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

Overall the structure identifies key challenges, recognising the changing face of our population needs, more collaboration is key to try and reduce duplication and save costs. More health promotion /prevention/ more access to resources at various stages of persons mental health experience required.

Key challenge is maintaining positive change against a background of financial restrictions, changing workforce, the work of releasing time to care says it all, we need to be able to do more, less duplication, more collaboration with services across health and social work.

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

National drive and support is required in the pursuit of cross-organisational working. Welcome the clear direction taken by Nicola Sturgeon but as yet this is not an evident process within services.

Greater national support groups who provide vocational and recovery focused interventions, expanding on models of recovery care.

Build support for the aims of dementia strategy, promoting excellence, it all sounds good and there is plenty of good practice going on but more support is needed to ensure actions are met.

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

Construct a national systematic method of gaining service user and carers views of satisfaction of their experience of mental health services and inclusion of service users and carers in strategic processes.

'Asking for feedback' to be promoted into the culture of all mental health service delivery whether in-patient, out-patient, community, and crisis services.

It is not always achievable to have better outcomes with less resources. Due to redesign it can be possible to achieve the same outcomes with less resources but lets not say that they are better outcomes. With a shrinking resource and as feedback is obtained on what changes would deliver better outcomes then a conversation must be had and a decision must be made about all the previous work that has gone before and whether it is to be continued or not?

We have to be honest with the public, provide access to information, what we can and can't do, give responsibility as much as we can to the person in relation to dealing with their mental health, choices in promoting their health, prevention.

Key challenge is building on liaison work with services, accident and emergency, police; building on adult support and protection work. Promote the work of voluntary sector with what has worked well so far, with promoting community links/education via schools/employers/sports.

It may be beneficial to consider HEAT target that supports improvement in services for people with learning disabilities.

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

Continuing to highlight the anti-stigma campaigns via media, particularly targeting vulnerable groups and younger people. Also continue to look at the factors that links to increase risks provide more support in these key areas, such as access to services for people more vulnerable such as homeless, addictions, areas where there are social depravation.

With regards self harm – emotional intelligence and coping strategies to be delivered within educational curriculum.

Continue to develop access to training for non professionals as well as for professional staff, adapt models from other countries such as Canada where many public service employees have a level of training on suicide.

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
Continued the type of work that has been done by See Me Campaign – it is making a difference.
Mental health inputs should be delivered in local communities and mental health wards should be attached to general hospitals to minimise stigma.

Education across health and social care to improve understanding of impact of mental illness.

Increase resources to areas that have proven to be successful, such as media campaigns, increase use and scope of local and equity grants Scottish recovery network, voluntary sector work, community mental health team work with service users /families/employers/other links in people's communities.

Need for wider recognition that people with learning disabilities have a higher risk of experiencing mental ill health and the need to reduce the double stigma of this.

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
Continuing to reinforce the anti-discrimination message.

More emphasis on mental wellbeing in school curriculum

Continue to provide opportunities that will increase awareness, are tailored to peoples needs, culture, age, race, learn from what has worked well from existing campaigns. More support direct to families affected by mental health.

Ongoing linking in with agencies from nhs/voluntary in providing education, awareness and support

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

Comments
Continue talking and publicising anti-stigma message.

Consolidate what is working well, combine support and awareness with real resources that benefits communities, make them accessible, for a lot of people with mental health problems who have left hospital they can often be isolated and their only contact will be from service providers, there needs to be more done to help them

to feel able to be more involved. The supported living work has been good, but it needs to be protected against budget restrictions and the focus remain on the needs of the patient.

Development of improvement strategies which can be accessed by people with learning disabilities, and have made reasonable adjustment to meet their needs,

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
Increase number of practitioners within CAMHS teams

If we can provide improved support at the early years then the long term benefits are obvious More needs to be done to ensure that the likely increase in demand of these services are protected and built upon.

Further development of Learning Disability CAMHS and ensure this group is considered individually when measuring outcomes and improving access

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

Comments
These improvements must be matched with resources in terms of protected time for training and development of professional/supervision/case load management

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
Further media campaigns promoting positive mental health strategies, good access to this education from primary care as well.

