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.

General Comments

Health Scotland welcomes the opportunity to comment on the Mental Health strategy for Scotland: 2011 – 15. The production of this document has been a catalyst for discussion about the future of mental health improvement and suicide prevention in the context of an integrated approach to mental health. We believe this new strategy is highly important to shaping mental health in Scotland, therefore we have engaged widely across the organisation and with NHS Health Scotland's Board to develop this response.

In general terms Health Scotland is concerned about the limited reference to mental health and wellbeing throughout the document. If this is not addressed we risk taking a backward step from much of the excellent and innovative work we have led and contributed to across Scotland. However we think an integrated strategy also offers many opportunities to develop mental wellbeing across wider partnerships. The points below are offered to Scottish Government in the spirit of constructive feedback to consider when developing the final strategy.

Context

The Mental Health Strategy should be consistent with the spirit and direction of public sector reform. Preventative spend, early intervention and community involvement should be more prominent throughout the strategy. We welcome an integrated approach to care, treatment, prevention and promotion as this is consistent with a holistic approach to health and wellbeing.

As mental health is a cross cutting policy theme, this strategy should articulate its links and relationship to broader Scottish Government policy environments including; Getting it Right for Every Child (GIRFEC), Equally Well, Early Years Framework etc. It should also acknowledge Curriculum for Excellence and other key delivery frameworks that impact on mental health and wellbeing. This would help to place the policy in the wider and more complex policy arena.

The strategy should recognise the current economic environment and resulting challenges of rising unemployment and the potential impact this will have on mental wellbeing. It should also acknowledge the cultural changes that are necessary to promote and support mental health such as: re-alignment of the country's relationship with alcohol and drugs; violence and criminality; increasing resilience and increasing physical activity. This would also help to connect the strategy to the Scottish Government's wider approach to protecting health and outline the challenging environment that the policy will be operating within.

Conceptual framework
The inclusion of a theoretical model or framework illustrating the relationship across and between the core components of improving mental health in Scotland: promotion of wellbeing – prevention – early intervention – treatment – care and recovery would support articulation of the vision behind an integrated approach to mental health in Scotland

A greater focus in the strategy on life course or lifestage (as illustrated in Foresight) appreciating that individuals' mental health is influenced by a wide range of circumstances and different points in their life and as such their need for different levels of support at various stages would be helpful. Doing so would set the scene for focusing on individualised approaches at various life stages but set within the context of wider social, economic, family, community and societal shifts (important if inequalities are to be reduced).

Vision
The Mental Health Strategy would benefit from a high level strategic vision or statement to articulate its aspiration. This would enable a broader range of audiences to engage with it and understand how this strategy has evolved from TAMFS and DFMH. Continued commitment to the priority areas highlighted in TAMFS would be valuable for a wide range of partners to frame ongoing activity.

Purpose
It appears that the purpose of the strategy is to drive service improvement in NHS mental health care and treatment services. Whilst we acknowledge that improvements in NHS service delivery are an important aspect of improving care and treatment, this approach misses wider contributions from the private, public and voluntary sectors which directly impact on prevention of mental ill health, promotion of mental wellbeing and delivery of mental health care and treatment services in the wider community.

Measurement
Demonstration of reach, impact and efficiency are key aspects of quality improvement. The Mental Health Strategy should articulate how it will measure and evaluate the outcomes and associated activities. This would provide transparency for delivery partners to assess their contributions and encourage an integrated approach to measurement and develop a culture of evaluative thinking. Reference to and utilisation of Health Scotland's indicators for measuring population mental health would be a valuable addition to the strategy to support this approach, as would the Mental Health Improvement Outcomes Framework (MHIOF)

Audience
It is not clear who the audience is for the delivery of this strategy. It appears to be primarily aimed at the NHS care and treatment service. Clearly there are wider stakeholders who have a role in delivering an integrated mental health strategy. Their role and contribution should be clearly articulated throughout the strategy.

