[redacted]

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

Trauma is currently under-recognized, 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.

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

The UKPTS fully supports the approach described in the document which seeks to engage the whole community in the promotion of good mental health. This engagement needs to be central in the response to and treatment of all psychological illness but is especially important for those affected by trauma, where research tells us that the quality of social support provided post exposure is crucial in the prevention of subsequent disorders. We know too that the existence of other life stressors mediates in the individual and community's resilience to adversity. So, as we enter a time of recession, it is vital that Scotland's mental health strategy includes both a commitment to provide access to evidence-based psychological therapies but also gives appropriate emphasis to collaboration between the NHS and partner services (education, social services, third sector etc) who provide essential support to individuals and communities.

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 Adverse Childhood Experiences (ACE) Study is a decade-long and ongoing study designed to examine the childhood origins of leading health and social problems. To date results have been based on a sample of 13,494 adults who had completed a standardized medical evaluation; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences (otherwise known as ACEs) were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned.

The study found that ACEs are common, even in a relatively well educated population of patients, with more than 1 in 4 of the adults studied growing up with substance abuse and two-thirds had at least one ACE. More than 1 in 10 had 5 or more ACEs. ACEs are highly interrelated inter-related and usually co-occur in these homes. Prevention and treatment of one ACE frequently can therefore mean that similar efforts are needed to treat multiple persons in affected families and premature mortality.

Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity.

ACEs have a strong influence on the following areas:

Adolescent health, teen pregnancy, smoking, alcohol abuse, illicit drug abuse, sexual behaviour, mental health

ACEs increase the risk of:

Heart disease, chronic lung disease, liver disease, suicide, injuries, HIV and STDs, and other risks for the leading causes of death, risk of revictimization, stability of relationships, performance in the workforce.

The main finding from the ACE study has been that stressful or traumatic childhood experiences are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviours, mental health difficulties, risk of violence or re-victimization, disease and disability.

These findings need to be better known and policy informed by them, there is a clear implication that there needs to be closer working between physical and mental health services.

Given the extent of mental health problems related to trauma it is essential that all NHS staff are trauma informed and that some services are able to provide evidenced based trauma specific interventions. There is currently a significant amount ot Trauma training in Scotland much of it supported by NES but there is no co-ordination of this training or the opportunity of clinicians to work towards accreditation as a trauma therapist.

It is proposed that we establish a **Trauma Training Certificate** . The reasons for this are as follows.

1. Training on Trauma Studies in Scotland could be co-ordinated.
2. A curriculum could be developed for appropriate , evidenced based interventions.
3. The training needs of different therapists (differing ages of client group and different types of clients eg asylum seekers and refugees , adult survivors of childhood sexual abuse and people with simple PTSD or PTD type reactions could be focussed on appropriately
4. There would be quality control of the nature, appropriateness and relevance of training offered.
5. This structure would offer a governance framework for NHS staff delivering trauma therapies and build capacity within the organisation.

Trauma trainers from the Scottish section of the UKPTS could begin to look at the structure for this certificate. There is already a well respected similar structure eg the EEATS programme , for those wishing to develop skills in working with eating disorders.
There are quite a number of Scottish clinicians who already provide such training but the Trauma Training certificate would co-ordinate these activities and provide a recognisable quality standard.

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

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

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

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

Comments

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

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

Comments

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

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

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

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

Comments

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

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

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

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

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

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

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

Comments

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

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

Comments

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 are supported so that care and treatment is delivered in line with legislative requirements?

Comments