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.

The strategy reflects a comprehensive overview of the challenges associated with improving the mental health and wellbeing of the people of Scotland. All 14 broad outcomes are appropriate and reflect the direction of travel locally in terms of prevention, early intervention, shifting support and resources from institutional to community based care; supporting the community in general, service users and carers to enhance their capacity to support themselves and each other while reducing reliance on formal service provision.

The major gap is a complete absence of any relevance to the provision of independent advocacy. While explicitly stated in mental health legislation it is disappointing there is no reference to the role and function of independent advocacy in supporting the safeguarding of people affected by mental disorder and ensuring people's voices are heard.

A focus on single service treatment and interventions as opposed to a broader Community Planning Partnership response is a missed opportunity to ensure mental health and wellbeing of the population can be influenced and addressed beyond traditional medical and social care models.

The need for increased integration across health and social care services is a well rehearsed position; however, bureaucratic blocks including monitoring requirements, performance management and budget allocation processes can reduce the capacity to deliver the comprehensive service response which is desirable and appropriate.

The strategy requires to be inclusive and focused on the needs of individuals, ensuring there are not gaps in service, rather than be condition specific about the treatment of mental illness.

It is essential that the strategy should not be over focused on health and social care interventions but highlight the important contribution made by leisure, housing and education in the wellbeing agenda that supports good mental health.

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.

Recent provision of a Change Fund to facilitate the Reshaping Care for Older People agenda has enabled local partnerships to jointly focus on a specific direction of travel. Administrative processes can compromise the speed at which this can be progressed in terms of respective organisations' reporting and budget monitoring processes and procedures. Any national guidance or legislative requirements to minimise this barrier would be most welcome.

Budget allocations and reporting mechanisms can at times minimise the capacity to close gaps between service user groups. As an example, mental health, learning disability, addiction and ASD resources are all inter-related however services can become exclusively dependant on a person's diagnosis. Any national assistance which would facilitate cross service interventions would be welcome.

Support nationally to continually state responses to mental health and wellbeing are the responsibility of all community planning partners with resources being targeted in this way would reduce dependence on statutory mental health service providers such as the NHS and social work.

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.

Further clarification of local needs and current resources along with robust care pathways including where appropriate single points of contract would be a start with respect to identifying change requirements to improve outcomes.

Additional focus on issues of developmental disorders and trauma as a direct consequence of abuse including childhood neglect and domestic violence could assist in services being refocused and provide enhanced opportunities for early intervention.

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?

Continued education at all ages including links to the Curriculum for Excellence would enhance awareness of self care with respect to good mental health and support to others. This should reduce stigma from an early age and enable communities to support themselves more robustly.

Ongoing allocation of Choose Life resources via the Community Planning Partnership requiring regular reporting would assist in continuing the message and maintaining raised awareness of this agenda item.

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

As above, mainstreaming mental wellbeing on the school curriculum agenda will in time reduce stigma and provide robust future proof knowledge and understanding of the basic indicators of mental ill health and where support can be accessed. Continuation of "see me" strategies and public awareness campaigns can continue to challenge stigma with large employers accessing information and support to recognise the initial

indicators of mental ill health such as stress and provide appropriate support.
Integral in reducing stigma would be attitudes to ageing and the assumption that failing memory is an inevitable part of growing older.

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?

Inclusion of the mental wellbeing and anti stigma agenda within the school curriculum would support younger people to recognise discrimination and stigma at a young age. Continuation of the positive impact of the "see me" anti stigma campaigns and high profile members of the community continuing to be open about their experiences will assist the agenda.

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

There would be potential to include all policy and service delivery documents produced by all Community Planning Partners to include a statement with respect to how the particular activities would support the promotion of mental wellbeing for individuals and the community.

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?

Whilst the additional resources invested in CAMHS are welcome the target is not ambitious enough as 6 months to access specialist CAHMS service is a long time in a child's life. Child psychotherapy continues to be challenging to access and this continues to be a need to develop a range of evidence based psychological therapies. Parenting support and intervention approaches are welcomed, especially in terms of early intervention and promotion of mental wellbeing in early years and childhood. Increased focus on joint working across education, health, social work and the independent sector would be welcome.. The strategy could be strengthened by increased focus on the links across CAMHS and council services particularly with respect to the Corporate Parenting Agenda and looked after and accommodated children and their carers.

The focus on crisis assessment and early intervention may reduce the need for more intensive long term interventions across public services at later stages of the young person's life. More robust links to the Getting it Right for Every Child agenda would assist in the integration of specialist mental health services and interventions for children and young people as a more holistic, mutually supported response.

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

From an external perspective, enhanced reporting through the Community Planning Partnerships recognising the Corporate Parenting Agenda would reinforce the integral role CAMHS has in supporting children and young people looked after and looked after and accommodated.

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?

Referencing back to previous questions whereby the inclusion or the mental wellbeing agenda within the school curriculum would provide basic awareness raising and intervention guidance from an early age. Potential increased use of social networking media to provide self help guidance and links to mental wellbeing activity.

The role of employers in supporting their staff group to recognise the importance of mental wellbeing and steps to maintain this may require to be reinforced.

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

By ensuring people are familiar with early indicators of mental ill health and having clear contact routes enabling people may to have more confidence with respect to seeking assistance. Local single points of contact which are staffed across Community Planning Partners and the Independent Sector could provide a triage service with referral on to the most appropriate service and support for individuals experiencing symptoms and family/carers.

