

## 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

We welcome the opportunity to contribute to this consultation. It is clear that provision of well-governed and accessible psychological therapies across all tiers of service provision should be a core part of promoting and preserving mental health and well being in Scotland.

In our response we have selected to focus on the questions that we believe to be most relevant from a psychological point of view.

### 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

- Need for a clear strategy regarding training which is linked to service requirements
- Need for a greater emphasis on quality of service provision (in addition to speed of access)
- Need for a lead psychologist at government level

- Importance of maintaining focus on psychological therapies via HEAT targets
- Need for national direction to guide pooling of resources among health, local authority and voluntary agencies which currently provide accessible low intensity treatments for children and young people in a fragmented manner.
- Promotion of equity of access to range of psychological therapies across Health Board areas

## 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

- Increase capacity in CAMHS by distinguishing between children/young people who have a developmental disorder along with a mental health problem, from those who have a developmental disorder without complications and who can be supported by Tier 1 and 2 health and local authority services.
- Clarification of most appropriate and effective care pathways for people with specific types of developmental disorder (e.g. Aspergers, ADHD etc.).

**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

- Should be national strategy for well being
- Message should be that mental health is everybody's business
- Should move to national self-help website (rather than proliferation of numerous local ones – e.g. Moodjuice, Mood Café etc.) for staff and public access
- Use of local community facilities for information about local resources and provision of mental health self help materials (e.g. libraries, Citizens Advice, community centres, supermarkets)
- Targeting schools – teaching psychological resilience
- Further development of community based courses to promote positive mental health (e.g. Stress Control, Mindfulness)

**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

- Ensure that each NHS Board has an Intensive Home Treatment Team for children and adolescents
- Ensure that links between schools and specialist mental health

- services conform to a national standard
- Ensure that provision for early years is jointly planned and delivered.

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

**Comments**

- Redistribution of resources to reflect the issue that some NHS Boards have more Looked After and Accommodated children (placed from other areas) and young offender institutions than do other Boards, hence the provision for specialist CAMHS should be adjusted accordingly.

**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?**

<p>Comments</p>	<ul style="list-style-type: none"> <li>• Ensuring that healthcare workers and community care staff continue to develop skills in identifying, and routinely screening for, early signs and symptoms of mental illness</li> <li>• Need for clear pathways to signpost the most appropriate referral routes. This could potentially be provided by an efficient electronic pathway.</li> </ul>
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**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?**

<p>Comments</p>	<ul style="list-style-type: none"> <li>• Importance of appropriate levels of administrative support to reduce high cost of clinicians spending time on administration</li> <li>• Increase use of tele-health and teleconferencing to reduce travel for staff and patients</li> </ul>
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**Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?**

<p>Comments</p>	
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**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?**

<p>Comments</p>	
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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	
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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?**

Comments	
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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

- Prisoner health care
- Personality disordered offenders
- Physical health & medically unexplained symptoms
- Psychosis early intervention
- Learning disability should be considered explicitly (we were disappointed to note that the work carried out by the "Co-morbidity group" at the Scottish Government as a sub-group of Delivering for Mental Health appears to have disappeared from the agenda)
- Aspergers Syndrome
- Children who are looked after and accommodated
- Children/young people who have lifelong/life limiting illnesses
- Children/young people who offend
- Under 5s, including babies
- Offenders with mild mental health issues
- Neurology & Brain Injury

**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**

- Development of psychological thinking and provision in acute settings
- Increasing provision of psychological interventions and support in relation to 'Long term conditions'
- Early intervention with young offenders
- Support the practical implementation of ICPs.

**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**

- Survey of range and level of services available in each Board area (which includes consideration of level of service such as number of sessions, range of options available, types of therapy, intensity of therapy, qualifications of therapist)
- National survey of caseloads of mental health workers

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

**Comments**

- Equity of provision of psychological therapists across NHS Boards
- Range of specialists being available
- Ensuring that speed of access is not at cost of quality of therapy for the patient
- Strategic plan for training and capacity in the workforce at both Board and National level which is suitably resourced
- Ensuring appropriate supervision
- Ensuring the well being of the workforce to allow them to function effectively and efficiently
- Continue to train child psychotherapists and make it more attractive for NHS Boards to support them through training and employ them thereafter.

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

- Ensuring that staff who are trained in the provision of psychological therapies are supported by their services to be able to put these into effective practice with appropriate supervision and governance arrangements
- Ensuring that there are sufficient psychologists and other suitably qualified psychological therapists with time available to provide quality supervision (in line with the 'Tony Wells report' "Applied Psychologists and Psychology in NHS Scotland")

**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

- Identify common outcome scales to be used nationally
- Important to include qualitative measures in this

**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

- Redistribution of resources to allow appropriate levels of staffing for provision of psychological therapies to ensure equity of provision across NHS Scotland
- To promote service redesign to enable staff who have been trained in particular psychological skills to apply these effectively in practice

**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