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

COT support this strategy and it's overall direction and would like to ensure that the final document will draw on the strengths and themes in the recent Allied Health Professions (AHPs) mental health documents produced by the Scottish Government. These are driving the practice of AHPs and links between the documents need to be apparent to achieve their full potential. Themes from the main action plan are: early intervention and timely access; supported self management and recovery; promoting physical health and mental wellbeing; delivering psychological interventions and vocational rehabilitation.

The documents are:

Realising Potential : An action plan for Allied Health Professionals in Mental health (Scottish Government 2010).
http://www.scotland.gov.uk/Publications/2010/06/15133341/0

Realising Work Potential - Defining the Contribution of Allied Health professions to Vocational rehabilitation in mental health services : the Way Forward (Scottish Government 2011)
http://www.scotland.gov.uk/Publications/2011/12/16110149/0

Towards Work in Forensic Mental Health : National Guidance for Allied Health Professional (Scottish Government 2011)
www.forensicnetwork.scot.nhs.uk

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

COT agree that there is a need to redesign services across organisational boundaries to ensure improvement in mental health services. There is also a need to shift traditional services towards more supported self management. To assist this we believe that occupational therapists (OTs) and other allied health professionals (AHPs) need training and empowerment to enable them to facilitate service redesign. This training needs to include core principles of service redesign such as project management, stakeholder involvement and use of outcome measures to demonstrate the positive effect of change.

Leadership is key to facilitate this process and the recent increase in AHP Consultant posts in mental health has had a great impact on improving the strategic planning and capacity for change among AHPs. These positive results would be increased if the posts were funded on a continuing basis rather than the current short term arrangement which is not equitable with Consultant posts from other professions.

An area that would benefit from redesign would be access to OT which is currently controlled by other professionals who act as gate keepers. If triggers for early access could be agreed nationally, it would help OTs and other AHPs deliver quick, early interventions rather than wait till the person is very ill. OTs could offer more early interventions in primary care (including use of the AHP Fit Note for return to work) and occupational health to help people with mental health problems stay in employment. (In fact employment is a key area that needs to be strengthened in the proposed strategy). Access could also be improved via NHS 24 if they were able to identify when a person may benefit from OT and how to refer. Finally, OTs should be able to transfer care from one OT to another when service users move to another service or area. This creates a more seamless OT service for service users and means valuable information to facilitate ongoing rehabilitation can be meaningfully shared.

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

COT believe that making decisions about what changes will deliver better outcomes is a process of combining service user and carer views, research evidence base and expert AHP opinion. Where evidence bases are lacking, small scale AHP pilot studies, for example, can be a test run for improvement areas, the results of which can then be shared. Increasing the evidence of economic evaluations, particularly for OT services will assist decision making and will be required in the current economic climate. The focus for change should be on the primary care level of mental illness and early access to appropriate interventions by OTs and others.

However, there also needs to be a focus on those with severe and enduring mental illness, particularly around how to keep people living well in their own homes for as long as possible and if inpatient care is required, how to get service users back into a suitable home environment as soon as possible. OTs will be key in ensuring that costs benefits can be realised by enabling services users to stay in their own homes which also improves the chances that service users maintain social networks and local support. OTs are able to work closely with Local Authorities to address housing needs as OTs are employed in both health and social care. An increase in this cross organisational boundary working would benefit service users and carers. In rural areas particularly, OTs are able to work with service users across both community and inpatient services. This model works well and ensures that community assets are not lost during the inpatient admission. There is also great potential in the idea of giving service users their own budgets to be able to "buy" care as they would like therefore empowering service users and encouraging more self management.

Finally, prisons are full of people with developmental disorders and early experiences of trauma and yet they are a neglected group for possible interventions. OTs and other AHPs with the right support could offer valuable interventions to this group but need employment opportunties to be offered here.