Variety of self booking/self access resources for general public as opposed as only gaining help via GP route.

Providing opportunities for better all round health, relating to physical activity, social interaction, employment, housing support. Provision of information relating to mental health, advice, choices, access to therapies
Link working between agencies.

More emphasis placed on self-care. Info sites such as the mental health and wellbeing site .

Accessible health improvement strategies ie. Wellness plans that can be utilised and understood by people with a learning disability.

Comments
People may benefit from clearer guidance on who to approach, how and when. Similar to the campaign to the public about winter planning, and how to cope over the festive period when GP surgeries are closed.

By reducing stigma and making mental health support accessible and not necessarily medicalised, the people will come forward when they need to.

Have the information public on what to do, who they can see, through media, information packs, access to relevant professionals, more joint working. The use of NHS 24 is further developed to deal with people calling regarding mental health issues.

Info sites such as the mental health and wellbeing site , access to self-help, immediate help , info re breathing space, all good sites but how much awareness of them do we have amongst the public.

Social care paid staff who care for people with learning disabilities having wider knowledge of mental ill health and its signs and symptoms and being aware of the initial steps they should be supporting the individuals with to improve their mental wellbeing.

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.

Comments
In scheduled hours, patients benefit from seeing a GP who knows them and/or their family in assessing the crisis. In NHS G, AMH; the CMHT's are aligned to GP surgeries, enhancing opportunity for good communication and links. In unscheduled hours, we could be working more with NHS 24 colleagues in enhancing the triage and assessment service to patients with mental health problems.

Continuing education, professional development and performance monitoring of professionals who do this. For tiered model to work all stakeholders need to be involved in strategic and local board plans.

HEAT targets are ensuring quick access to treatment when required.

There needs to be a common understanding and agreement on which part of the service will do what

Increased awareness in social care staff. Reduction in diagnostic overshadowing by General Practitioners when they decide the mental ill health symptoms the person with a learning disability is experiencing as being due to them having a learning disability and not having a mental health problem.

Having Mental health nurses linked to wards and GP practices, in sufficient numbers that would allow a MDT and holistic approach to patient care, support staff and provide staff training and awareness to draw the link between physical and mental health would be an optimum goal. Having mental health screening in Primary care available to all may help break down some stigmas leading to increase in patients presenting earlier.

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
Improving IT support to enhance and reduce nurses time spent on duplication of activities, or inputting data into cumbersome systems. These activities directly affect patient care as they remove a nurse from the floor. In many wards there is only one computer for the Senior Charge Nurse, nursing team and medical staff.

Time and attention is being spent on reducing non-value adding activities – this being progressed via RTC. This initiative needs to be strengthened and continued. Continuous service improvement measures, such as RTC. Empower staff to make review own practices and make appropriate improvements. Support for SCN to have the autonomy backed up with resources.

Consider the implementation of validated structured workforce/workload calculator tool. Greater training /education and supervision around psychological therapies with dedicated roles been established to deliver interventions.

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

Comments
As in outcome 5, people need to see the evidence base for ICPs. Rather than each board developing individual ICPs, why is there not a national work-stream collectively devising the ICPs?

Establish lead role; ensure capacity/resources have been identified.

Establish a training and education programme prior to implementation role out. Ensure supervision available. Ensure appropriate IT infrastructures, knowledge and access has been established.

Computer systems that speak to each other. Computer literate staff to input information and a "can do" attitude to implementing ICP

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

We are promoting the development of individual wellness plans for patients. We need to ask patients and carers about their experience, what went well, and what could have been improved.

The SRI will be a valuable tool in establishing more meaningful user involvement.

All boards should all have Peer Support workers

Examples of good practice disseminated to improve understanding of impact of service user involvement.

Operational groups for services can have service provider and carer input.
Public consultation exercises such as this one may give suggestions.

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

Comments

Carers and Professionals Partnership forum. Clear guidance from Scottish Government about potential barriers to inclusion and participation of service users and carers.

There needs to be an understanding and recognition of the legal aspects of mental health and information sharing between families/carers.

