

## 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

The overall structure of the Strategy, organised under the 14 broad outcomes is conceptually difficult to make sense of and it would help if these were grouped into clear conceptual areas. For example, 1,2 and 3 refer to health promotion, prevention and early intervention, 4,5,6,7 are concerned with care and treatment, whilst the remaining are more systemic 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

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

Comments

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

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

Comments

**Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.**

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

Comments

The Psychology of Parenting Project is a welcome initiative to ensure that the best parenting programmes are delivered to families across Scotland. As stated, the two well established programmes, Triple P and Webster-Stratton Incredible Years have sufficient good quality research evidence to demonstrate their efficacy across a range of ages and stages, as well as family circumstances to support their widespread use immediately. Over many years there have been numerous training opportunities to ensure a well trained workforce of Clinical Psychologists (amongst others) to deliver and support others in the delivery of the programmes.

Support outside of health is needed however to help vulnerable families attend these programmes, as well as other CAMHS services across the Tiers, including the provision of community based venues, transport, and childcare for the index child and siblings. In rural communities it will also be essential to maintain a critical mass of trained staff across a range of agencies with ongoing support and supervision. It is encouraging however that plans are currently under development to roll out parenting programmes for parents and carers of 3-4 year old children with disruptive behaviour disorders. For this roll out to represent a truly preventive

approach, all families should be offered a parent training programme within the context of the current age and stage of their child or children, for example linked to primary school attendance. Programmes therefore should be delivered in true partnership with social work and education services thus removing potential barriers to early support and identification of difficulties. What is not clear and perhaps is not within the scope of the document, is how resources in social work and education are allocated to support early intervention skills building and problem prevention programmes.

Further, a group of children who experience particular difficulty in accessing CAMHS services are those with physical health problems. Paediatric Psychology Services attend to the early intervention psychological needs of children and adolescents in relation to positive adaptation, development of coping, and managing chronic physical health problems. In this respect the National Delivery Plan for Children (Scottish Government 2009) has addressed the needs of this population in respect of providing resources across Scotland to develop targeted psychological services within paediatric medical settings. However, meeting the mental health needs of children in this group is a challenge for CAMHS teams in terms of understanding often complex physical health problems and in liaising with physical healthcare systems. Paediatric Psychiatry Liaison Teams within national children's hospital settings form a bridge between hospital and community services, however this service is unavailable to adolescents attending adult hospitals.

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

**Comments**

Recognition that timely access to specialist CAMHS services is needed to support good outcomes for children, adolescents and their families is welcomed. However, a focus on access measured in a HEAT target time format alone may be limiting the possible scope off the 'increasing access' agenda.

Structures are needed that ensure joint working arrangements with education and social work services are maintained even through times of significant financial constraint. Investment in the CAMHS workforce is to be commended, however, this occurs alongside education and social work

provision to CAMHS teams dependent on local authority finances. The result is that links between health professionals within CAMHS and education and social work partners have eroded and are generally less likely to be embedded within team structures. Education and social work colleagues could instead contribute directly towards good outcomes for children and adolescents and their families, as research evidence suggests.

For example, Woolfson et al (2009) investigated young people's preferences in the delivery of mental health education in Scottish schools, Naylor et al (2009) investigated the impact of a mental health teaching programme on adolescents in England, and Neil et al (2009) examined predictors of adherence by adolescents to a cognitive behaviour therapy website in school and community-based settings in Australia. A systematic review of research in this area should be undertaken to contribute further towards our understanding of the best ways to access mental health support services which will not always be within a health clinic setting.

**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

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

Comments

**Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.**

**Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?**

Comments

**Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.**

**Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?**

Comments

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

Comments

**Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.**

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

Comments

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

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

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

Comments

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

Comments

**Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.**

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

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?



Comments

**Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.**

**Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?**

Comments

Within the consultation document the focus appears on adult and adolescent inpatient units and the drive towards providing the best care for individuals based on a premise of preventing admission and re-admission by utilising community resources efficiently and effectively. This is to be commended for these groups. However, the focus should not be limited to 'shift the balance of care into the community' where children's psychiatric inpatient units are concerned as this type of statement contributes to unhelpful thinking that inpatient care should be avoided and suggests that children are maintained on inpatient caseloads longer than necessary, and inappropriately due to poor resources in community, which there is no evidence to support. The opposite can be the case where children are maintained on community mental health caseloads longer than necessary and where an inpatient admission could prove beneficial.

The National Child Psychiatry Inpatient and Day Patient Unit provides assessment and intervention to children up to 12 years of age who present with complex mental health, behavioural and, neurodevelopmental problems, against a background often of significant educational, family and social-emotional challenges that are unable to be addressed in community settings. Such children are often not admitted within a crisis situation but instead in a carefully planned way and the unit therefore offers an alternative, augmentative and comprehensive specialist wrap around assessment and intervention service as appropriate to the needs of the child and family, engaging throughout with community services to ensure as smooth a transition to their local environment as soon as possible. Effectiveness of this service however is not best measured in length of admission or frequency of re-admission figures but on individual outcome relative to the complexity of the case and associated with the aims of the admission.

It would be helpful therefore to provide financial and strategic support to national networks which support sharing best practice amongst Tier 4 services across Scotland (this would include other Child Psychiatry Day Units), as well as links with child inpatient services across the rest of the UK. A Practice Exchange network exists which meets regularly across

Scotland utilising video-conferencing technology well. However, this is organised through existing support resources and the goodwill of interested clinicians. The Managed Clinical Network from which the Practice Exchange evolved, has ceased to exist, and such an important forum in terms of developing best practice to deliver better outcomes should have a more firm foundation.

**Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.**

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

Comments

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

Comments

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

Comments

**Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.**

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

**Question 26:** In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

**Outcome 11:** The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

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

Comments

**Question 28:** In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

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

Comments

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

**Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.**

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

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

Comments

**Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.**

**Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?**

Comments

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

Comments

**Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.**

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

Comments