, and publishing these assessments.

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
No comment.

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

Comments

No comment.

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

All senior mental health staff and strategic planners need to be included in deaf awareness and communication skills training to ensure that services are fully accessible for all deaf people – and that appropriate budgets are set for the provision of registered communication support for people with mental health issues but also their family members/carers/peer support so that they are involved in the patient's care and in the planning of services.

Data collection – NHS NSS ISD has put together the Equality & Diversity Information Programme that has its focus on information systems being developed to record and present necessary equality, diversity data to support the patient journey and ensuring that we have the appropriate classification and standards to describe the needs and requirements of patients. This programme should also be applied in primary mental health settings so that a clear and concise picture of who is using the mental health services in Scotland can be developed. It will also highlight who is not using the services so that these people and groups of people can be properly targeted.

More joint health service/local authority working to ensure there is "joined-up thinking and action" in the person's assessment and treatment of their mental health. This must also take place at a strategic level and across directorates in the Scottish Government. A person's mental health cannot be considered in isolation of their employment status, their housing, whether or not they are involved in the justice system, their educational attainment, and their family life. There must also be "joint" working between the Scottish Government and the UK Government when it comes to employment legislation and Welfare Reform. Without this, the proposed strategy will not succeed as if the level of welfare benefit people are entitled to decreases or is removed altogether; this will impact on their mental health status and that of their dependents.

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

Comments

Lessons learned from the implementation of TAMHS and the review of the Mental Health (Care and Treatment) (Scotland) Act 2003 should be looked

at when putting together the proposed strategy. Also what worked when working with mental health services users, their families and carers and the organisations that work with and support them – this should be also be incorporated into the strategy so that good practice is not lost.

Meaningful partnerships with deaf service users, their family/carers, deaf organisations and the Scottish Deaf Mental Health Service – to ensure that the needs of deaf people with mental health problems have the same equality of access to good quality mental health services as their hearing peers.

Mental health staff need to receive deaf awareness and communication skills training so that they have a better understanding of their need to utilise the appropriate professional registered communication support to enable them to provide equality of healthcare. Interpretation is NOT only for the Deaf service user.

Clear, realistic, measurable outcomes should be set that show how the Scottish Government will support local and special health boards to make their mainstream mental health primary care services, inpatient services, and healthy living programmes fully accessible for deaf people and other people with communication support needs. The Scottish Government does have a "business case" working group headed by David Berry that is looking at the needs of deaf people in mental health services throughout Scotland.

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

Ensure all staff receive the training that they need, including training in the Equality Act 2010, equality and diversity, deaf awareness and communication skills. Have Health Boards carried out a training needs analysis on legislation and what their staff already know? If not, is this something that should be considered?

Deaf Awareness (must include information on working with Deaf BSL users, Deafblind people, people who are Deafened – have an Acquired Profound Hearing Loss, and people who are Hard of Hearing) and it should be included within a mandatory programme of training across all levels of mental health staff, including doctors, psychiatrists and psychologists. As part of the KSF (knowledge and skills framework) both Equality and Diversity and Communication are core standards for staff; perhaps this is an area that could include more detailed points relating to the provision of services for those individuals falling within these groups.