CONSULTATION QUESTIONS

- 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.

Gaps in strategy include:
- Recruitment and retention, especially to non-central belt posts
- Valuing staff in the context of pay freezes, pension reforms, unilateral contract changes
- Improving interactions between mental health services, substance misuse services and criminal justice services
- Services for patients with co-existing neurological and psychiatric disorders at a younger age (<65) e.g. alcohol related brain damage, traumatic brain injury, Huntington's disease, Multiple Sclerosis

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.

Facilitation of multi-disciplinary service development meetings by national "experts" who are aware of what has worked, or not worked in other areas, and to provide external mediation where services are in disagreement about improvements needing made.

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.

Services for those with developmental disorders such as Aspergers Syndrome or ADHD are particularly lacking for the general adult population (18-65).
Sharing of knowledge with other expert services including child and adolescent and learning disability psychiatry, learning disability social work teams, the voluntary sector and of course the patients and carers themselves is vital.
This needs to include assessment but more importantly packages of individually tailored on-going care support for these patients and their carers.
Staff training is vital in all services to be aware of developmental disorders and to develop basic skills to improve the care for such patients.
Artificial barriers between services need to be removed e.g. Learning Disability services "refusing" to see patients with IQ>70, even when they are best placed to meet a particular patient's needs.
Work on suitable supported accommodation for patients requiring this in the community needs to continue between NHS and Local Authority partners, voluntary agencies and patients and carers.

Re Trauma - this needs to be defined a bit more explicitly. e.g. services for those who have suffered from childhood trauma, those who have had major

life threatening trauma in adulthood, those who have suffered physical trauma leading to brain injury etc.

One major service gap is for patients with co-existing neurological and psychiatric disorders at a younger age (<65) e.g. alcohol related brain damage, traumatic brain injury, Huntington's disease, Multiple Sclerosis A similar strategy to that for developmental disorders needs developed including multi-disciplinary and multi-agency work.

Improving working between psychiatry, substance misuse and criminal justice services is also a key area requiring development and is a crucial part of any strategy looking to reduce drug-related deaths and suicides in young people in particular.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

The work already happening in these areas is helpful, but certain areas need much more work e.g.
1. decrease social inequality with increased access to supported employment
2. substance misuse services need to adopt a pro-active approach for engaging with patients who are at high risk of suicidal behaviours. Their current approach of not following up such patients who fail to attend appointments is in my view unacceptable. They need to work hand in hand with community mental health teams and voluntary agencies. The criminal justice service also has a key role to play in setting tariffs including abstinence from alcohol and drugs and the monitoring of this, and stronger efforts to reduce drug taking in prisons and relapse prevention prior to discharge.
3. the media should strictly abide by guidelines set out to minimise "copy cat" or cluster suicides developing and has a role in portraying suicides or para-suicidal behaviour appropriately e.g. people threatening to jump from road bridges causing traffic delays etc.

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

Improve supported employment opportunities.

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?

As above.

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

Working with retailers to encourage healthy eating and exercise programmes by financially subsidising health options and financially

penalising less healthy options.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Continue to improve multi-disciplinary and multi-agency working.
Use of e.g. managed clinical networks to see certain illnesses as life long disorders and providing high quality services throughout all age groups.
Up-skilling in mental health issues of teachers, support workers, social work staff and police to identify and intervene when required.
Up-skilling of young people and their families and friends regarding mental health issues and points of contact for them to access.
Continued work to decrease harmful use of alcohol and illegal drugs including pro-active rather than reactive substance misuse services, working closely with criminal justice services.

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

National "experts" to facilitate local service development meetings and to share good practice and help avoid pitfalls.
It is vital that pressure to meet access targets is not at the expense of ongoing treatment services.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Better links between NHS24 and on-line NHS services and on-line self help services such as Moodjuice, LivingLifeToTheFull, Beating the Blues etc.
Libraries encouraged to stock recommended self help books and guides and advertise the presence of these.
Patients encouraged to attend appointments and comply with medications including use of technologies to help them to do this - text messages, alarm reminders on mobile phones etc.

