We recognise the challenge of working in partnership with agencies and people who use services and their carers against the financial restraints that now exist and the difficulties of prioritising these challenges.

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.

- There are a significant amount of national documents and legislative drivers at present, and emphasis should now be on supporting local implementation of these. Better links nationally across a range of current national strategies and much wider than just health – national cultural strategy, transport strategy, etc – they all add up to supporting well being.
- There needs to be clarity about how the various strategic requirements align with each other, and where there are outcome measures and indicators in relation to the various directives, consideration needs to be given to where these can be utilised in other work streams.
- Where data and measures are being reported, it would be beneficial to have measures which can fulfil various requirements, and not contradictory or repetitive for different purposes.
- Challenging prejudice among professionals.
- Practical support and possibly start up funds for the development of social enterprises to provide employment and support.
- Challenging prejudice among professionals.
- Practical support and possibly start up funds for the development of social enterprises to provide employment and support.
- More investment of time and energy in pre and post diagnosis especially in light of the projections for the forthcoming years in the prevalence in the increase in Dementia cases as expected

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.

- Gaps in the strategy
  - Need to recognise inequalities and all high risk groups, e.g. autism, LGBT, older people, people living alone, carers, substance misusers
  - Recognition that not everyone wants to engage with/access a service
  - Advocacy needs to be included, individual and group
  - Links to child protection and Adult Support & Protection (ASP) not evident
  - The potential for making more use of technology in future
  - Dual diagnosis
  - Impact of financial climate on rural communities – this is a significant issue for Dumfries and Galloway
  - Family/friend experience to identify early signs of Mental Illness or crisis
  - No links to Self Directed Support/personalisation
  - Information sharing across agencies linked to integrated service provision
  - The importance of ensuring that options are available to enable choice
  - Increased engagement with people who use services and their carers and the wider public acknowledging their role as pivotal in the delivery of services

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?

- Concern about lack of underpinning strategic approach to mental health improvement, asset building and individual/community resilience.
- Need to build capacity though education/learning opportunities (across the life-course, starting with young children) to support ongoing cultural change in attitudes to mental health issues, as well as building capacity for self/community support.
- Challenging prejudice among professionals.
- Increase understanding of importance of attachment/bonding and formation of relationships in preventing mental health problems for parents and children.
- Practical support and possibly start up funds for the development of social enterprises to provide employment and support.
- Formalising peer support in communities.
- Recognise and support community assets and increase collaborative working.
- Suicide and self harm among people with long term mental illness seems to been lost in the overall suicide prevention agenda.
- There is no clear pathway provided for people who are feeling suicidal and want to get help.

- Discharge planning should include crisis plans (some people called them Action plans) with contact telephone numbers
- People in other settings (eg: primary care, social work, colleges, etc) should be supported to develop a crisis plan. Staff should have training in recognising suicidal ideologies and triggers and supported from specialist mental health services if necessary.
- Public information in public areas (eg: loop displays at supermarket checkouts and in the Post Office) should promote the value of talking and national & local help lines.
- National programme of training to carers in recognising suicidal ideologies and triggers and coping with self harm should be developed. Support packs should be available for on-going support to carers. Where carers have exhausted their abilities to cope – being listened to by service providers essential.
- Most people said they have had more help from the Police in suicide and self harm crisis than any other professional group (although paramedics also praised). Carers felt it would be useful to have more information about police procedures (eg: emergency services flashing blue lighting at crisis situation where all neighbours made aware that 'something is happening' and privacy is lost)
- Risk Management
- GP involvement - greater emphasis on primary care responsibilities and education for patients regarding well being and lifestyle
- Record sharing
- Learning from significant case reviews (SCR): Adult Protection Committees across Scotland are developing multi-agency SCR protocols and procedures which will be relevant to the area of mental health. These local and national significant case reviews will offer a framework to identify what worked well, lessons learned and improvements required. The learning can be shared across single and multi-agency practitioner forums, training and service user/ carer groups and will be used to develop future service delivery across the sectors
- Greater public awareness of what supports are available

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

- Many people feel the double stigma of age and mental illness / dementia diagnosis.
- Use of language to describe people with mental illnesses and dementias: *'Please stop calling me demented, I hate the word. It makes me sound like Lady Macbeth and I am not mad…Why can't you just say "she has memory problems" - that's nicer'*
- People recognised the value of raising awareness of mental ill health or dementia through the media especially TV serials, newspaper articles and magazines. This sometimes helps to make others aware of the issues the individual and / or their families might be facing.
- In regard to awareness raising by celebrities: it was recognised that while some people might find this useful *('anyone could have a mental illness…')* others felt that most celebrities live in a different world (no poverty and perhaps better acceptance of eccentricity)
- Classic FM was running a public information series raising awareness

about the value of early diagnosis of dementia in the run-up to Christmas – could there be more public announcements through the media?