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

COT support the recommendations set out in *"Responding to Self harm in Scotland final report"* which includes training for all front line staff in physical health settings, schools, higher education and in the work place. We particularly support training being offered to a wide group rather than just NHS staff. However, it has been reported that not all AHPs were included in the HEAT target for training and this should be rectified to ensure all AHPs can respond appropriately to self harm and suicide. We look forward to further details of the work plan from this report so we may support its dissemination and suggest social media and networks may be excellent channels to improve the reach and uptake of the campaign.

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

COT think that the principles of Recovery and social inclusion can be used to reduce stigma as they emphasise having an inclusive life full of everyday activity, even with the ongoing symptoms of mental illness. There is still work to be done to embed these principles in all professional groups and in health services. Further action needs to include improving the way the NHS treats staff members including AHPs who are off work due to stress as early, non discriminatory support from occupational health and line managers can facilitate return to work. In addition, increased service user involvement in health services provides an opportunity to reduce stigma and discrimination.

COT believe that further action should also include working with children in schools to give positive messages about mental health and using up to date technology such as social media to attract children to this information. We believe that the mental health first aid training that the third sector can access has been a very successful model and could be extended.

We also think there is further joint work between health and social care that can reduce stigma and discrimination by promoting social inclusion, for example, through reduced membership for service users of local gyms.

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

COT acknowledge the success of the *See Me* campaign and are delighted it continues to receive government funding. The wider, structural elements of stigma and discrimination in services needs to be tackled at a Board level to ensure that organisations have anti stigma schemes in place and Board level champions. All schools and work places should be encouraged to adopt their own anti stigma processes. Information about appropriate legal challenge to tackle stigma and discrimination should be widely available.

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

Comments

Other actions should include educating individuals and communities about how everyday activities can maintain mental wellbeing e.g. employment, leisure time, pleasurable activities with family and friends and looking after yourself and your home. Research evidence has demonstrated that engagement in meaningful activity can reduce aggressive behaviour in young adults (Bazyk and Bazyk 2009) and delay the onset of dementia in older adults (Fratiglioli et al 2007). Many people find that everyday activity is a mechanism to regulate and express emotions that would otherwise be difficult to manage and may impair mental wellbeing. An ability to engage in everyday activities is therefore a method for mental wellbeing and should be promoted as such.

NICE public health guidelines (2008) " *Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care"* based on the results of widespread randomised controlled trials details how OT interventions can enhance the mental wellbeing of older adults by facilitating engagement in everyday activities. Yet these interventions are still not routinely delivered to older adults; the cost benefit of delivering wellbeing interventions may need to be emphasised to justify time spent delivering them.

Further work also needs to include working with communities to develop social capital, improving access to leisure opportunities and providing self help information in GP surgeries.

References

Bazyk S, Bazyk J (2009) Meaning of occupation based groups for low income urban youths attending after school care. *The American Journal of*

Occupational Theray,63, 69-80.

Fratiglioni L, Winblad B, Struass E (2007) Prevention of Alzheimer's disease and dementia. Major findings from the Kungsholmen project. *Physiology and Behaviour*, 92, 98-104.

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

COT believe there is a shortage of OT posts in CAMHS services so children do not get any vocational input and their occupational skill level declines which leads to more pressure on adult services at a later stage. Because of this situation currently CAMHS approach adult OT services for assessments which results in additional pressure on adult services. This could be resolved if OTs were employed directly in CAMHS services. Transitions between child and adult services needs to be improved also.

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

Comments

With no dedicated OT posts in CAMHS but a demand for the service and requests for OT from other services, this input and data is not recorded and therefore not recognised in the HEAT target. One OT reported that 34% of her time is spent on CAHMS requests but this is not credited to CAMHS and therefore not included in HEAT target information. National support needs to be provided to NHS Boards to ensure they can collect accurate information about who is providing OT support for specialist CAMHS.

