

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

It is timely and appropriate to prioritise the treatment choice and availability of preventative mental health services for older people and carers of those with dementia and people with dementia themselves experiencing anxiety, depression or stress. This is required given an ageing population and the discrepancy which currently exists between psychological therapy provision to the over 65's as opposed to adults of working age and children/adolescents in Scotland. There have been several new posts in Psychology in the NHS created of late for specialists to work with children and adolescents as part of the Scottish Government's Early Intervention agenda. In addition there needs to now be a similar emphasis on creating new posts in all regions to address the shortage of Clinical Psychologists specialising in working with older people and those with dementia, thereby ensuring equity of access to psychological interventions to this age range and taking account of the increased demand and need predicted in coming years.

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 In terms of an ageing population, mental health services should

have no upper age cut-offs e.g. over 65's going to different services. All adult mental health services should be adequately trained in working with older people, take a lifespan perspective and know when to refer on to specialist geriatric services. Additional action requires to be awareness raising that this change will need to be accounted for and Trusts should be encouraged to plan their budgets for recruitment strategically given there will need to be more Clinical Psychologists working with older people in the near future. Clinical Psychologists provide the training and supervision to other Psychological Therapists and therefore it must be ensured that there is more capacity to deliver such valuable talking therapies by addressing the national shortage of posts as per the latest NES Workforce planning data.

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 There is a need to increase the number of Clinical Psychologists who deliver psychological therapies to those suffering from trauma, learning disabilities (both adults and children) and older people and those with dementia. I propose dementia services are split from functional older adult mental health services. There is a huge demand for psychological services in Scotland but little resourcing and high waiting lists. There needs to be more thought regarding giving strategic direction to Trust Boards to invest in emotional wellbeing and preventative psychological services.

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 Have more services for men especially at risk groups. More joint working with the Employment agencies and drug and alcohol voluntary services. Promote more inter-generational work. Promote the NHS taking on more of the long term unemployed and those with mental health problems to work in the organisation. Have more Psychologists who are trauma specialists employed to undertake training of other professionals and research.

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 Promote teaching in schools; Educate all of the Jobcentre staff

more fully in the specific mental health problems people face and issues around fluctuating symptoms including depression and anxiety and promote more one to one discussions and case reviews by multi-professional groups involved in a person's care when sourcing suitable employment and ensuring it is maintained. Ensure book prescription schemes and self help resources including ccbt and appropriate website addresses are available to all who access their GP's regarding mental health problems early on in the journey.

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 I think as most professional groups meet at least monthly as colleagues there should be a requirement for service user involvement and feedback at these groups. All Psychology Depts. should take satisfaction measures and publish these. All waiting areas should have a compliments/suggestions/complaints box and Heads of Depts should ensure responses are collated and actions taken.

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

Comments More health promotional joint working with social services and their clients. More community training initiatives by Clinical Psychology to increase community psychological literacy.

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
I think the several additional Psychology posts will go a way towards that.

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

Comments
D/K

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 Give GP's, schools, jobcentres more literature, posters etc to display and hand out with appropriate signs and symptoms to look out for and listing the variety of different types of help which is available

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

Comments Have GP's routinely ask about emotional health and normalise problems and encourage sharing of these if appropriate.

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
You need more mental health psychoeducation stalls and drop ins in the community or GP practices or both.

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

Support to recruit more locum posts in the interim in Clinical Psychology to give managers the time to implement the necessary changes especially incorporating over 65's into adult mental health services; supervising the many more staff undertaking psychological therapies and providing training in geropsychology and provision of therapies to those with dementia.

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

Comments

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

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

Comments I think there is very little service user involvement either in Clinical Psychology services generally or in those specialising in working with older people. Managers should be encouraged to consult the public more often regarding their services and provision to ensure up to date, person centred provision is considered especially to those with functional mental health problems. Perhaps an annual survey of patients would be a start or trainee projects could be encouraged around what people want.

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

Comments

Training is required for service users on what professional groups do and do not do, their limits and capabilities. Staff should undertake participation in consultations at least once per year with service users, carers and families; write up and distribute notes to their professional groups and colleagues.

