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

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

Focus ARBD members have all experienced stigma and discrimination from a range of sources. We know that ARBD is a little known and little understood condition and that people with ARBD regularly report experiencing stigma and discrimination. Also many remain silent or have no way of reporting their experiences. This frequently means that we do not receive the services, help and support we need. Actions that would help to reduce stigma and discrimination include:

- clear accessible information about ARBD to be produced centrally with input from people with ARBD
- this information to be comprehensively circulated to health and social care staff/professionals. This would include people in key positions such as GPs and GP practice receptionists, A&E staff, ambulance crews
- this information to be widely circulated via relevant voluntary organisations, such as Alcoholics Anonymous, local Councils on Alcohol, support providers working in the areas of mental health, homelessness and addiction such as Addaction, Turning Point,

Loretto, SAMH, Penumbra, etc.

- this information also to be available for families and carers e.g. through carer centres

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
We would like *see me to* extend its campaigns and actions to include ARBD.

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

Comments
Please see our responses to Questions 9, 10, 11, 21, 34.

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

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

Comments

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

Our own experience is that services need to be proactive in offering support and help. They need to know about ARBD and understand the symptoms of ARBD and the ways in which it affects people's health and daily lives. They need to know about the kinds of things that will help us to maintain and improve our mental health. Services also need to be able stay with us and not just provide short-term interventions. Knowledge, understanding and best practice could be shared more effectively across health board and council areas. We are aware of some very good and effective practice and, as service users and a collective advocacy group, would be very keen to contribute to developing better services across Scotland.

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

Comments

Because of stigma and discrimination and lack of information about ARBD, it is really vital that a proactive and positive approach is taken to encouraging people who have or may have ARBD to seek help when they need it. As in Questions 4 and 5, this would require, as a first step, a much better understanding of the signs and effects of ARBD among a wide range of services and staff – and also the public.

Positive, encouraging and non stigmatising information about ARBD and how to live well with ARBD needs to be foremost and we believe that the Recovery Model is really appropriate for people with ARBD.

Personal accounts might help with this as well as verbal, written and/or CD/DVD based information that people can return to as and when they need to. Focus ARBD would be able and willing to help with developing this information.

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

Staff in key positions need to be really familiar with the signs and symptoms of ARBD, the range of treatments people may need and the

sources of longer term services 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

Focus ARBD sees Integrated Care Pathways as a key tool in enhancing the co-ordination of services for people with ARBD and would be able to make a vital contribution to the development of Integrated Care Pathways for people with ARBD throughout Scotland.

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

There are challenges for services in consulting service users with ARBD, their families and carers. However Focus ARBD members are very keen to give feedback and make suggestions about service design and delivery. We anticipate as well that others will want to contribute.

It is important that views are not just sought from people who are easiest to contact, for example because they are living in a care home. Involving people more widely will inevitably take a lot of groundwork. Again this is an area that Focus ARBD can give some help with.

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

Comments

Good information, understanding and ways of communicating are essential starting points for mutually beneficial partnerships. Also sharing findings and the good practice that currently exists. Families and carers' needs may be different to service users' and tools would need to be adjusted to meet individual situations.

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

Focus ARBD members are aware that the capacity and inclination of family members and friends to be supportive of people with ARBD varies widely. Family members can struggle with the stigma associated with ARBD and may find it hard to acknowledge the difficulties their relative has. Family members, like people with ARBD, need access to clear information about ARBD. Production of a national information booklet for carers would start to address this need. Support groups for family members affected by the alcohol dependency of a relative (e.g. VOCAL's First Thursday group) are highly valued, where they exist. The Scottish Government might consider encouraging all Carers' Centres to

review the support they give to carers of people dependent on alcohol to ensure that it is easy and safe to access, particularly given the stigma issues noted above.

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

Following on from our response to Question 19, in order to be able to offer families and carers better, fuller, easily accessible information about ARBD, staff in Carers Centres may need appropriate training.

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

Possible methods could include:

a) café style meetings in all areas with information recorded and brought together centrally
b) an ARBD Lead Officer identified in each Health Board or Council area
c) national meetings to share good practice

Focus ARBD could provide some help and input to meetings.

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

Services for people with ARBD are fragmented, not easy to find, inconsistent, in short supply and sometimes inappropriate. Low levels of awareness of ARBD and its impact make using generic public services difficult for people with ARBD. Whilst recognising that there are difficulties in supporting someone to remain abstinent for a 6 week period to allow for a diagnosis of ARBD to be made, Focus ARBD is concerned about the lack of proactive follow on support for people after detoxification. The group is also concerned that some services reject people too readily if they begin drinking again, albeit only temporarily.

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

Despite the publication of *A Fuller Life* almost 10 years ago, Focus ARBD is unaware of any national or local strategy or framework for services for people with ARBD. National support for NHS Boards and partners could help to:

- develop consistent information for people with ARBD; family members and friends; staff who work closely with people with ARBD; and public service workers who come into contact with people with ARBD
- develop training materials and courses for staff who work closely with people with ARBD and public service workers who come into contact with people with ARBD

- bring staff together to share best practice and draw on models from other areas of social care to develop a range of person centred supports for people with ARBD

These developments should all seek to harness the experience and expertise of people with ARBD as partners in this work.

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

In addition to their cognitive impairments, people with ARBD often have a number of physical conditions/disabilities which require services in a number of settings. Focus ARBD suggests that the Patient Safety Programme might develop a programme of work in acute hospitals around the needs of people with ARBD, similar to their current work focusing on responding to the needs of people with dementia.

Focus ARBD members' experience suggests that having a knowledgeable, supportive and proactive GP is very important in accessing treatment, services and support. However, the response of GPs to people with ARBD appears not to be uniform. Providing GPs with better information and training about ARBD is recommended by the Group.

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

Our response to Questions 25 and 26 suggest that there is a very significant training programme required in relation to ARBD. It is vital to ensure that all public service staff who have contact with people with ARBD are more aware of the condition and its impacts on people. We understand that Glasgow City Council now makes such training mandatory for all of its staff.

Equally, training for staff in settings like Accident and Emergency, hospital wards, outpatient clinics and GP surgeries should make a difference to the experience of people with ARBD using those services.

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

Currently it is evident that there are huge gaps in knowledge and understanding of ARBD and wide variation in practice across Scotland. Opportunities to exchange knowledge and share good practice seem key ingredients if this is to improve.

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