- People in jobs where they come into contact with the public need to learn more about customer care that includes respecting people who use their services. Particular issues for one group were about bus drivers even though this had already been raised with one bus company. Because of this a number of people who use mental health services felt that the bus pass, while necessary, also stigmatises.
- Large corporate companies such as supermarket chains should consider raising awareness of mental illness amongst their staff as part of their training/induction
- The use of DVDs from mental health organisations should be nationally collated and promoted. The use of DVDs to tell people's stories can be powerful learning tools.
- It was felt that a lot of stigma remains for people with functional mental illness within other areas of the health service – particularly Accident and Emergency. There is a training issue where the Mental Health Acts and Adult Support and Protection legislation covers all sectors of public sector provision. Work is under way within Dementia to improve the experience of patients who have dementia – this needs to be rolled out to functional mental health conditions. The 2003 Mental Health Act covers people with a personality disorder, a learning disability and mental health.
- One group raised concerns about the discriminatory nature of benefits particularly around work capacity assessments, but the Mental Health Act, Towards a Mentally Flourishing Scotland and this document encourages people to look at employment even where full time employment would be detrimental to their 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?

- Continued promotion and awareness-raising around the issues of stigma by see me campaign using visual messages is required.
- See me campaign needs more emphasis in schools – primary and secondary. Teachers must recognise that in addition to many children at school having mental health problems, many children will also be 'young carers' or siblings of people with mental health problems.
- Continue to promote success stories.
- Stronger links and communications between the national see me campaign and local partnerships in terms of the development of programmes.

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

- There was strong support for the universal use of Wellness Recovery Action Plan (WRAP) as an integral part of the care planning process and the development of an individual's care plans (not many people we spoke to had even heard of WRAP).
- All professional staff should receive training in developing person-centred planning including use of WRAP (or other recovery focussed

models) and the development with the individual of crisis plans.

- All people who use mental health services and their families or carers should have access to training about WRAP (or other recovery focussed models), problem-solving, Living Life to the Full and other support 'tools' that promote mental well being. Continued promotion and encouragement for people to write their Advance Statements is an important component of WRAP (or other recovery focussed models) and crisis planning.
- Better links between mental health service providers (statutory, third & independent sectors) and health improvement teams would help promote activities that support mental well being across the whole system
- Public health promoting information should introduce all members of the public about the need to take responsibility for their own health and well being. The message about 'no health without mental health' should also be popularised.
- We have to find a way to ensure people understand the value of being linked into their local communities and for local communities to consider their more vulnerable members.
- Support links and signposting to the available activities through systems such as social prescribing
- Support to families and carers of those who present with mental distress as often the person themselves is unable to recognise themselves that they are suffering from mental distress

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?

- The importance of building understanding of mental health and a focus on prevention/promotion is completely missing here. Need to continue to offer early parenting support, particularly to most vulnerable to prevent need for service input at a later stage
- Redirect service attentions away from conduct disorder in teenage years to evidenced parenting work in the pre-school years. To encourage our partner agencies to see this as a joint initiative and to refer families early to specialist services.
- Learn from all parents and carers. Awareness of impact of interventions on individuals/families self belief/worth.
- Increase awareness of standards for integrated care pathways and early intervention.
- Better information on sharing across agencies to benefit people who use services but balancing human rights as well.
- 26 and 18 week waiting time targets are too long – if a child or family is in need it has to be addressed quickly before damage to family relationships break down.
- Need to address the mental health needs of looked after children who live in arrange of settings from foster care or special schools, often these are away from their communities. These children are the most vulnerable in society and it was felt that CAHMs are currently unable to engage with

these due to capacity issues
- Either need to build capacity within the CAHMS service or build capacity in the community to support LAC and their carers. This could be a role for the third sector or public health?

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

- Ensure all staff in CAMHS have training, supervision and support in evidence-based models so that they can best meet the needs of patients in a timely and efficient manner to reduce waiting times.

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?

