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.

We generally welcome the approach and the 14 outcomes. Our main concern is that it is not always clear, unless explicitly stated, as to whether children and young people are covered by the outcomes. Our concern is that if it is not absolutely transparent then children and young people may be overlooked.

We appreciate the need to prioritise. Whilst we do not disagree with the 4 priority areas, we would argue that early intervention and mental health promotion are essential to achieving other priorities such as preventing suicide, and helping to reduce the chances of mental health problems becoming chronic and enduring conditions. In particular it is essential that children and young people's mental health is a priority as it has been found that over a half of adults with mental health problems were first diagnosed in childhood.

There needs to be an implementation plan to ensure that the strategy is effectively implemented.

We are also concerned that the strategy is very health orientated, and that there is very little reference to other agencies such as social care, the voluntary sector, and education.

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.

It is important to ensure that the needs of the local population are ascertained, and the views of service users and the general public are taken into consideration when planning services. This is particularly important when planning and designing services for children and young people. This is because their views can be overlooked, and the services that are provided for them do not always meet their needs.

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?

The commitments already made are good ones. Our concern with this and many other aspects of the strategy is ensuring that it is implemented.

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

Research has found that young people have very little knowledge of mental health problems and this has contributed to extremely negative attitudes to mental health problems (Rose, et al, 2007). Research commissioned by YoungMinds (2010) found that over half of 9-25 year olds call other young people names such as weirdo, 'schizo', or 'freak' when they are going through tough times. Also, negative attitudes towards people with mental health problems get significantly worse with age. For instance, 40% of 17-25 year olds associate the word 'schizo' with mental health problems compared to 14% of 9-16 year olds. So therefore work in schools, and a public campaign aimed at young people, would help to improve their knowledge about mental health, know how to look after their own mental health and get help when necessary, and reduce stigma and discrimination concerning mental health.

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?

> Any further action to tackle stigma must include a focus on young people. One way to inform children and young people is to learn about it at school.

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?

> Considerable progress has been made in relation to CAMHS, but there is a need to capitalise on this and drive forward the agenda and not let it stall.
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> We agree with the key challenges that have been outlined. However, it is essential that user participation is put forward as a key challenge for the strategy. From our experience with our Very Important Kids project, young people have a lot to contribute to the planning and delivery of CAMHS. The UNCRC states that children and young people should have a say concerning services they use. Participation can help design services around the needs of young people and help encourage them to access these services. Plus, being involved in participation can help promote mental health and wellbeing, and help young people develop skills and make friends.

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The stigma associated with mental health can act as a barrier to accessing services. This can result in young people not accessing services until they are very ill. As well as tackling stigma, services need to be acceptable and acceptable to young people. So producing standards and guidance on how to develop child and young person friendly services would be useful.

There is a need to provide some basic training in child development, and children's mental health for all professionals working with children and young people. Whilst we welcome the expansion of the specialist CAMHS workforce, and the need to ensure that CAMHS workers provide consultation, training etc. for other children's services, all staff need to have a basic knowledge on which to build on.

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?

It is unclear as to whether work already underway covers children and young people. If it doesn't, then there needs to be a programme of work connected to building resilience in young people. This programme should help young people understand what mental health is, and for instance understanding about stress and learn techniques to help them cope with it. Young people often don't know how to get help. So it should also include information on what help is available locally, online etc. and how to access it.

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.

There needs to be early intervention services, which pick up on emerging mental health problems and provide the necessary support to ensure that the problems do not get worse and require more intensive interventions. These types of services are particularly relevant to children and young people. For instance, in England, there are voluntary sector services who have teamed up with local mental health services to provide an easily accessible service that provides a range of interventions under one roof, but if there is a need for specialist mental health support, this can be accessed within the service. This makes the service easily accessible and less stigmatising as it is usually on the high street and everything is under 1 roof. Plus, these services often cover 14-25 year olds. This ensures that young adults, who may have had problems making the transition from CAMHS to adult mental health services, still have access to age appropriate help and support.

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

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

It is essential that children and young people are included in any user involvement work. YoungMinds have a great deal of experience in developing user participation work at both local and national level. Currently we have a user participation project called Very Important Kids (VIK). Whilst this currently only covers England, the learning could be useful, and could be rolled out to Scotland.

Children, young people and their families/carers will need to know what a mutually beneficial partnership is, and what the benefits are for them of forming one. They will need information and support to help them take part in these partnerships.

Comments

Comments

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

Comments

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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?

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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

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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

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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?

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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?

The full range of CAMHS services that make up the comprehensive CAMHS model requires input from a number of different agencies. It is essential that they work together to ensure that high quality services are commissioned that meet the needs of the local population.

YoungMinds has a consultancy service, and we know from experience that different agencies often have difficulties working together because they don't have a shared agenda, and don't appreciate their role within the agenda. There is a need to develop good leadership skills, and for staff from different agencies to learn how to work with each other.

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?

YoungMinds produced a report for the Scottish Government in 2010, *Securing our Future, Scoping the Need*, which explored the need for secure mental health provision for high risk young people and recommending 'next steps' in improving outcomes for this group, including work to develop more integrated models. We would be keen to see that agenda taken forward as a priority.

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?

As mentioned above, all staff working with children and young people should have a basic knowledge of child development, and mental health. A framework such as the Common Core of skills could be used to implement this work.

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