Survey to follow up staff/relatives etc after a hospital admission just like used in hotel/travel industry.
More emphasis to be placed on MH&LD services of continuing physical health in hospital settings

Information sharing, be honest about what we can do and what we cant, build relationships, links with support groups , promote good practice ongoing in areas where there is going service user/carer links, learn from experience.

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

Roll out of the 10 Essential Shared Capabilities, tackling attitudes and values of staff culture. Patient and staff satisfaction should be sought regularly.

Recovery approach to care, physical designs of the care environment reflect a safe, caring place. Safe staffing levels. Staff training reflecting values based approach, support for the SRI..

Continue to measure patient experience.

Comments
With the anticipation of the appointment of a SRI lead, clearer understanding of expectation of the SRI for nursing staff, AHPs and medical staff. For example, how often should it be undertaken, and who/how many people should be involved?

Protected time to implement SRI. 2 with involvement from all mental health staff, especially medical staff.

Disseminate information about the impact of this work on practice.

Continue to roll out amongst health care, voluntary sector, build on training, make it user friendly; Sri 2 has made steps to reduce the time needed to complete.

Sharing of the work amongst mdt teams, joint feedback and information sharing to providers and users. Funding for staff working on sri.
Build on sri events across Scotland.

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

Comments
Professional groups as well as nursing staff need to be clearer of the purpose and benefits of the recovery approach, how it affects their practice and patients' well being.
Other professional groups are very recovery orientated and this is already embedded in their work and is evidenced. Unsure if this would be true of medical staff who are governed and managed in a different way and work within a medical model although not always in a strict way.

To ensure this is not considered as a nursing initiative. Encourage engagement with other professional groups including medical colleagues ,

Increased awareness of the SRI amongst all mental health providers, there has been some progress but it needs to be shown to be an effective resource that makes a real difference, more regional events across Scotland for the SRI to be highlighted, education at student nurse level and other allied health professionals in training

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
Have clearer guidance of how carers and families can be included into care and treatment plans, and benefit patients recovery.

Legal and confidential parameters exist for a reason. Explanation of who, what, when and why and how they can assist is helpful and needs to be clearly explained in mental health settings.

Increased access to professionals with patient consent for support, use of wellness recovery action plans has been shown to be helpful in helping patients and families work together, patient reviews, access to information about services both from basic information about a service to more about conditions.

Need within Ld services to have accessible care plans and assessment tool that individuals can understand and engage where possible with.

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
Clearer guidance of communication with carers and family, without jeopardising patient confidentiality.

Clarity around information which can be shared with relatives and also development of family work initiatives to evidence the impact of involving families and carers in care.

Staff can have prepared information about their services that is up to date relevant, could involve families in evaluating this information. Staff can have help in directing families to access support, be freed up to have time, releasing time to care, productive ward for spending time with families.
Staff need to be confident what they are allowed to provide in terms of information to families and give explanations as to why they cant when such circumstance occur, e.g. Patients consent/advanced statement/

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
Publish the evidence and arrange regional and national events for areas to showcase their achievements.

The national picture will always require to have some variations given the geography of the country.

More work needs to be done on developing community outcome measures before we would accurately know what was working best.

Networks to ensure dissemination of good practice and encourage areas to share their experiences

Must not lose sight of the need to provide more choices for clinicians and patients when working through their treatment and recovery. Concern at the pressure on budgets in both nhs and voluntary sector that can lead to reduction in service choices.

Need to consider advanced practitioner nurse roles in LD services to undertake advanced mental health assessment, nurse led clinics, PSI delivery and non medical prescribing.

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
Clearer use of a national standard method of recording data

Sharing data basis, ongoing audits, taking that information and looking at planning needs for future strategies of care provision.

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

Comments
Could be captured on a one-two page memorandum or brief and sent out electronically with publicity

?Learning networks. Linking of areas with similar issues eg rural/urban populations

Link working between agencies and nhs /voluntary. To provide education and support to promote awareness.

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

Comments
Dual diagnosis, personality disorder and continuing to promote outcome for self-harm.

More emphasis needs to be given again to the services both inpatient and community based that provide for those with severe and enduring mental illness.

