

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.

The overall structure is OK in principle. From our perspective there appears to be a reliance on the dementia group as representative of all carers and there could be a recognition of the special role that young carers have, and who under the current targets would have to wait for 26 weeks before receiving a service. This increases the likelihood of the breakdown of the caring relationship at home and the subsequent disruption and costs of providing care for them as a child and care for the person that they care for.

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?

Short breaks / respite contribute to individual's wellbeing and increased capacity to cope with their environment. They act as a promoter of good health and a safety valve for people who are struggling. Currently there is a recognition that carers and the people they care for benefit from short breaks in many ways, and these sustain the caring relationship. When someone has poor mental health this can be complicated, as many people do not recognise their loved ones as carers, or do not have a carer but would still benefit significantly by receiving a short break service. By recognising and promoting this the government could improve people's mental health and reduce the likelihood that they would become unwell requiring crisis intervention.

Research carried out by Reid Howie Associates in 2010 for Shared Care Scotland found that "A range of groups were found to face barriers when accessing short breaks... particularly adults facing mental health difficulties." The barrier related to a poor level of understanding about the value of short breaks for people with mental health problems leading to a lack of effort in planning and resourcing for this group.

Increasing short break provision would lead to a reduction in stress factors.

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 we have 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?

Many people with poor mental health are isolated within their communities. This contributes to a cycle of isolation / depression / isolation. Supporting short breaks services, such as befriending, that significantly contribute to an individual's ability to participate in their local community, would allow this cycle to be interrupted. These preventative services along with other short break services such as walking / social groups are a cost effective way of sustaining people wellbeing and enabling them to sustain a caring relationship at home.

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?

Carers and young carers frequently prioritise the health of the people they care for over their own. This is especially true of their mental health. Short break services such as the Young Carers Festival & befriending (either for the carer or the person that they care for) allow people the space to consider their own needs. These should be supported. Carer's Centres should continue to be funded in their work to reduce the stress experienced by carers and to provide support groups so that carers have access to relevant information about managing their wellbeing and mental health.

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

As personalisation of services becomes more embedded people will have greater choice about which services they access and when. This freedom will enhance people's ability to seek help when they need it. So please continue to support the personalisation of services, ensure that proper support is available for services and individuals to adapt and make the best of the new systems. Too frequently we are seeing authorities fearful of embracing personalisation and continuing to insist on specific services being used and this prevents some people from accessing them.

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?

Increase GP awareness /training of heightened risk of poor mental health of carers. They can be prompted to ask questions of the carer's wellbeing when they see the person who is cared for. Ensure that the carer's assessment carried out by social work departments and carer's centres is carried out by people who are aware of the risks to people's mental health of holding a caring role. Once identified, enable people to access services of their choosing and not those chosen by the professional. The professional should act as a guide, and therefore be informed about what services are available for their clients.

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

Crucial is the identification and dissemination of good practice, ensuring that NHS boards and partners are able to learn from what works.

Key to this will be agreement on the characteristics or indicators of good practice backed up with evidence of impact. The costs/benefits and anticipated savings should be clearly explained. This work would need to be coordinated of course rather than left to chance.

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

Comments

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?

There is significant evidence that outcomes for people are improved when they are integral in planning services. Support services & NHS should have involvement / co-production at their heart in order to improve efficiency and effectiveness. Mainstream NHS services can learn from the voluntary sector/ Too often involvement is tokenistic in the NHS.

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

As self directed support becomes widespread there are many changes for people to adapt to. All parties need to be fully supported to make the most of these changes. There is a risk that simultaneous cuts to services will mean that there will be no buy in for self directed support and it will fall by the wayside as people fail to benefit from its possibilities.

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?

SRN is an adult service. They should be funded to provide support to CAHMS and children's services in order that the recovery message is embedded in all services.

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?

The involvement of families and carers in someone's care and treatment is mixed and frequently depends of the views of the professionals involved. Greater training about the clinical benefits of working with the whole environment could lead to this patchwork effect being reduced.

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?

The involvement of families and carers in someone care and treatment is mixed and frequently depends of the views of the professionals involved. Greater training about the clinical benefits of working with the whole environment could lead to this patchwork effect being reduced.

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

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?

Services to children are much too slow in responding. The new target of 26 weeks still means a six month wait for services and if you are a young carer trapped in your caring role with deteriorating mental health this is a high risk period that should be avoided by improved access to services. The long term target should be to have a support service available on demand, with more specialist services following on behind.

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

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

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?

Systematic training of staff at all levels. Leadership is key but frontline staff have to buy in if they are to advocate effectively.