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.
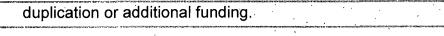
> Comments
>
> Is employability becoming a primary focus within the recovery model ?

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
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> - Provide a national data base of evidence on specific areas of work such as addictions and mental health and chronic and enduring mental illness to improve the sharing of practice. This should be easily accessed by health professionals and be well publicised to reduce time wasted on repitition .
> - Allow locally developed leaflets to be NHS branded and shared across all NHS boards to reduce the need for ammendment,

duplication or additional funding.

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
The development of a National data base of audit results from local projects.

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
- The two training packages; STORM (Skills based training on Risk management) and ASSIST(Applied suicide intervention skills training) should be offered to all frontline staff.   - Alongside continued commitment to staff training on suicide prevention. Wider training of voluntary staff and those in the wider community where someone may disclose thought of suicide e.g. librarian, bus driver, teacher, taxi driver etc.   - The promotion of good physical health to support mental wellbeing

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
There should be better integration of overall health promotion between

physical and mental health. This should be seen as overall health rather than two separate issues. Health promotion messages should not only relate to physical health, but mental health too
.e.g. 'reduce risk of CVD, improved immune function, improved cognitive function.'

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

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

Comments

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

- Where investment is being made within CAMHS, has there been due consideration of skill mix, ensuring teams are genuinely multidisciplinary?

- Funds should be allocated to public health /health promoting initiatives to raise awareness of child and adolescent mental health problems, linking in with current work in schools.

- The link between development of childhood obesity and poor mental health should be explored more.

- Basic levels of food skills and cooking should be supported in all schools.

- Links between CAMHS and schools should be further encouraged, linking the school nurse system with NHS colleagues for support on a regular basis.

- Improved inpatient areas for teenage patients instead of often paediatric or adult ward placement.

Comments

National campaigns to support the public health initiatives mentioned above

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

- Self referral of patients at an early stage of illness.
- Recognition of symptoms of mental ill health in the local community
- Easy access to self re referral when required, without long second waiting times e.g. dementia.
- Further increased access to first line resources and self help materials e.g. booklets, websites, use of social networking sites such as 'facebook' and 'twitter'.
- The way information is provided needs to continue to evolve but take into account those who may not be aware or use newer technologies.

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

Comments

- Telephone help lines, NHS 24
- Links through Community Dietetics to access Mental health Dietetic specialists, not wait until service user has a diagnosis and a Psychiatrist before Dietetics accessed.
- Reduce the fear that people will be admitted to hospital on initial contact.
- Improved resourcing and training of staff in community services.

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

- Mental Health teams should be easily accessed at first signpost, therefore first line intervention Dietetics could be offered earlier, in conjunction with supporting Nutritional screening within 'Realising Potential' aims.
- These First line teams could also act as consultation for support, education and training for non MH staff.
- EARLY INTERVENTION
- Key websites for information and access to voluntary sector.
- Development of first line advice to free up services to be able to provide quicker access.

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

- Health promotion at early stages of illness development.
- Alzheimer's Scotland and other key partners involved in community based support.
- Earlier work required at an earlier diagnosis may help put less pressure and emphasis on waiting times.
- Clear pathways to right services from first contact.
- Development of Mental Health evidence based website for Dietetics to support mental health and non mental health staff intervene at an earlier stage of illness.
- Better use of outcome measures, tighten up DNA protocols, better use of administration support and IT systems.

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

Comments

Training support and national IT systems.

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

- The recovery focus should be built in to all paperwork when working with patients.
- Regular joint working may continue to raise awareness of the evolving needs of users and carers and the types of services required. E.g. multi cultural populations and younger age of service users.
- Mental Health should be on all services' agenda.
- Education of all NHS staff should involve diagnosis and outcomes for mental health.
- Service users should be involved in education for both post and pre graduates.
- Service users have difficulty accessing self help groups
- Improved patient feedback measurement/capture-patient stories, input from voluntary carer organisations of what is needed or lacking.

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

Comments
- By encouraging self management of conditions using local technologies e.g. web based information, tele-medicine, community based services, links with GP practices and voluntary sector.

- Improved communication between health and social care professionals e.g. joined up IT services, the use of IT systems across Scotland.

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

- On going education, training and awareness.
- Development standards/guidelines e.g. or via professional bodies.

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

Comments

- Raise awareness to all staff, carers and users.
- Improve staff awareness of what SRI entails for their department.
- Consider making this part of a HEAT target.

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

Comments

- Become more user friendly by using alternative formats of training and education.
- Embed recovery approach in all pathways of care.
- Education and training of groups such as SDMHCF or the Scottish Dietetic Managers group.

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

- Confidentiality remains a barrier
- Training should include family therapy
- Providing support rather than institutionalisation
- Carers can be overwhelmed by professionals', views, opinions and knowledge. Input should be more coordinated, first contact / generic.
- Replicate the ethos of the Dementia Strategy across other areas of mental health.

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
- Increased importance of health promotion activities carer and/or patient groups and development of first line and self help information. This could be accessed in a number of formats in the community e.g. libraries, health centres, community centres, online etc.

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**
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> - Less bed numbers does not mean less work/patients, more time is spent seeing users in their own home. Level of service to the community needs to be agreed.
> - Telephone appointments, skill mix, video links.
> - National data base of work, presentations from areas that have redesigned to other board areas.

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**
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> - Shared IT/notes, links with cultural groups, promotion of professions.
> - Improved data collection using standardised statistic collection.
> - Approach community leaders of minority groups to improve engagement.
> - Raise awareness among acute staff of mental health issues.

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

> **Comments**
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> - On line communications.

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

> **Comments**
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> - Young onset dementia services often sporadic,
> - Services for young brain injury patients.

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

- Integration of AHPs within teams, so that they are not lone workers.
- Issues with funding/training and resources should be simplified to cross partnerships.

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

Comments

- National priority should be to promote physical health alongside mental health.

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

- By making it part of everyone's core objectives.
- Awareness training, focussed events and 'Leads' to take projects forward.
- Circulation and dissemination.

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

- Surveying the needs of younger patients.
- Reviewing the change in staff skill mix as experienced staff retire and

are replaced by younger staff with less experience and possibly a different approach to mental illness.
- Assess knowledge of staff's ability to assess needs.
- 'Up skilling' of support workers.

Comments

- Different ways of delivering training; e learning, self directed learning,
- Improved provision of AHP mental Health Services in the community in line with increased community nursing services as in-patient areas close.
- Adequate resources and training to ensure appropriate skills are required to achieve this.
- Support workers/TAs

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.

Comments

Standardised generic outcome measures, so that we can benchmark accurately.

Comments

- Electronic patient records,
- Training
- Standardised national paperwork.

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
• Improved undergraduate training in the area of mental health for AHPs and physical care staff.

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

Comments
• Prioritisation of case load/appropriate referrals,   • Working together with the same ethos.   • National policies an guidelines.

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
• Local 'champions' on legal issues.   • Awareness sessions.   • Governance, clinical supervision, meeting targets and reviewing outcome measures.   • Collaborative approach between government, the mental welfare commission and boards.