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

Easy availability of contact details e.g. single phone number for access to services. NHS24 need to be more skilled at dealing with patients with mental health issues and better at sign posting them to other services, helping them to make contact etc.
Agreement with mobile phone companies that certain health related numbers should be free to call.

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?

Improve basic levels of training to school children and students regarding common mental health problems and how to seek help.

Improve training of agencies frequently involved with the public e.g. police service, SW services, teachers regarding common mental health problems. Media to behave appropriately when reporting mental health related stories, giving accurate advice and providing signposting to sources of help. Targeting of "at risk" groups for advertising campaigns.

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?

It is very difficult to tease out "value" of delivered treatments, but addressing "system" problems e.g. "flow" of patients through systems can help increase value adding activities, rather than patients becoming "stuck" because they cannot move on to the next stage of their recovery.
The amount of bureaucracy and paperwork is slowly grinding services to a halt and needs addressed by smarter thinking about what does or doesn't need recorded, and crucially by dedicated IT support and access.
Recruiting and retaining and valuing staff is vital to cut down on locum costs.
Evidence based medicine has to be applied using a common sense approach, accepting it's limitations and biases and most importantly acknowledging that lack of evidence is not the same as evidence of ineffectiveness. Cost-eefectiveness models need to try to look at the whole lifetime effect of treatments rather than narrow definitions relating to drug costs or workers' salaries etc.

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

ICPs need to be supported by dedicated IT systems which reduce duplication, reduce errors and vitally reduce the paperwork mountain which is grinding the service to a halt. There is so much paperwork generated by some ICPs that vital information is lost. The time lost to care resulting from some ICPs is huge, but does not seem to have been measured as part of their implementation.
The adoption of electronic case records containing ICPs needs to be supported by robust and up to date IT systems which are accessible in both NHS and non-NHS premises.
Automatic population and updating of ICPs and electronic medical records by integrating GP and secondary care IT systems will improve communication, reduce duplication and crucially reduce medication errors.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Use of patient and carer surveys. Use of service user involvement and representation groups including peer support. Use of "Reference Forums" or similar mechanisms where patient and carer representatives regularly meet with NHS management and clinicians, local voluntary organisations and local authority partners. Involvement in drafting of local policies and service developments.
Improving volunteering opportunities and vitally, supported employment

opportunities within our own organisations.

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

Basic good professional clinical skills are the most important aspect of caring for patients. This should include consideration of any carers needs that might need assessed and supported and in more complex cases the use of Care Programme Approach arrangements to improve communication and support between all those involved in the therapeutic partnership.
Surveys of patient and carer satisfaction should be routinely administered and the feedback quickly acted upon using e.g. LEAN improvement methodology.
Patients and carers should feel able to express any concerns or problems regarding treatments or the service being received to prevent things escalating and formal complaints being raised.
Patients need to play their part by behaving responsibly including attending appointments, complying with agreed treatments, avoiding substance misuse etc.

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?

Continuing to involve patients and carers in the design of SMART objectives and outcome measures and using these as operational targets for organisations.
Collating, feeding back and improving services based on data already gathered. Gathering data which will lead to service improvement and not just collecting data "for the sake of it".

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

Involvement of clinicians in the process behind the devising and measuring of these indicators is vital. Quick feedback of gathered data and actions to improve services based on these findings will show people that it is worth collecting this data.
Dedicated leads within services to take this issue forward using education, dedicated IT and good communication.

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

Increase pro-active engagement with clinicians and workers in other agencies. Sharing areas of best practice.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Provide easy access to support services. Encourage engagement through representative groups. Keep informed about service developments to

encourage interest. Survey their opinions about service delivery.

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?

General information about mental health issues, disorders, support agencies, contact numbers etc.

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?

Centrally identified "experts" in the area of crisis resolution, home treatments, assertive outreach, early supported discharge etc can facilitate local meeting and share knowledge of best practice and also of how to avoid service pitfalls.
Joint training of NHS,local authority, voluntary sector, police, peer support workers etc
Use of SMART objectives and measurement of similar core outcomes across different services e.g. simple measures such as diagnosis (e.g. ICD10), severity (e.g. CGI-S) and improvement (e.g. CGI-I).