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

As most professional associations will have key messages about how people can maintain and improve their mental health, the Scottish Government could support a joint statement between professional groups with this information for the public. Improved information could also be made available for the public via telehealth, phone applications, NHS 24 and occupational health. COT also believe that better use of social prescribing in primary care could enable people to take action to improve their mental health and that encouraging people to get financial advise early can reduce stressors associated with debt.

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

Comments

COT believe that use of concept of supported self management will encourage people to seek help when they need to. COT also believe that GPs may need support to respond positively when people do seek help as this will encourage people to discuss their mental health needs in primary care. OTs and other colleagues could assist GPs by triaging patients and offering brief mental health interventions in GP surgeries.

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

COT believe that more mental health expertise will need to be shifted into first contact services to improve identification and early access to treatment. Knowledge of at risk groups should be used to offer targeted interventions for example for looked after children, children with emotional and conduct disorders and abused children. Primary care staff could also ask

appropriate screening questions at key healthcare interventions to identify at risk individuals and families. Work will also be required to assist early identification in job centres and occupational health.

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

COT think that the use of lean principles could support NHS Boards and partners to apply service improvement approaches. The use of Plan, Do, Study, Act (PDSA) could be used to trial change and assess its impact. Staff such as AHPs could also be trained in service redesign, how to assess what adds value and how to use data and statistics in order to reduce non value adding activities. COT believe that the "*Releasing time to care*" initiative for nurses could be adapted for OTs in increase the time spent in quality, face to face contact with service users.

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

Comments

COT note that the ICPs are very large documents which need to be more clinically relevant and need to link more to Single Outcome Agreements and third sector providers. This would help to ensure that the ICPs are put into practice. In addition there needs to be a system to improve, review and change the ICPs to ensure they evolve and provide the best pathways for service users. Finally, better IT systems for the ICPs are required that include variance analysis so the actual pathways that service users follow can be recorded.

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

Incentives need to be provided for service users to get involved in service design and delivery. They also need to be provided with clear information about NHS structures and pathways to enable involvement. When

considering service redesign they need to be involved from the outset and viewed as equal partners who can tell us what does not add value and what they would like prioritised in service delivery. However, service user should be involved at all times and not just during periods of change. Peer Support workers are an excellent way to develop service user involvement.

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

Comments

COT believe that the use of less symptom orientated outcome measures which focus more on what is meaningful to the service user and their family will help develop partnerships. Tools such as CORE look at symptom orientated self reporting rather than everyday functional ability. They cannot indicate whether the partnership working improved the service users' ability to carry out every day, meaningful activities that link to their aspirations. Many OT tools do this and could be used to achieve partnership working.

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

To further embed and demonstrate person centred outcomes there is a need to stress the importance of working towards the service users' meaningful life goals rather than goals imposed by professionals. Using a Recovery approach will assist in this. Values based approaches to providing care need to start with the appropriate selection and training of professionals. Once professionals such as AHPs are qualified, they can be asked for example during supervision and appraisal to reflect on and give examples of how they have demonstrated the appropriate values at work.

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

Comments

COT suggest that the employment of service user ambassadors to highlight the SRI may encourage its implementation.

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

Comments

COT suggest that finding professional champions who can talk a profession's language and explain Recovery in ways they will understand may be effective. Professionals also respond to seeing approaches that have really made a difference to an individual so real life case studies would help embed recovery approaches across professional groups.

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

COT believe that families and carers can be supported to participate meaningfully by listening and attending to their concerns, inviting them to meetings, acknowledging their views and recognising the impact that having a family member with mental illness can have on the family. For some families specific family work will be appropriate to support and enhance their role. Use of Patient Reported Outcome Measures can help families and carers feel the relevance and benefit of mental health interventions.

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

Staff need clarification around issues of confidentiality for professionals and family members and also about how to work with family members if the service user is a vulnerable adult. The ability to share carers assessments across health and social care would enable staff to support families as would embedding user and carer involvement in the ICPs.