- Need for skills and capacity building from early years for all. Need to listen to the views and experiences of all stakeholders. Not everyone can recognise their own needs when unwell – strategies and plans being in place before becoming unwell may be valuable. Medical and psychiatric professionals need to listen to people and be flexible in choices offered.
- Better education for all (especially parents and including school children) about what helps keep people mentally healthy. Our consultative groups recognised the varied ways that help keep them mentally healthy including:
  - Walking in groups
  - Group activities such as pool, darts, etc
  - Attending support groups / activities
  - Developing social networks away from mental health
  - Feeling part of a community
  - Feeling valued – that still have something to offer – *'Recognise what we do well'*
  - Being able to do 'normal' things – *'Now I don't feel part of the day's goings on. I need to feel normal'*
  - *'Mentoring and being able to mentor others is a chance to give back'*
  - Building confidence
  - Being able to use places like libraries, sports centres, cafes, pubs…
  - Use of WRAP tool to encourage people to make Advance statement declarations

But we also have to recognise that people with long term mental illnesses also say:

'We know what's good for us, but [we are not always] motivated to do it or feel unable to do it because of feeling unwell'

Also, people who live in rural areas often have transport problems even getting a few miles down the road. It is also easier to join groups (especially well established ones) with another person and difficult if you are isolated and don't know many other people. However, also need to acknowledge the challenges of accessing transport in a very rural setting compared to the comparative ease of transport in urban and city settings.

More public awareness of what supports are available. More online local resources , self help and self management materials

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

- If person-centred care is being delivered – people need to know they will be listened to.
- Does everyone understand the language of 'person-centred care', 'recovery', 'outcomes'? We recognise that a lot of resources from national level has gone to mental health nurses through 'Rights Recovery and Relationships' but how do we ensure all professionals share understandings and practice of these core themes? Similarly, social work services has led on personalisation, but are these concepts and the new language of personalisation understood and supported by mental health professionals?
- Some people said that family members are helpful but others recognised that while they knew their families cared, they were not always helpful in particular situations or that their parents were aging and they didn't want to upset them further.
- Communities and neighbours were sometimes recognised as a source of help.
- People were concerned that their mental health condition could change rapidly and then they would be so unwell that they could not even trigger alerts that help was needed.
- GPs & primary care to have greater awareness of the range of mental illnesses – development of open access clinics in primary care?

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?

- Raising awareness with GPs e.g. locally current leaflet developed for GPs "Early Interventions in Psychosis" as part of the ICP rollout.
- Need to evaluate and (refresh?) ICP for depression.
- Clear unambiguous operational policies to continue to be developed, promoting understanding of services and the responsibility to early interventions across multi agency groups and professions.
- Psychological therapies in psychosis. Ensure that staff have appropriate

training and support through supervision to work with people who are experiencing a psychotic episode (and their carers and families).

- Will additional resources be made available to cope with the increasing demand for assessment and review of dementia and 15 month GP reviews...how will this be managed?
- Under 65s with dementia to be allowed similar access to dementia services. Service redesign considerations, but challenges regarding psychiatrists remits, roles and specialities. Need to establish national and local agreements.
- Liaison services between acute and mental health services to include management/support for psychosis.
- STORM: Ongoing commitment to training and increase the target (currently 50% of all frontline staff). Need to consider how we will keep this skill up to date.
- Need to explain clearly what is meant by a 'first contact service' and where it is available.
- Systems can be slow to respond, e.g. helplines often have answer phones. Any waiting times need to be explained.
- Information on the outcomes of the Glasgow Early Intervention of Psychosis (ESTEEM) service and shared learning from their experience might demonstrate the need to pilot and fund test sites across a range of environments (ie: would this be effective across a rural region in the same way as in Glasgow – and if not, are there alternatives that would work in a rural setting?)
- If people have been treated by CMHT and then discharged – there should be a quick way back into the service rather than back through primary care.
- In the above scenario, if carers get back in contact with concerns they need to be listened to and advised .
- Discharge from hospital needs to be planned. Local services need to be involved and informed. Patient needs to know when local services will visit post discharge (or that they will not visit – in which case GPs must be informed that their patient has been discharged).
- Families and carers need to be involved and supported in their own right – especially at times of crisis.
- Discharge planning – especially where patient is being discharged to family or marital home has to involve that family (whose home it is). Stories about carers not well, not able at that point to take responsibility for the discharged patient are still often told.
- Statutory services should not assume that families are able and willing to take responsibility for the discharged patient. Carers should be given the respect and confidential space (away from the cared-for person) where they can express their views and concerns safely.
- Ensure the links to the roles and responsibilities of Police, Ambulance and Fire Services are identified in local emergency psychiatric plans.
- More use of keep well or befriending services and peer (or 'buddy') support.
- One to one support useful for people who don't want to use groups or who cannot get to the support groups – this is a good example of how self directed support budgets would support individuals.
- Carers assessments are crucial and need to be routinely offers as a standard of good practice.