Structure of Strategy
Prioritisation
We suggest that a 5th priority is articulated around reducing inequalities in mental health and reducing the negative impact of stigma and discrimination. NHS Health Scotland's Dimensions of Diversity Report (Jan 2010) key observation revealed that "*Across most population groups,* there is a *repeated finding of diminished mental health because of the pervasive and insidious effects upon wellbeing of experiencing person prejudice, collective discrimination and structural exclusion from full and fair participation in Scotland's material prosperity, social life and*

power structures. These effects may also contribute to poorer health – related behaviours".
http://www.healthscotland.com/uploads/documents/11836-DimensionsOfDiversity.pdf

The Equally Connected projects and Race Equality and later life programmes in Health Scotland have demonstrated the need for services to be inclusive and culturally sensitive. However these projects also illustrated the difficulty and complexity of service change. The strategy should include specific priorities around reducing stigma, discrimination and inequities, improving accessibility and addressing the diverse needs of our population. This would be a driver for improvements in service design and delivery. It would also be helpful if the strategy identified specific populations who are at greater risk of poor mental health including prisoners, asylum seekers and refugees, LGBT people and minority ethnic groups.

Outcomes
Currently some of the outcomes are action statements and there is little to connect them. In the final strategy it would be helpful if the outcomes were illustrated through an outcomes framework to clarify and model how the outcomes interact with each other to meet a broader vision of improvement in mental health. This would also help clarify how the 14 outcomes interact with the 4 priority areas identified. The development of a results chain would also help to demonstrate how it is envisaged that different sectors contribute to delivery.

At regional level there is growing recognition of the underpinning nature of mental health and wellbeing as contributing towards achievement of the strategic outcomes across planning partnerships. The strategy would benefit from making explicit reference to the wellbeing indicator within the SOAs, doing so would help to refresh, legitimise and validate continued partnership involvement (across local Government, NHS and Community and Voluntary Sectors) and reinforce the importance of multi agency collaborative approaches.

Gaps in Key Challenges
More prominence should be given to the prevention and promotion elements of mental health and wellbeing through the key challenges.

Little reference is made throughout the document about what we have learnt so far in mental health. As this strategy is built on a strong policy and delivery legacy, much more reference should be made to our learning, the resources that have been developed to support improvement in mental health and the infrastructure for delivery.

Future Policy Direction for Mental Wellbeing
If Scottish Government's view was that the cross cutting nature and fundamental importance of mental health improvement and mental wellbeing to population health would be better articulated elsewhere in health policy then Health Scotland would be pleased to participate and be involved in further discussions to progress this approach.

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

We welcome the references made to the dementia strategy throughout the document and recognise there are significant challenges in implementation. We continue to support the need to ensure early diagnosis and post-diagnostic support. The strategy could be strengthened by including advice on how this can best be achieved and examples of resources available. The needs of carers and other family members surrounding those living with dementia can often be overlooked and can impact greatly on the outcomes of those living with dementia. The strategy should highlight support for these carers as a priority. We would also welcome a programme of work around tackling stigma surrounding a diagnosis of dementia.

We know what would support mental health in later life from the recent recommendations Health Scotland submitted to inform the Scottish Government's action plan to promote a mentally healthy later life (http://www.healthscotland.com/documents/4702.aspx). These recommendations should be explicit in the mental health strategy. It would also be helpful to refer to new data available within the ISD publication on health in later life. http://www.scotland.gov.uk/Publications/2011/11/24083430/49

The current economic climate poses significant challenges to service delivery, there is evidence of increased demand on services at a point where local partnerships are having to make decisions about how best to deploy resources. Encouraging partnerships and service providers to undertake equality impact assessment or screening, including exploration around financial decisions that may have a negative impact on equality groups or vulnerable individuals would help to ensure that people are not disadvantaged.

We know considerable differences exist in the physical health outcomes of those with severe and enduring mental illness comparative to the rest of the population. The strategy would benefit from being explicit about the direct link between mental and physical health both as cause and consequence and the need to ensure across services a person centred approach is adopted. Health Scotland's paper 'Improving the physical health of people with mental illness' 2011 is attached for further information
http://www.healthscotland.com/documents/5258.aspx

We know there are significant challenges attached to addressing inequalities and mental health. The report, 'What you need to know about Health Inequalities' 2010 http://www.healthscotland.com/uploads/documents/14507-SIG%20MHI%20Inequalities%20Paper.pdf outlines key messages on mental health and inequalities to support and inform local planning

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

Whilst we welcome the strategy encouraging people to seek help, if people feel mentally unwell or suicidal, this has to be set within a context that has relevance to different circumstances. It needs to be clear that we understand what people can do based on their individual and community circumstances.

