

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

Yes

No

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.

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

Trauma is currently under-recognised, frequently absent from treatment formulations and its effects poorly understood and thus often inadequately treated. Many clinicians appear unwilling to accept that whilst individuals, families and communities may be resilient to the effects of trauma, the psychological impact may vary from acute to chronic, simple to complex, or result in a range of disorders (not just PTSD).

If the NHS in Scotland want trauma sensitive services it is vital to appoint a "trauma champion"; a senior clinical member of staff within each Health Board area. This role and its responsibilities should be clearly defined and include the monitoring and evaluation of services within each board and linking with other Health Boards. The "trauma champion" should be senior enough to influence services and engage with the Health Board.

Scotland requires a central disaster plan produced by a national group; this framework could be adapted from existing guidelines that can be then adapted for local needs/local potential disasters (e.g. not all areas need maritime disaster response but all may need transportation disaster response). In addition, given the nature of disasters as either centrifugal or centripetal, the former though occurring in one place, will affect individuals from other communities distant to the site of the disaster and therefore a co-ordinated strategy and response would be helpful. In addition, some tasks will also require a specialised and national steer. Whilst guidance is available, often this has not been adapted to local plans by mental health professionals with expertise within the area of trauma or disasters.

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

In conjunction with the trauma champion, there is an opportunity to define what a response to trauma or a trauma service should actually look like, with it incorporating the response to good and chronic psychological problems, people responding normally who will recover and they are essentially either resistant or resilient, and those who may have longer term problems, and indeed those with existing mental health problems whose symptoms may be exacerbated at the time of a trauma or disaster.

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

It would certainly be possible to extend the "see me" campaign to include a post-trauma survivor. Equally the ripple effect of a suicide could be shown as a truly systemic issue affecting members of the family and extended effects beyond that.

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

It has been shown that exposure to psychotherapy and mental health for medical students reduces the stigma regarding mental illness when they become doctors; earlier and more frequent exposure to psychiatry and the provision of screening rooms, such as used in systemic therapy and within CAMHS services, greatly impact upon the exposure of medical students to therapy. In addition, the exposure to trauma services during training would certainly help clinicians. If any links exist, it would be helpful to contact film makers and other media to encourage the presentation of trauma accurately and responsibly.

Question 5: How do we build on the progress that we have made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

Discrimination towards those with mental illness should have the same status as other grounds of discrimination. It is also important to combat reports in the media in which it is claimed that ministers have suggested compensation claimants are "at it".

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

Comments

Discussions with local communities engaging them in discussions with regards to problems that traumatised people will face, for example veterans. Engage organisations which are providing accommodation for veterans so that the provision of accommodation is integrated with the provision of healthcare services, as this is not occurring universally. Reconsider the naming of homes for combat veterans as the label "hero" is far from universally accepted by military personnel.

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

CAMHS services need to be trauma sensitive with children and families and also integrated with and interfaced with adult services for truly systemic interventions within a family setting.

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

Comments

No Consultant Psychiatrist in Psychotherapy in Scotland with the core paradigm of systemic therapy; this needs to be resolved to encourage the training in systemic therapy, both within CAMHS and adult services and other mental health professions. Consider increased exposure to systemic therapy within core training of disciplines to limit avoidance with senior clinicians to this particular paradigm.

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

Consider a mental health message similar to the "five a day" message, considering resistance, resilience and recovery, as well as people with long term illness. Information is currently available but there may need to be consideration of alternative delivery mechanisms.

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

Comments

Word of mouth is difficult with mental health and a psychological easy access model such as a citizens advice process would be helpful.

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

Re: Trauma/Disaster Services

Need to consider both routine services and the ability to mobilise specific disaster response and the backfill required for that. By definition a major incident involves more casualties than the local services can cover and therefore individuals will need to be mobilised from other services and their backfill adequately considered.

Recognise that whilst young people are resilient, early life adversity, deprivation or abuse may lead to chronic disorders, these may be low grade or more significant, but may lead to chronic problems and being able to identify this early and treat it is essential.

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

Work with key partners and experts to identify areas in which the evidence base is lacking and clinicians may need to work beyond guidelines and identify areas where the evidence appears superficially to be supportive of interventions, but when thoroughly examined is less supportive (e.g. the treatment of chronic depression).

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

Comments

No comment.

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

No comment.

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

Comments

No comment.

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

No comment.

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

Comments

No comment.

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

Comments

No comment.

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

Acknowledge the ripple effect of adverse life events and that it affects families, carers and others and the affects on carers can have a secondary impact on the primary victim.

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

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

Collect ethnicity data on all attendees and this should be collected in a standardised manner.

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

Comments

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

Comments

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Recognise and integrate the care of those people with severe physical illness including critical illness and identify, liaise and provide psychological intervention for those needing it. Research supports significant psychological disability after significant medical, surgical

or critical illness. Of note, research has suggested that there is an increased Dementia risk in veterans, and therefore this needs to be considered in the assessment of veterans, especially if there is a history of head injury.

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

Identification of levels of expertise i.e. those who can train, supervise, or do the therapy; this may overlap for some individuals, others may only fit into one category.

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

Comments

Consider greater links with voluntary and face based organisations, with training being delivered alongside ongoing mentoring support and supervision. Engaging with specialist organisations to develop sustainable models of training.

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

Comments

"Training the Trainers" model and cross boundary training.

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

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

Comments

Targeting of essential data and adding disorder specific outcomes beyond that.

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

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

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff is supported so that care and treatment is delivered in line with legislative requirements?

Comments