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Current information regarding equality and diversity recorded in ICPs etc needs dedicated IT support to allow analysis and interpretation of this data. Then if biases are found, the service can plan to pro-actively try to address these issues.

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

Centrally identified "experts" can share nationally (or even internationally) gathered data and patterns identified which need targeted actions by local services.

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

As per Q2:
Services for those with developmental disorders such as Aspergers Syndrome or ADHD are particularly lacking for the general adult population (18-65).
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This needs to include assessment but more importantly packages of individually tailored on-going care support for these patients and their

carers.
Staff training is vital in all services to be aware of developmental disorders and to develop basic skills to improve the care for such patients.
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A similar strategy to that for developmental disorders needs developed including multi-disciplinary and multi-agency work.

Improving working between psychiatry, substance misuse and criminal justice services is also a key area requiring development and is a cruicial part of any strategy looking to reduce drug-related deaths and suicides in young people in particular.

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?

Breaking down of artificial boundaries between services is vital.
Multi-professional and multi-agency training can be beneficial.
Police and Criminal Justice Services have important role to play when managing people with mental health issues who have offended and might benefit from further training regarding mental health issues.
A pro-active approach needs to be taken by substance misuse services in relation to patients at high risk of self harm, suicide, high risk to others, or with severe/enduring mental health problems.

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?

People with mental health problems coming in to contact with the police and criminal justice services might benefit from further training of these agencies regarding mental health issues.
The recently implemented Adult Concern Report system highlights the lack of discrimination by the police regarding which people have significant mental health needs and those that don't, leading to a flooding of the

system, with increased risk of important reports being missed or delayed by being lost amongst all the other less relevant reports.
Many patients with mental health issues have suffered significant deteriorations in their conditions due to the heavy handed implementation of recent reforms to the benefits systems, with patients clearly incapable of working having their benefits stopped without any consultation with their treating clinicians. This vulnerable group of people are sometime less able to stand up for themselves and the level of training in mental health disorders amongst those doing the assessments seems very limited in some cases.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Joint training. Inter-agency and inter-professional support when dealing with difficult situations, including use of Care Program Approach when appropriate.

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?

Survey looking at recruitment, retention and how much staff feel valued by their employers and the Government.
Many NHS services are at risk of not being able to provide high quality and safe services to their patients due to significant and worsening recruitment and retention issues. This needs pro-active workforce planning and also a significant improvement in the perception by staff regarding how much they are valued.

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

As above. Without high quality, motivated staff in place, it will be much more difficult to implement any of these improvements.
Staff need to feel secure in their jobs and valued. Recent pay freezes, pension reviews etc put the future viability of the mental health services at risk due to significant recruitment and retention problems.

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

Multi-disciplinary and multi-agency training at an appropriate level. Many different types of psychological therapies are available and a sustainable strategy needs developed to deliver the right therapies to the right people at the right time. The common sense use of evidence based data should underpin these decisions and changes implemented in an evolutionary not revolutionary way.

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.

I think only data which will influence change should be collected. Dedicated IT support is required to allow collection and analysis of this data. Benchmarking should be seen as analysis of variance, looking at reasons behind this and identifying best practice, rather than just a "dumbing down" of all services to deliver the same "numbers".

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

Dedicated IT support is key to this. Also, the use of SMART objectives to define clinically relevant outcome measures. These measures must be easy to record and not add further layers of unnecessary bureaucracy which get in the way of delivering clinical care.
Data needs to be collected "real time" and fed back to clinicians timeously, with improvements implemented quickly, to reinforce the relevance of data collection to clinicians.

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?

Implementation of electronic case records and dedicated IT support.
Improved data sharing between primary and secondary care IT systems.
Removal of unnecessary bureaucracy.
Removal of false boundaries between services.

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

Involvement of key stake holders, including giving adequate advance notice to clinicians to avoid cancellation of clinics etc to be involved in service development work.
Improved communication regarding improvement processes on-going.
Improved link up between improvement processes.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Multi-disciplinary and multi-agency training.
Sharing of good practice and also of learning points where problems have been identified.
Easy access to expert advice where unsure regarding legal requirements
Feedback from patients and carers who have been involved in legal processes.
Dedicated IT support to help clinicians review legal requirements timeously.