We also know that layering of inequalities creates greater disadvantage and that some population groups are at greater risk of mental ill health than others. To address this ultimately we need a cultural change in how services are delivered, this is a complex requirement and we have no clear one solution. One step that could be supportive would be increased involvement in Equality and Diversity training of staff to improve their understanding of the different needs of vulnerable individuals and groups. This training should offer a specific focus on mental health as there are many different barriers for individuals and communities in connection with mental health.

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
We welcome the Scottish Government's continued commitment and support to preventing suicide and reducing self-harm in Scotland. NHS Health Scotland has agreed with Scottish Government, through its Choose Life suicide prevention and Self-Harm programmes of work, to deliver a range of activities to meet specific objectives and outcomes in the Suicide Prevention Refreshed Strategy 2009-13 and Self-Harm Action plan 2010-14.

Whilst we are supportive of suicide prevention being identified as a priority, it may serve to isolate suicide prevention from the fourteen outcomes although integration into several of them is required to ensure continued commitment and delivery in local areas. Please see earlier suggestions on the development of an outcomes framework and linkage of priorities to outcomes to overcome this issue.

Our observation from supporting delivery of the HEAT suicide prevention 20% reduction and 50% frontline staff trained, is that where this was delivered effectively and has led to wider service improvement there were key factors

involved. These were:

- Senior leadership buy-in
- Senior support to cascade learning and service improvement, wanting improvement for its own sake not just delivering a target
- Good communication about the purpose and outcome of delivering the target, e.g. how it would improve outcomes for people at risk of suicide
- Clear co-ordination & responsibility for delivery with vested authority
- Attention paid to improving and maintaining accurate data collection
- Management support to enable and support staff to make suicide prevention interventions on return to usual work environment

To maintain coverage of training against competing priorities we suggest that NHS Boards are questioned on the above points through their regular review meetings with Scottish Government

The leadership and coordination role of Health Scotland in supporting local areas to develop suicide prevention strategies and actions should continue as this supports a whole system approach to suicide prevention. Health Scotland also has a well regarded programme of regional support for wider mental health improvement activity which also contributes to suicide prevention through placing this in the wider mental wellbeing context of local partnerships.

In order to capture the legacy of the work undertaken during the Choose Life strategy, NHS Health Scotland will support local areas with evaluative methodologies The Choose Life national programme will also produce a report to illustrate the impact of its work. An international event is planned for September 2012 to reflect on suicide prevention over the last 10 years and share ideas on the future of suicide prevention for the coming 10 years.

Health Scotland will work with Scottish Government and other key partners to shape the future of suicide prevention in Scotland after 2013. Throughout 2012 we will clarify future activity and focus for suicide prevention and present recommendations to the Scottish Government & national monitoring group.

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

Influencing 'mainstream' stigma campaigns is a long term process. See me have been active in this area for a number of years. Current activity could be enhanced by using existing marketing strategies to embed messages around stigma and segment audiences to ensure that it can reach and impact on the appropriate people effectively:

- Newsletters (equality specific and mainstream).
- Specific distribution lists (e.g. BME women/ men, young people).
- Networks and stakeholder groups
- share practice relating to what works more widely
- focused intervention around particular problems and issues, our work around Mosaics of Meaning has demonstrated shifts/improvements in attitudes

We suggest it is important to focus on stigma generally and not to over focus on 'difference' around stigma.

We recommend that the Scottish Centre for Healthy Working Lives continues its

approach to raising awareness of mental health in the workplace through offering training for managers to identify and manage mental health issues. Impact evaluation has revealed that this approach has reduced stigma and discrimination in workplaces as well as a reduction in sickness absence levels linked to mental ill health.

Our Race Equality focused work emphasised the value and importance of engaging with individuals, groups and communities. The projects had challenges (for many reasons) in engaging with BME people experiencing mild/moderate mental health problems – both needed to be flexible and adjust their starting points with priorities and actions designed to address the real issues. The learning from these programmes should continue to be shared widely to influence and inform future practice.

We recommend continued investment in mental health awareness and mental health literacy programmes through training courses such as Scotland's Mental Health First Aid (SMHFA) and other mechanisms to support cultural change and acceptance of mental health and mental ill health as aspects of everyday life. We recommend that CPD activities are prioritised across all service provision in respect of stigma, equality and diversity, this will contribute to wider health system improvement. This approach would also be consistent with the paper, 'Developing the Workforce for mental health improvement: a strategic approach. (2011), which Health Scotland produced for Scottish Government in response to a TAMFS commitment.