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?

- Wider access to training on improvement tools and methods nationally and locally
- Commitment to support service improvement leaders and facilitators.
- Less dictatorial national reporting and more emphasis on systems for using local information to inform service change and improvements.
- Time spent in better discharge planning, ensuring crisis plans are developed, involving patients and families, listening to people, making sure all professionals do their job will be time well invested in the longer term.
- Valuing and understanding the roles of the Third and Independent sectors – and ensuring no duplication of service provision.
- Share skills and expertise with others and jointly decide who best to deliver the piece of work / service
- *'I'm sceptical that the statutory services know what person-centred planning really is and will take the time to listen to people properly – they should take a leaf out of the Third sector book on working with people – where there is no power it works well!'*
- Time invested in carers is time well spent
- All front-line professionals across primary and secondary care should have an individual responsibility to be aware of what is available in their area or where people can access information, advice, support and other general mainstream services that we all use
- Easy access touch screen computer systems that provide information
- Developing and promoting the role of telehealth care for functional mental illness in the way dementia services have benefitted.

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

- Need clarity from Government regarding the expectations and priorities for Integrated Care Pathways (ICPs), and any monitoring systems.
- Consideration of how to resource ICP coordinators in each board and how this will be developed across social work and social care.
- More support with development of IT solutions to support ICP data management.
- ICPs need to have a higher profile on the Scottish Government Mental Health Service Review agendas – these agendas also need to include oversight of the delivery of s 26 2003 Mental Health Act (With Inclusion in Mind) – the local authority's responsibility for the provision of social, cultural and recreational activities for people who have, or have had, a mental illness. People who use mental health services probably regard this as more important than some of the aspects of the ICP

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?

- A structured approach, recognising user and carer involvement at different levels (individual, local and national) and at different stages of the journey. Consistently involving people who use services and their carers is the responsibility of all front line professionals, managers, planners, commissioners, etc. Where a commissioned user and/or carer service is available, this should be to support people who use services in learning the importance of being involved at whatever level they wish to be and the skills to have their voice heard.
- Where formal involvement is required (eg: the recent ICP work) funding for out of pocket expenses as would be paid to volunteers should be provided.
- Learning and sharing good practice in user and carer involvement across the country would be useful.
- Patients should have say in what medication is prescribed and should have access to their medical records. Ensure people are made aware of self-support options and processes.
- Need to consider the wellbeing and quality of life of those with dementia for whom recovery in its strictest sense is not an option in most cases.

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

- People who use mental health services and their carers need to be involved in the way services are designed (or redesigned).
- People who use mental health services and their carers need to be involved in discussions about the role of health and social work / social care professionals when this is being reviewed.
- On an individual level: listen to people: people need to feel their views have been heard and they are being respected.
- Funding streams to enable reimbursement and payment for patients and carers to meaningfully involved in service improvement initiatives, working groups, projects, etc,
- Promotion of "buddy" systems to support patients and carers who are involved in working groups etc.
- Service users and carers are involved in areas of service planning and development including the multi-agency and single agency training agendas. They will be supported to be involved by relevant staff.
- Peer support workers funding
- Shared training across health & social work in key aspects of person-centred care, recovery approach, development of WRAP, crisis plans, talking therapy skills, working with carers…

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?

- The skills involved in user and carer involvement are not dissimilar to those required for person-centred planning and advocacy on some levels, so perhaps there need for standards developed across all these arenas.
- Audit/ questionnaires re impact of 10 Essential Shared Capabilities (ESC) training.
- Collation of examples and case studies of how this has been embedded in practice, and what improvements and changes are evident.
- Evidence from patient satisfaction and feedback?

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

- Ongoing implementation of Leading Better Care Programme.
- Demonstrate nationally and locally positive impact/outcomes of use of SRI.
- Promotion of both the above within Social Work and Social Care.