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

The Information Services Division collects data about AHPs but does not differentiate the mental health AHPs as it does for nursing. Although some work has been carried out in this area recently by the Scottish Government which has been extremely useful, if the ISD were to collect this information regularly it would enable more strategic decisions about where mental health AHPs are best placed to deliver services.

COT agree that sharing best practice needs to improve and suggests the use of communities of practice to facilitate this. Lastly, OTs should be able to work with the Quality and Efficiency Support Team as there is currently a gap between OTs and organisations that are designed to improve quality.

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

Information usage would be improved by embracing electronic methods of data collection as manual record keeping inhibits the ability to monitor data. This information can then be fed back to teams and compared to local population statistics to ensure equity of access.

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

Comments

Multiple methods of dissemination can be used including professional networks, email groups, publications and conferences. COT would be pleased to disseminate information of this kind to our members to help improve access to OT services.

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

Comments

COT have identified several gaps in current service provision for minority or high risk groups:

- Service users with Korsakoff's syndrome and Huntington's disease are often picked up in physical healthcare services and need better mental health provision.
- People who start fires or who die in fires are often vulnerable people with mental health problems and need better service provision.
- The physical health needs of mental health service users are neglected by mental health staff. Service users are at high risk of developing obesity, being physically inactive, being smokers and having poor diet. More physiotherapy and dietician access is required.
- Services for those with personality disorders from lower socioeconomic groups needs to be improved.

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

The three larger health boards tend to get more opportunities with national initiatives for integrated partnership working. COT would like to see increased opportunities for smaller boards to form partnerships and for example, share an AHP Consultant post. The newly announced Community Health Partnerships could be utilised to deliver integrated person centred care.

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

National priorities for an integrated approach to mental health service delivery should include:

- People with learning disabilities who also have mental health problems
- Ensuring older people age well with good mental health and wellbeing
- Interventions for the whole prison population including community reintegration which OTs can assist with
- Lifestyle interventions in acute hospitals e.g. smoking cessation, alcohol screening, obesity reduction.

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

Experienced dementia practitioners can share knowledge to educate and support local practitioners. This will enable positive risk taking to enhance the opportunities for service users to engage in activity and would help with discharge from acute services. COT believe that a huge amount of work needs to be done to get all staff in nursing homes to the required Practice level and think it may help having it written into job descriptions with mandatory training.

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

COT suggest that a survey of OT time use would highlight the time spent delivering psychological interventions.

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

Comments

Making better use of organisation leads so counterparts in different areas can work together to decrease duplication of work and make positive outcomes would help develop the workforce to deliver psychological therapies. In addition, national and Board support for collaborative working would help the workforce develop speciality knowledge to deliver psychological interventions and therapies.

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

Comments

There needs to be a pool of staff that are able to deliver this training and the size of this pool may need to be increased. Sustained funding for rolling training will be required.

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

We would like to have mental health AHP data collected regularly by the Information Services Division as previously mentioned.

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

Comments

Services would be supported locally if AHP minimum data was supported from Board level. If national IT services were able to collate AHP input, for example, the results of OT standardised assessments and outcome measures, this information could be collated and used statistically. The feedback of these statistics would motivate services to report outcomes

routinely.

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

The need for AHP leadership has previously been highlighted and AHPs ability to deliver change has been enhanced by the AHP advisor post in the Mental Health division of the Scottish Government. An extension to this role should be a priority as it enables AHPs and colleagues to carry out the required productivity and efficiency savings in a coordinated and strategic manner. In addition, COT would like to see the opportunity to lead on service redesign opened to AHPs as often nurses and doctors are automatically considered.

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

Comments

COT suggest that key messages and key information is consolidated onto one website to promote integration in the improvement work.

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

National training standards on legislation and increased accredited training from NES would help staff deliver care in line with legislative requirements. OTs would like to be able to access the training to become Mental Health Officers.