There may be benefit in sharing more information and evidence relating to work that has been delivered at local level to address stigma associated with suicide e.g. Lanarkshire's links with Motherwell Football Club in terms of reaching hard to reach individuals.

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
In addition to the current approaches being taken by See me it would be helpful to enhance this work with a further focus on:
Equality areas – these continue to play an important role in sharing messages about mental health, and particularly in diverse communities.
Key population groups/ settings; mothers with post natal depression, children (via curriculum for excellence), workplaces, older people and dementia and also stigma related to issues such as domestic violence and its impact on the family.

Our Race Equality programme produced significant learning from evidence based practice on increasing accessibility and reducing stigma, and discrimination in service provision. This is presented in the literature review, http://www.healthscotland.com/uploads/documents/16279-Equally%20Connected%20Literature%20Review%20December%202010.pdf we recommend that the Mental Health Strategy encourages services to develop a service improvement approach to inclusion and accessibility through adoption of these evidence based activities.

The context provided by the quality strategy and public sector reform around person centeredness and personalisation should contribute to reducing stigma, however some practice needs to change to achieve this aspiration.

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

Comments

The mental health strategy should acknowledge the progress that has been made in recent years to promote wellbeing in Scotland. As a result of TAMFS a great deal of work has been taken forward at local level and this should be acknowledged, promoted and shared. Particular developments have been around building social capital, developing and supporting community led and assets based approaches, social referral and prescribing. These are reported by local partners as contributing to improvement in wellbeing as well as providing preventative support for people experiencing mild/ moderate MH issues.

The challenges associated with the measurement of wellbeing should be addressed in the mental health strategy. The sets of mental health indicators should be referenced together with WEMWEBS as a scale for measuring wellbeing.
http://www.healthscotland.com/uploads/documents/17358-FINAL%20C&YP%20Mental%20Health%20Indicators%20briefing%20November%202011.pdf
http://www.healthscotland.com/uploads/documents/6011-mhi_brief_2702_22008.pdf
There should be a commitment form Scottish Government to ongoing monitoring and collation of information to provide a population wide report on wellbeing in Scotland. It would also be supportive if the strategy made commitment to working to improve data in the children and young people's indicator's data gaps and mentioned the ongoing commitment to develop the indicator sets.

The mental health indicators set the context for interventions across a range of levels (Individual, family, community and structural) and settings (across a wide range of settings.) This could be strengthened in the mental health strategy to demonstrate the complexity of influences on mental wellbeing, therefore recognising the need to take action beyond the NHS to all settings.

The opportunities offered by wider policy initiatives should be recognised with encouragement to continue for example the relationship between parenting, family support, physical activity and mental health, arts and music, with the environment and green space in respect of wellbeing.

Outcome 1 should include 'wellbeing' as this has been a key driver for change at local level through the SOA's, it would be helpful if this was recognised and built upon.

We would welcome clarification around the use of 'people'. It would be helpful to know if this is referring to all people: older adults, adults, young people, children. If so, the interventions and support will vary considerably to facilitate improved engagement and ownership.

A prerequisite to achieving outcome 1 is that "people" need to understand:

- What constitutes good mental health and wellbeing.
- What the signs of distress and mental ill health are .
- What to do in response to the latter .
- Where to seek help.

However, for these approaches to happen there needs to be direction and guidance, for both the public and public/voluntary services, about the approaches, culture and behaviours that would enable people to seek help. We recommend that there is continued emphasis on mental health literacy, understanding and support for help seeking behaviour.

We support the intention to reduce the likelihood of people having a mental health problem or illness by encouraging communities to engage with the mental health improvement agenda and by taking an assets-based approach. It would be helpful for the strategy to acknowledge this and encourage that more is done to reflect on and build upon current practice and the evidence base in this respect.

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

This outcome is problem focused and could be extended to include aspects of mental health improvement including early intervention and preventative action. Suggested rewording is "Action is focused on early years and childhood to promote mental wellbeing, protect mental health and respond quickly to improve both short and long term outcomes."

Clarity may well be required around the age range being considered here. The proposed new Children's Services Bill and parenting strategy says childhood should be considered up to age 18, and in the case of looked after and accommodated young people, to age 21.

The outcome would benefit from being set in the wider context of Growing up in Scotland, GIRFEC/ Early Years framework, Curriculum for Excellence, and the Marmot report re-emphasising the importance of the best start in life.

