

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

This strategy focuses mainly on the delivery of mental health services rather than on the promotion of population mental wellbeing and the role of prevention. On page 2 of the document it is explained that the strategy is to look at mental health improvement work, mental illness prevention work and work to improve mental health services, however the document appears to read as a strategy for mental health services.

There is no recognition of the wider determinants of mental health and wellbeing such as inequality, poverty, employment issues, poor housing. There is also no mention of the need for advocacy for some sufferers of mental ill health.

Not all existing policies that contribute to mental health and wellbeing have been recognised in the document eg dementia strategy, physical activity strategy etc.

There is a lack of reference to the importance of partnership working – the document appears to be aimed at NHS staff and NHS services and is not particularly 'readable' for other agencies/ communities.

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 services must be accessible locally in order to meet user needs. Therefore on a national level, resources must be made available to local areas in order for them to make best use of specialised services. An example may be to bring a specialist to the local area to meet with several patients for an afternoon. This would avoid the travel stress being put upon the patient and a better appointment attendance achieved as well as reduced patient travel costs imposed on NHS.

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

A mapping exercise to gather patient needs within each geographical area would give better understanding of gaps and changes required. Remote rural areas must have consideration given as to how they can access specialised services.

Closer working between the statutory and voluntary sector with free training provided so that voluntary organisations can confidently deliver in partnership with NHS.

Involve a wider range of organisations including formal and informal education, criminal justice, private sector as well as NHS

'safe places' available within the local community when required 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?

Comments

A national TV campaign to reduce self harm and suicide rates would raise awareness to the general public of what steps they should take to seek help for themselves or for those close to them. Likewise ensuring that information is freely available in schools and colleges, workplaces etc.

A multi agency approach with NHS training and support available to voluntary, private and other statutory organisations.

More support for young people who self harm and more support for professionals and other agencies to work effectively with people.

Better provision of local counselling services – currently there are long waiting lists for these services and also, many are not offered locally causing further difficulty (including financial) for users having to travel.

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

Concentrated approach to challenge and reduce discrimination in schools
Need to find ways of challenging attitudes of all agencies and the public
Does the word 'stigma' actually go towards increasing discrimination?
National campaign about specific suicide interventions including 'asking the question' in order to challenge myths
Explore opportunities for formalised local approaches ie targeted interventions in suicide hotspots. Also look at establishing reasons why there are areas with increased suicide and address these

In the same way that there are Child protection Forums protecting vulnerable children, could there be the same approach to vulnerable adults with a multi agency approach and input from any relevant voluntary/charity organisation including families.

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

Improve access to See Me Campaign with regional contacts. Target schools & colleges with campaign material/education in PSE classes.

Use of famous people to support See Me Campaign.

Increased student placements in Mental Health field.

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

Comments

Support for carers & voluntary organisations that help care for people with mental health problems. Ensure training is available for community/voluntary groups and deliver on their terms (ie evenings/weekends; in their area).

Increased use of all types of media for mental well being awareness raising will help tackle the stigma of mental ill health. Build on awareness of the realities of discrimination.

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

Intervention times must drastically reduce for young people – 26 weeks is a particularly long term for a young person to await assistance.

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

Comments

Community Mental Health Teams require the necessary local resources including staff which they do not currently have in Caithness.

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

Ensure that access to resources to be able to do this is available in all areas and not only urban areas.

There should be clear access to all information available locally and nationally including non statutory groups which could offer some of the desired services.

Ensure that good discharge planning take place which incorporates relapse prevention as well as actions to take if becoming unwell

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

Comments

National awareness campaign including signposting to self help websites. Better use of social media to direct people to seek appropriate assistance.

Services have to be demand responsive and have the resources to react in good time rather than people who have sought help being placed on waiting lists for months.

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 must be outcome focused and regularly evaluated and adjusted to ensure that they best meet user/community needs.

Survey of people who have previously or are currently accessing the local mental health service.

Provision of sufficient resources to support local places of safety to ensure

people in distress etc receive the appropriate supervision in a protective environment whatever the time of day

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

A good communication system is necessary.

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

Gather service user feedback and evaluate when designing service provision.

User groups should have a voice in service redesign.

Service user representation on management committees.

Improved partnership working between statutory and community/voluntary sector who are likely to play a key part in the mental well being of some users.

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

Comments

Sharing of information re training and other opportunities. Good communication.

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
Mental Health treatment settings should be user friendly and informal.

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
Scottish Government to facilitate, support & guide all Recovery Groups, offering hands on support in local areas.

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
Carers must be listened to by the service provider as they are often the person best placed to describe the issues being faced by the patient at that time and can offer an insightful view that will be of assistance in treatment. This can be difficult when the service user does not want the carer involvement because of their specific health problems at this time but each instance should be considered carefully to ensure user receives best care

and treatment.

Carers and service users should work together and continue dialogue wherever possible.

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

There must be adequate support for the redress of balance between community and inpatient with funds/resources being made available to appropriate organisation to ensure that users are safe when undergoing treatment at home.

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

Closer working partnerships should be developed with mental health drop in centres and collation and monitoring of their records should be shared where appropriate and for the good of the service user.

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

Yes:
Services for people with brain injury
Alcohol dementia
Autism and mental health combined

This strategy does not make reference to user's access to independent advocacy. This should be included in the strategy and there should be clear signposting for user and carers in Scotland to access independent advocacy where appropriate.

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

Training should be accessible locally, with the opportunity for community and voluntary groups to access alongside statutory staff.

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

Training needs to be delivered into remote and rural areas to both statutory and voluntary organisations. The use of assistive technology needs to be explored and training needs to be designed in such a way that would support use of technology as staff in these areas find it difficult to access training

We need to look at the wide and varied treatment options that we have available to us and take a more disciplined approach in matching the referral to the treatment. Consider use of a one point of referral system, with the decisions coming from Community Mental Health Team about treatment options, rather than the referring agent

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

A local benchmarking exercise would be welcome to see how this rural area compares with urban areas.

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

Comments

Services delivered at a local level must match standards Scotland wide.

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

Future award of funding for innovative community care provision – it may be possible to improve links with NHS and other statutory providers as well as offer increased care options for users.

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