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

- Raise the profile of SRN locally.
- More face to face contact e.g. Annual or bi-annual meetings in each Board.
- Resources to support the development of Recovery networks locally Training, training and more training – especially if delivered by people with lived experience.

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?

See all comments above. Main issues raised by the carer's groups was that when they felt in crisis they were not listened to. When they felt they were in no position to care (because just out of hospital themselves) they felt they were not listened to. Carers need to feel their opinions are valued – for how many years have carers been saying: *'Health professionals should talk to us'*.

- Carers felt that they rarely get any feedback when they do provide

information. Issues about confidentiality are raised as a 'defence' or a barrier to this.

- An example was given by a couple of carers who said that GPs *'knocked them back as the cared-for person did not attend the appointment made'* and so did not act on the difficult situation that was growing.
- *'GPs need to attend to the link between long term conditions (eg diabetes) and mental health – they often don't monitor physical health enough'.*
- Individuals are not always aware of services available to them and need information to make informed choices.
- Children of parents with mental health issues are often overlooked and their own needs not met.
- Need for employers to recognise needs of staff who are also carers.
- Ongoing Independent support to continue locally will require ongoing financial commitment.
- Interested in the Young Carers Authorisation of Information Card (this is one of the pilot areas) - could this be translated into adult carers?
- Include support of carers in the mental health mandatory training?.
- Need to increase staff skills around working with patients and their families about gaining consent/updating consent as the assessment and treatments continue
- SRI tool to be used to measure role of carers and how we support this

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?

- *'Mental Health Services Directory produced by Support In Mind Scotland is very helpful'* (this is funded by the local authority and developed by people who use services as part of a computer training project)
- Information developed by service users and/or carers is always of value. In this region, a book of poems and photos: the *'Book of Gems'* has been co-produced between service users and carers and the University West of Scotland .

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?

- Ensure local representation across local partners at national events.
- Continue to use Risk of Admission and Readmission data (SPARRA). Need to seek some agreement locally about how often we review SPARRA data and share with social work colleagues
- Quality hub to be used as a means to share information
- Feedback from Government reviews to be shared between boards
- Following National Consultation events how do Scottish

Government/Healthcare Improvement Scotland ensure information is disseminated between boards and outwith the target audience.
- Develop benchmarking information on demographics and workforce
- Admission/Discharge and Transfer Policies - need to review locally and with partners
- Develop the use of workload management tools
- Raising awareness of team roles and responsibilities and how to improve working relationships.
- Joined up training (in patient and community) events for student nurses and medics to be committed to.
- Opportunities to create rotational posts for nursing staff.
- Local showcase events to share learning
- Need to clearly link with the Putting you First Agenda

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?

- Develop IT solutions for mental health to support the collation and analysis of data across all branches of the service. There will be a need to scope the resources to support this.
- Service user feedback on support of the Mental Health Officer service which will identify what is working well and areas for review of practice
- Continued development of the 'mystery shopper' idea (from With Inclusion in Mind) extending it to specific groups, communities or services.
- Need to recognise that local access to services can be more productive than national central services, for instance, a local service for the LGBT community in D & G who are a massive high risk group for self harm and suicide
- Identify high risk groups e.g. Autism, self harm

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

- Shared learning events
- Web learning
- E-learning! Supported in different languages

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

'Alcohol and mental illness is a vicious circle (e.g. drinking to cope with mental health, but then people are told they won't get help until they have dealt with their addiction)'.

- Gaps in the strategy – or rather links that are not being made within the strategy
  - Need to recognise inequalities and all high risk groups, e.g. autism, LGBT, older people, people living alone, carers, people who misuse substances
  - Recognition that not everyone wants to engage with/access a service
  - Advocacy needs to be included, individual and group
  - Links to child protection and Adult Support & Protection not evident
  - The potential for making more use of technology in future
  - Dual diagnosis - *Closing the Gaps* was published 5 years ago
  - Help for people with a personality disorder
  - Impact of financial climate on rural communities
  - Family/friend experience to identify early signs of Mental Illness or crisis
  - No links to Self Directed Support
  - Information sharing
  - Mental Health prevention and early intervention and clarity of social work and health role in prisons.
  - Continued improvements in the support to people with personality disorders.
  - Early onset dementia.
  - Acquired brain injury
  - Personality disorder
  - People who self harm
  - Looked after Children (particularly those from out of area)
  - Transitions – children to adult services and whether a transition from adult to older adult is required.