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

Could use the quality of life indicators used in dementia knowledge and skills framework and provide training around these.

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

Comments

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

Comments

Psychology should have a national training event.

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

Ensure if appropriate results of all assessments, care plans and approaches are discussed in non medicalised jargon free way. Check understanding and commitment to joint working and support this especially through a named, keyworker.

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

Training on systemic issues, relationships and why important.

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

Have training days for dementia specialists run by learning disabilities specialists and those specialists who were involved in moving to care in the community for those with psychosis, to help the process of consideration on best placements for quality of life for people with dementia especially with difficult behavioural problems.

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

Have depts. collate, report on and address equality data especially for older people given their percentage of the population.

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

Comments Add to induction elearning packages for staff but also provide mandatory refresher training for staff.

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

Comments

There are significant gaps in the provision of Psychologists who can undertake neuropsychological assessments and rehab – need Masters to be funded for all OA Psychology specialists in dementia care. There are significant gaps in preventative psychological approaches across all age groups. There are very few Clinical Psychologists in Primary Care settings given demand and need. There are gaps in appropriate services for those with personality disorders requiring team approaches and more joint working and for those of all ages with suspected or actual Asbergers Syndrome who frequently come into contact with adult mental health services and can take some time to appropriately assess and treat. There should be large scale psychoeducational self help, self referral groups in all localities as the norm with no age cut off.

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

Psychologists should be able to supervise voluntary sector workers, social service staff or nursing home staff in the provision of psychological interventions by appropriate contract and be encouraged to so – this might require the creation of outreach teams of Psychologist for this purpose.

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

An ageing population is the largest priority and costs to future budgets and this must dominate strategic thinking in the next 10 years to prepare for the impact and increased expectations for treatment, choice and demand.

1. All adult mental health staff to be trained in working with over 65's especially understanding geropsychology and lifespan issues to address demand for the future and equalities legislation.
2. Creation of three times more Clinical Psychology posts in the older adult specialty. Also recruitment of more Consultant Psychiatrists and CPN's/OT's in the older adult specialty.
3. Most older people would merely need help with common mental health problems such as anxiety or depression – there should be adequate Psychologists who can deliver therapy to such clients with a full and up to date understanding of geriatric needs.

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

1. Firstly ensure people have read and understood it! My view is very many have not. Likely requires mandatory training days per health board – train trainers in boards.
2. Encourage HB's recruitment of more Psychologists in dementia care or there will be no dissemination long run of psychological interventions given lack of capacity to see pts, supervise others or train.
3. I think unless you bring in more Clinical Psychologists at source to this specialty, gains will likely not be sustained from the training in psychological interventions in dementia currently going on.

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

Survey adult mental health staff on how they feel the issue of an ageing population should be addressed. This would be an awareness raising exercise. Survey all Psychologists regarding preventative approaches being used and quantify.

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

Comments

Need many more supervisors needed than got in the Older Adult Psychology specialty given likely cbt training. CBT Supervision groups in Older Adult specialty. Geropsychology training course for all staff working with adults in psychological therapies – needs funding and staff released for 4 day training.

Clinical Applied Psychologists to be recruited to older adult psychology depts. to ensure some equity. Psychological Therapies Training CO-Ordinators to be split equitably and especially allocated to learning disabilities, dementia and older adults mental health services.

Psychology Depts to be trained to enhance service user involvement in planning and delivering services.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies? Across the board nhs must invest in more recruitment of Psychologists.

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

Need more admin staff to do this.

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

Require more Consultant posts in Psychology of older age to provide the leadership and expertise to deliver psychological therapies services given an ageing population and demand for training to adult services. Psychologists should have Change Mngt training at all levels given their massive involvement in the change process around improving access to psychological therapies. Invest by giving Psychology Depts a budget to have training in house delivered.

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

Comments

Need mental health staff to have time set aside as part of routine duties to work with, train and supervise other organisations including the voluntary sector in provision of psychological interventions and self help, preventative work. If not, change will be minimal.

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

Training and assessment