Again, the role of employers, job centre personnel and financial inclusion advisers cannot be underestimated in supporting this agenda.

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?

A multi stakeholder resourced single point of contact for potential service users, their carers and families could ensure faster access to treatment and support. This would require shared resourcing and potential independent ownership by the Community Planning Partnership in order to minimise reliance on a purely assessment and treatment response.

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?

Clarity with respect to the outcomes individuals have at the start of their intervention aligned to the broader Community Planning Partnership outcomes are required. Support to have a consistent outcomes model and outcomes reporting mechanism across Community Planning Partners would be welcome. This would ultimately define and address non value adding activities.

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

Capacity to share resources without over reporting across agencies and extensive monitoring requirements for the use of partnership monies would support key stakeholders to put Integrated Care Pathways into practice.

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?

Since user involvement requires to be meaningful and able to evidence the outcomes of their input at the conclusion of service design. Service user inclusion as real partners within Community Panning Partnerships will assist in this process so they can be officially part of the consideration of service design and development.

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

Service users, families and carers require to be supported to understand the broader agenda relating to an individual's mental health and the journey they will require to travel and their role within this.

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?

By establishing robust systems across Community Planning Partnerships to establish outcomes identification with service users from the outset of their engagement within services and a clear means of monitoring the delivery of individual outcomes would support this agenda.

Ensuring self directed supports are accessible for people affected by mental illness

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

This is a tool used exclusively within the NHS.

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

By ensuring that interventions are all primarily focused towards recovery with treatment being one part of the recovery path reflecting the policy direction of the Road to Recovery and requiring Community Planning Partnerships to establish recovery orientated systems of care.

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?

In order to ensure families and carers are supported to participate meaningfully in care and treatment they require to be advised fully of the implications of different interventions and the potential outcomes. It is important their needs are considered along with the service user in terms of a Carers Support Plan to ensure they have the capacity to be involved with care and treatment in terms of their own needs.

It is crucial carers are listened to by professionals where they have concerns and clear explanations provided when interventions are not considered appropriate by professionals with due consideration of the potential for interventions by Community Planning Partnerships in the specific response required for the individual.

The role of Independent Advocacy and robust Carer Support services are required to ensure support is available to families beyond statutory services.

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?

All staff require to be reminded of the key role of carers and families in the recovery journey of service users. Across all services, staff should be trained in the needs and experience of family carers, ideally by carers themselves, and how to utilise the localised carers assessment/support planning tool.

Robust links to and awareness of Financial Inclusion Services would be a critical element of support for all staff.

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?

In order to consider what works to deliver better outcomes all Community Planning Partnership resources require to be considered in context along with independent sector and carer support provision within localities. Examples might include if hospital readmissions reduce where there is robust carer support, inclusive leisure activities, bibliotherapy, responsive social care provision, independent advocacy, education programmes etc. There is a significant risk this agenda remains solely within the NHS which is a relatively minor yet expensive intervention.

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?

Data is currently recorded with respect to the ethnicity of service users across agencies. This would require to be considered against the community and national rates of mental disorder across community groups. This would provide Community Planning Partners with the means to monitor access to and accessibility of services.

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

Learning would be most valuable if disseminated via Community Planning Partnerships

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

There would appear to be gaps in understanding by some Mental Health professionals about the use of Adult Support and Protection Legislation with respect to safeguarding individuals and the basic consideration of mental disorder as opposed to mental illness where other legal safeguarding interventions may be available.

Gaps include ASD, younger people with dementia, ARBD, people affected by addiction and people of all ages affected by childhood abuse, physical, emotional and sexual.

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?

As previously stated, resources targeted towards Community Planning Partners to provide support to promote and sustain mental wellbeing as opposed to targeting resources solely at the NHS would have an immediate impact on joint working to deliver person centred care. There continues to be significant silos across services where addiction, mental health, CAMHS and learning disability work in isolation therefor people with dual diagnosis or if they experience a broader mental disorder including ASD fail to fit into a single service and by default receive inferior support.

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?

Implementation of the Scottish Autism Strategy will be a key vehicle to encourage services to work more collaboratively. Redirecting some of the funding streams via the Community Planning Partnership to promote and sustain mental health recovery and wellbeing would provide robust and innovative approaches to improving integration in mental health service delivery.

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?

Promoting Excellence is an NHS policy agenda.

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?

Question relates purely to the NHS.

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

As previously referenced, ongoing awareness raising about mental wellbeing and early mental illhealth indicators, legal training, shared good practice examples and development of additional MHO capacity is required.

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?

The national benchmark resource may benefit from being established along the lines of the Same As You Returns.

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

NHS Response.

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?

Ongoing input across all Community Planning Partners staff groups about mental wellbeing, early recognition and intervention, routes to access support would enhance generic workforce development.

Ownership of the mental wellbeing agenda should be a shared response at all levels, with this being reinforced at a leadership level.

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

Amalgamation of all the national initiatives and drivers under a single heading would enable Community Planning Partners to monitor their shared response to improving the mental health and wellbeing of the communities they serve.

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?

All staff should have access to regular inputs and updates with respect to current legislative requirements as a core element of CPD utilising real local examples to reinforce the learning and implications of interventions and non interventions.

Ensure all staff are regularly informed and updated with respect to the application of legislative interventions and the broader agenda of safeguarding and the consideration of mental disorder as opposed to mental illness is reinforced.