We would welcome greater focus on promotion of wellbeing and the preventative work provided by universal and targeted services e.g. antenatal, peri-natal, nurseries, childminders, health visitors, social work, community and voluntary sector providers, and supporting improvement in CAMHS services. It would also be helpful to consider the relationships between MH and the Obesity Route Map and the Child Healthy Weight HEAT Target.

There is strong evidence to support improvements in parenting from the earliest possible stages. We suggest this should be emphasised in this section. Bonding/ attachment theory should also be applied re-emphasising the evidence around provision of a stable, secure environment in which to develop (link to Growing up in Scotland evidence).

Good evidence is also available to support continued investment in schools, both in respect of universal whole schools approaches supported by targeted provision towards children with specific need.

It would also be helpful to include reference to the need to ensure that children from disadvantaged communities have access to services e.g. children of refugees and asylum seekers, gypsy travellers.

We suggest both universal and targeted approaches are encouraged to improve children and young people's mental health and that these should include; early intervention and quick response, interventions based around individual and family

contexts. We would support learning and workforce development across all sectors and agencies working with children and young people, raising awareness of mental health, providing a platform for sharing practice and the evidence base around what works.

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

Comments

Feedback we have received from children and young people around the barriers to them for accessing health services are relevant for CAMHS provision, these are:

- Little access to youth focused services;
- Lack of information designed for young people
- Lack of consultation with young people;
- General services being "inhospitable";
- Fears about patient confidentiality.

Children and young people identify similar characteristics of good health services whatever their background or circumstances; some groups may have greater contact with services e.g. looked after children, or those with a disability or chronic illness. Services should be provided according to individual need as identified by young people themselves (National Children's Bureau. Children and young people's views on health. Nov 2005).

Confidentiality (particularly around sexual health services) is important for young people who want to be reassured that they will not be judged and information remains confidential.

- Children have the right to privacy and the right to appropriate information
- Access to services may be jeopardised if privacy is lost (Scottish Commissioner for Children and Young People).

Confidentiality is a major concern for young people using healthcare services. They seem to be particularly wary of GP services, including reception staff, in this respect (National Children's Bureau. Children and young people's views on health services. Nov 2005).

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

We welcome the strategy encouraging people to seek help and would suggest specific reference to children and young people and how they can be supported to seek help.

It is important to acknowledge that if people feel mentally unwell or suicidal, this has to be set within a context that has relevance to different circumstances. It

needs to be clear that we understand what people can do based on their individual and community circumstances.

We recommend investment in a population approach to raise awareness of mental health and wellbeing and where appropriate link more fully to wider health improvement activity. For example for "people" to:

- Understand what is meant by mental health.
- Recognise what the signs of distress and mental ill health are.
- Know what positive steps they can take in response to poor mental health.
- Know what help is available and where and how to access it.

There needs to be a cultural shift in thinking and understanding mental health and wellbeing, resources available to meet the varied needs of a diverse population and a general high level of mental health literacy across Scotland

There is a need to provide initial safe and confidential support that responds to the different requirements of community groups or vulnerable individuals, to build relationships with those groups and individuals and facilitate them to take action. Vulnerable individuals or communities might include homeless people, army veterans, black minority ethnic women or asylum seekers who already face discrimination because of who they are. e.g. in NHS Lanarkshire, young South Asian communities developed tip cards for good mental well-being, and these were issued to mothers and family members.

We recommend equality monitoring is regularly being carried out, to gather information on which communities are taking up services and which aren't, and for what reasons, in order to inform future action.

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

Comments
We suggest increasing population MH literacy is a core element. We know large numbers of the population with sub-optimal mental health (but not in contact with MH health services) will have a larger negative impact on the mental health of communities than the smaller number of people with more enduring MH problems. Targeted universalism may help to address this issue.

A variety of approaches are necessary, we know that women and men require different approaches.
We would advocate settings based approaches to package information in ways that reach hard to reach individuals and groups, eg: colleges and universities to reach diverse young people.

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
It would be helpful to reinforce the need for a multi agency approach as first

contact for children and young people would include: schools, police/ social services, school nurses, maternity services, educational psychologists, all should be operating within the Getting It Right for Every Child (GIRFEC) approach. It may be helpful to provide illustrative examples through the document. One example in this context could be learning from the NHS Lothian family nursing partnership pilot.