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?

- More people with mental health problems to be encouraged to take up self directed budgets that meet their needs across health and social care as this seems to be one of the guaranteed ways of ensuring that person-centred care is delivered.
- Ongoing commitment to develop liaison services.
- More effective use of multi-agency working including sharing of information to assist in:
  ~ early identification of mental health and learning difficulties/ disabilities
  ~ pre sentence and release stages for prisoners,
  ~ discharge planning
- Joint training re co-morbid issues.
- Pathways that go across organisational boundaries
- Improved communication and training from other services to the mental health services

- A scoping exercise to see what is working well and what isn't
- Be careful not to lose the specialisms of services and recognise individuals needs and strengths

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?

- Physical health of people with serious mental illness.
- Closer working with primary care

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?

- Provision of guidance on how to translate this into local implementation and indication of how this will be measured/evaluated, to help us develop a more detailed local action plan
- Not sure to what extent the social work / social care workforce has been included in NHS Education for Scotland work – this has mainly targeted nursing staff. No such similar resource has been made to social work.
- Similarly, training for social care staff when service budgets have been cut year on year over the past 3-4 years and services are only paid for on a real time basis means that staff cannot be released to attend training without backfill costs covered.
- Refresher courses on basic mental health/mental illness for all staff within social work/social care.
- Expectation from Scottish Government for health boards and local authorities to deliver joint strategies with shared priorities and responsibility for meeting targets will promote excellence across the whole system. Cognisance of social work and social care key deliverable documents also needs to be taken into consideration – ie Changing Lives.
- Training should have an emphasis on respect and not duties
- Some people seem to manage and are left to it. The Workforce should make sure that these people have all the information and support they need.

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?

- There is a need to consider the role of Mental Health Social Work which will include Mental Health Officer Services in any survey.
- Dementia skills and knowledge to support implementation of promoting excellence, ICP and dementia standards

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

- Development of electronic workforce planning tools
- Recognise huge implications for succession planning and reduced workforces.
- Need to reconfigure how to deliver health and social care

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

- Commitment to continue protected time and capacity to provide and undertake training and ongoing evaluation of this.
- Continue to develop online training resources and distance learning opportunities.
- Instead of existing short courses, develop the availability of on line training for local facilitators on an ongoing basis.
- Shared learning and skill development across health and social work / social care.

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.

Demographics and workforce data.

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

- Perhaps an understanding that for most people who use mental health services clinical outcomes are not always the key priority – what your housing is like, whether you have friends, can you get about are much more pressing issues but will impact on how you are feeling and ability to cope.
- Resourcing of robust IT solutions

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?

Reconsider ring fenced funding for improvement posts, (similar to the collaborative model) and leadership training

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

- Regional mapping of local services.
- Ensure clear links to local Single Outcome Agreements which will inform the development of a local mental health strategy.
- Promote examples similar to our local model where we have a local service plan demonstrating how the various local work streams fit together and how these relate to the overall national direction.
- Nationally, would be of benefit to have a diagram which shows how the various programmes integrate with each other, therefore help staff understand the connections, preventing duplication.
- More information at the 13 Community Health Partnerships and Local Health Partnerships

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?

- Partnership working that respects and supports both the individual professional role and promotes an appropriate response from the wider viewpoint.
- Clarity within this of roles and responsibilities.
- Shared training across the agencies including service user/ carer input and access to e learning
- Strengthen staff skills, knowledge and competence across the three pieces of protective Scottish legislation i.e. Mental Health (Care and Treatment), Adults with Incapacity, Adult Support and Protection legislation and Child Protection and the Criminal Justice System e.g. mandatory training on a tiered level. This will develop a more confident and competent workforce who will:
  ~ develop a clearer understanding of the use of appropriate legislation,
  ~ understand the crossovers of each Act,
  ~ understand the links to child protection including parental responsibilities for adults who have a mental disorder and
  ~ understand the roles of the Scottish Court system including the care and treatment of Mentally Disordered Offenders.
- Develop training programmes involving lessons learned from Mental Welfare Commission investigations and reports.
- Ensure robust supervision policies and professional development plans/ reviews are in place across health and social work/social care services.
- Ensure dedicated time for reflective practice, discussions about lessons learned etc should not only happen when an incident has occurred but should be built in to routine team work to provide opportunity to reflect on difficult situations and near misses
- Put review team recommendations into practice