More specialised services for continuing care areas, in particular for patients with acquired brain injuries and enduring mental health problems.

People with ASD who do not have a developmental delay.

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
More resources could be put into providing supported accommodation to those patients with higher needs.

Deliver on Nicola Sturgeon's announcement of working in partnership.

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
Education about mental health services and mental health problems. How to identify. When to seek help and from where.

Dual diagnosis, improving physical health of those with mental health problems.

Looking at the issue of supporting people with diagnosis of personality disorders, impact on services, increased access as identified to psychotherapy input, links with professionals provided support , police and accident and emergency, this can be challenging, highly demanding on stretched services, often leads to the person been involved with these services.

Dementia standards should be for all people with developmental disorder in acute hospital which would include people with a learning disability. Evidence to support this from the determinations in the Mauchland and Donnet FAIs.

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
Understanding Dementia could be promoted as a requirement of peoples' personal development plans. Publicise 'Promoting Excellence' strategy.

Mandatory training for all partnership groups.

National feedback and monitoring.

As has been previously mentioned throughout the consultation, building on what we do well, resourcing, releasing time to care, acknowledgement to those providing a good service, open culture to learn when we may get it wrong.

Increase knowledge of mental ill health for people with LD in acute general and primary care staff and also social care staff having a greater awareness of signs of mental ill health.

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
A national standard for nurse: patient ratios in Adult and Older adult in-patient services.

Workforce profiles of LD services health professionals due to closure of long stay institutions less health professionals have been trained for this speciality and the current workforce is aging. Concerns that there are inadequate workforce available to fill the gaps.

Given reduced staffing across health services it would seem timely to measure workload, develop opportunities (perceived and real) and current succession planning.

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

Comments

Ensuring that staffing and skill mix for all specialities across the country is benchmarked.

Succession planning for senior nursing and managerial posts within the service. Development of Nurse Consultant posts for mental health services.

Facing challenges of vacancy control measures.

Consider preparation of newly qualified staff for community posts. Continued development of psychological therapies.
Workforce developments to improve integrated working between services and professionals.

The challenge is to allow the local areas to identify their own training needs; use of local training plans has been evident for looking at specific area needs. The challenge is building on previous training, combining short training courses with support for staff to take on further accredited training, use of cascade training if possible, sharing, and doing so with all disciplines involved.

National government needs to recognise the commitment that is required in supporting psychological training is substantial, and needs to be long-term.

Social care staff development

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

Question 30 It would need to be given long term focus in anticipation of it becoming embedded into training provision

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
Ensuring that all data is collected in the same way on the same template so that like can be measured with like.

Separate benchmarking in LD services pertaining to the mental health element of their work

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

Comments
Providing the IT resources to input and record the evidence nationally.

Having this data in one place with options for meaningful reports that can easily be shared with staff.

Education re importance of outcomes. Consistency of assessment, care planning and review

Having this as a standard practice, involving SCNs, providing technical support.

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
Organisations need a period of stability to enable reflection of change.

Recognise the impact of workforce changes with increased retirements of experienced professionals across all disciplines, how health and care use what staff/skills they have to provide effective services, along with all that has been said with re-designs, a lot of the aims and actions in this strategy set out good examples of what has been achieved and what is needed, the need for investment is crucial to support these actions.

Comments
Prioritisation of the 14 Outcomes which would help local limited resources concentrate on achieving effectively.

Link all various websites together to create one stop shop for mental health professionals.

Deliver on Nicola Sturgeon announcement for partnership working in a meaningful way.

Involvement of staff allowing them to engage and participate in own improvement initiatives

Make it easier for professionals from all areas to share relevant information, make services more accessible to the service users, prioritising the care provided, avoiding unnecessary duplication of services.

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.

Comments
Staff would benefit from access to regular updates and information which could be delivered online.

Care delivered in line with legal framework and with guidance and advice from the NMC, MWC and in line with the Mental Health Care and Treatment Act.

Regular review and promotion of clinical supervision.

Combination of training/coaching/values based practice embedded in our services, as always releasing time to care.

Increased training on legislation especially in general health settings