It is vital to improve access to services for people who generally would not access a service due to non visible barriers e.g. young people, travelling communities, refugees, transgender people, or older men. We know services require to have an understanding of wider and diverse needs within a community and provide interventions in an accessible, non judgemental way e.g. Walk the talk.

We know that there are specific groups of older people who are more likely to experience mental ill health, such as those with long term conditions etc (i.e. 40% incidence of depression in those who have had a stroke). Therefore, we would recommend that the strategy is closely aligned with policies on long-term conditions, with mental health and wellbeing being part of the package of care.

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

We are uncertain if this includes children and young people? If so it would be helpful to address how children's access points into services differ and how the services themselves differ, such as family-based interventions.

Access to up to date and robust data on the equality profile of the area/region so that gaps in services can be identified. This is important if services are to be able to ensure they are reaching all parts of their population profiles.

Improving line manager/manager training on equality, human rights and mental health issues will help remove assumptions of the needs of individuals or groups.

Target advertising of services appropriately to the different needs of the population e.g. services for older and younger people, women and men, gay people, homeless people etc.

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

Comments

We welcome the prioritisation of psychological therapies in the consultation paper and would suggest this is enhanced by alternative routes and points of referral including Social Prescribing. (Ref: Dundee papers on Social Prescribing)

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

This should not be specific to care and treatment but also include promotion and prevention in respect to the differing structures for children, adults and older adults. An important aspect of supporting self management is through professionals being fully aware of the range of services and opportunities available to their clients e.g. social prescribing, peer support groups.

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

Comments

Implement a process for consulting and involving service users from a variety of backgrounds in service design and delivery. Take on board complaints and provide feedback on any changes that have been taken into account and implemented.

We should also be seeking to understand what else services should do to achieve mutually beneficial partnerships

We would welcome a greater focus on engagement with individuals and groups more generally throughout the strategy not just in respect of informing service provision.

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

It would be beneficial to acknowledge that more positive mental health outcomes can be achieved if person centred approaches are in place across all services not just mental health services.
The focus should also be extended to reinforce integrated service provision to meet the needs of individuals rather than being based around the service.

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

Comments

WRAP training has been delivered to South Asian women and through evaluation it was found to work very well. With the appropriate support and people around the sessions of WRAP training this was seen to be one beneficial way of letting service users explore what recovery means to them. It is stressed that appropriate changes to the sessions and materials were put in place in order for the South Asian service users to get the best out of the training.

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

Comments

We have worked with SRN to support their connections with local NHS leads for Mental Health Improvement. We will continue to facilitate connections and support SRN to interact with the wider health improvement networks.

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

Does this consider children as potential carers or family members of someone experiencing mental ill-health? The examples are focussed around later life. Importance of supporting a child of adults with mental illness needs to be indicated and identifying who would hold this responsibility.

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

Support with communicating appropriately and effectively with all people, including with people who are deaf or hard of hearing or whose first language is not English (via interpreters; BSL, Sign, language.)

An understanding of the family context that is non judgemental whether that be the service users family's ethnicity, sexual orientation, religion or belief or sexual orientation.

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 language in this outcome is too health focussed. 'Communities' need to go beyond health service e.g. integrated children's services.

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
Links between wider services and mental health services needs to be reinforced providing support that is best suited to the individual/ family rather than the service.

To improve mental health and wellbeing this outcome should be adapted to suggest a focus on widening access for minority and high risks groups across all services, not just mental health services. Identify any gaps or areas that require attention. For example, if a Sikh community in an area where a percentage of the population is Sikh is not accessing services, then that prompts an investigation as to why and if any barriers to access exist. This is where impact assessments of the mental health services can be essential to determine the reach of diverse communities.

Establishing a policy that stipulates that equality information, where appropriate to gather that information, is collated and reported on.

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

Comments

There has been much learning from the Mental Health & Race Equality programme. As this programme has been completed, it is vital to keep sharing the information at events, meetings, and in particular when carrying out equality impact assessments. The same applies to work carried out by LGBT and other diverse organisations. It is vital staff and professionals know where to go to for information on diverse communities and mental health as this will support them with their impact assessments.

There is also a great deal of learning around young people centred health services, which could be incorporated within SRI 2.

Disseminate learning through existing fora and channels including the National Networks e.g. Mental Health Improvement Network, Choose Life Network and Later Life Network, e-newsletters and bulletins, extending online information/ case studies i.e. through Well Scotland.

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

Comments

Services designed around the needs of specific equality groups, that are culturally sensitive to the needs of the individual and group.

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

This outcome could promote links with a wide range of agencies and services which offer support around tiers 0, 1 and 2 not just those that deliver at the critical end.

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

The growing and challenging needs of veterans may need to be addressed, although Scottish Government may wish to focus on 'Trauma.'

A focus on preventative effort relating to changing circumstances in the current economic climate - unemployment, debt etc.

Prioritising reducing inequalities in mental health and reducing the negative impact of stigma and discrimination.

Re affirmation of the priorities for mental health improvement – children and young people, older people, communities, workplaces, reducing common mental health problems and improving the quality of life for those experiencing mental health problems.

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

We suggest this outcome is broadened to include reference to MH & Wellbeing would need to be championed through other programmes and policies

- Links with policy leads across SG
- Links with programmes across HS

- Links with NES – CPD/LWD. Cross sector relationship

We suggest the outcome recognises the need to develop mental health capacity with the generic health care system as well as encouraging mental health specialists to adopt more holistic approaches, appreciating the impact physical health has on mental health and wellbeing.

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

As identified through the work around children and young people and adult MHI indicators. The challenges associated with the measurement of wellbeing should be addressed in the mental health strategy. The sets of mental health indicators should be referenced together with WEMWEBS as a scale for measuring wellbeing.
http://www.healthscotland.com/uploads/documents/17358-FINAL%20C&YP%20Mental%20Health%20Indicators%20briefing%20November%202011.pdf
http://www.healthscotland.com/uploads/documents/6011-mhi_brief_2702_22008.pdf
The population reports and analysis of these reports should be discussed within the mental health environment to raise awareness of population mental wellbeing and the implications for local and national decisions. There should be a commitment from Scottish Government to ongoing monitoring and collation of information to provide a population wide report on wellbeing in Scotland. A tool / process to support measurement of wellbeing applicable at local level would be greatly welcomed.

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

Comments

In response to a commitment in TAMFS Health Scotland produced 'Developing the Workforce for mental health improvement: a strategic approach (2011)' This paper gives a suggested approach to how learning and workforce development for mental health improvement might fit into the current climate and landscape both within the NHS and other sectors. It suggests four areas of focus:

- Continuing to develop and support updated evidence-based courses in mental health improvement for all areas of the workforce.
- Working towards embedding mental health improvement messages within other nationally supported health improvement learning opportunities.
- Creation of local workforce strategies and solutions which reflect the local needs and environment.
- The collection of evidence of effectiveness to build an evidence base for a particular approach going forwards.

http://www.healthscotland.com/uploads/documents/17151-learningWrkfrceDevelopmntStratApproMentalHealthImpr.pdf

To support implementation of this strategic approach Scottish Government may want to set a commitment for key delivery organisations to have a development discussion with their identified MHI workforce and have specific action plans relating to MHI workforce development to ensure all staff are at a minimum skills/knowledge level.

All organisations should develop and implement a mental health workforce policy that takes account of the different equality requirements of the workforce and that moves beyond the category of 'stress'. We would suggest that the policy is fully equality impact assessed.

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

The MH indicators for children and young people and adults should be referred to and encouragement given to apply locally where appropriate.

There should also be reference to the MHI outcomes framework and outcomes focussed planning for MHI being taken forward by local partnerships / across agencies.

Encouragement for MH services to engage more fully in local partnership forums/ structures – this is of particular importance if an integrated approach is to be adopted at local level. Move from service silos toward improving outcomes for individuals, families and communities.

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

Comments

The strategy should endorse partnership working - good relationships between mental health services, health boards and local authorities would support local services to embedding clinical outcomes with MHI and wider outcomes.

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

Acknowledge and encourage further development of approaches put in place following TAMFS, multi-agency planning , delivery and monitoring.

Strategic planning for integrated approaches to MH will be important combining MHI and MHS outcomes, encouraging combined and shared response.

Recommendation of pooled resources, combined planning delivery and evaluation.

Continued and enhanced focus on measurement of impact.

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

Comments

Scottish Government should raise the profile of MHI within the integrated model and refer to improvement in MH and wellbeing – that way all parties can engage with the agenda.

Provide clarity about this being a long term game plan but that priorities and actions have been identified for delivery over the next four years.

Promote local strategic leadership and buy in across services for improved MH.

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

Promote the 'talking mental health' website developed by Health Scotland and the Mental Welfare Commission.