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

The development of a new strategy is welcome as it should help to integrate the preventative, health improvement and treatment agendas. However, this is not yet at the stage of being a strategy. It is rather a list of outcomes.

Assumptions have been made about what has been achieved. Developments in one part of Scotland, however successful, are not necessarily representative of what is available elsewhere.

While a whole systems approach is useful, this has created an emphasis on one particular area of service in responding ie specialist services. There is no onus on generic services to respond.

It totally lacks inspiration

The document is not user friendly and is not presented in Plain English. This may have contributed to a low response rate from individuals and organisations.

Some of the outcomes could be attributed to specialist services provision, however, the majority of the outcomes are to do with the preventative and wellbeing agenda.

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

Clear links are required with adult support and protection. People with dementia are proving to be easy targets for a range of harm but, in particular, financial harm. Cognisance of this at a national level would contribute to enhanced protections and supports for these adults at risk of harm. A holistic approach is required.

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

Robust mechanisms to elicit service user, and carer, feedback. Evidence of how this is used to inform service and policy development. Ensuring that services are readily accessible. What are the proposed links with self directed support?

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

While local initiatives were set up using the Choose Life monies many of these are either discontinued or are under threat. When the Choose Life monies were no longer ring-fenced, services which were seen as preventative or perhaps lower level were competing against other Council services, targeted at higher levels of need, for funding.

The difficulty in evidencing the reduction in suicide was, due to or partially due to the commissioned services under Choose Life, continues to be difficult to prove.

To further reduce self harm rates, individuals feeling desperate, lonely, isolated, stressed need to be able to get immediate help which is accessible and is non stigmatise. Organisations such as the Samaritans go someway towards providing this service but that all important follow up and recognition that somebody needs further help or onward referral is not readily available. More can be done through the workplace, including engagement with Trade Unions.

Invest more in Mental Health First Aid, ensuring the widest possible take up.

Link more with the Single Equalities Schemes/Equalities Outcomes work.

GP surgeries:- the Doing Well by People with Depression monies assisted in relieving GPs of dealing with mild to moderate depression and further investment in lower level supports at GP practices could assist in tackling and intervening when individuals are feeling desperate.

Again there are links here with adult support and protection, which need to be made.

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

A whole population approach needs to be taken when tackling discrimination and stigma.

National campaigns work well, however, they need to be targeted at an earlier stage eg people often describe that they are feeling stressed when they are not coping or their mental health is not so good. Therefore, when national campaigns are reminding the general public to order repeat prescriptions for bank holidays we should also be reminding individuals about how to cope emotionally at these times and where to get help: in other words look after your mental health and be alert for those around you who may not be coping so well.

Negative media reporting and advertising should be challenged at all times, from the use of inappropriate terminology to describe mental ill health to irresponsible scare stories. Work with the media to more accurately represent the issues and to help promote information on how to seek help.

Address the issues of those who find themselves in the Criminal Justice system when their offending behaviour is clearly linked to their mental health needs – not mentally disordered offenders here, but people who do not meet the criteria for services, or who may be receiving a degree of support but who still drift into low level offending. It is important to engage with anti-social behaviour units to avoid escalation into the Criminal Justice system for such individuals, where possible.

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

While much has been done to tackle stigma and discrimination more could be done within public sector workplaces to tackle the discrimination that people face when they suffer with mental illness or are absent because of this. While many organisations have policies in place the reality is that Sickness Absence Policies do not recognise the complexity of mental illness. They also do not recognise that some occupations or professions are more likely, because of the type of work they do, to have a propensity to mental illness. There are no allowances made for this.

Employees should be actively encouraged and supported to seek help at an early stage – either for themselves or for colleagues. Engagement with Human Resources Services, Occupational Health Services and Trade Unions would be constructive. People should not be anxious about the potential consequences of seeking help.

Workplaces should have trained mental health first aiders, who should be in a position to take action when and as needed.

As the number of people with dementia is increasing more could be done to increase public awareness and decrease the stigmitisation of dementia. Again, people should not be frightened of seeking help. Links with adult support and protection should be made.

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

Comments

Better publication of information relating to keeping mentally well and the recognising the signs when mental health is deteriorating and what to do about it.

The Police are often involved in situations where behaviour is problematic or causing concern. Work needs to be done, involving the Police, NHS etc to identify a solution to an issue which consumes considerable Police time across Scotland. The Designated Place model was introduced in only two cities: Inverness and Aberdeen for people who were drunk and incapable. The model worked well but was expensive and resource intensive. These considerations need to be factored in to any such discussion.

Equipping communities with self help and wellbeing/lifestyle groups which can be easily accessed. These need to be supported and not left to communities to organise and run unaided. Communities can quickly become exhausted, particularly in situations where the individual(s) are perceived as unco-operative and behaviour becomes problematic.

Supporting individuals in their communities with alcohol problems and providing self help groups and peer mentoring within the community.

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

Decision needs to be reached from a national perspective about which age group CAMHS and local authority services should end at eg should local authority and children's services end at 18 or 16? What is the expectation for delivery of Adult Social Work Services to someone who is still at school, for example.

Transitions are so important for young people, this should be recognised and managed well.

Early detection and support for women with post natal depression.

High quality assessment and support at the earliest possible age.

Interventions relating to bullying, enhancing resilience, practical and effective parenting. Effects of stress on young carers. Effects of abuse on children. The impact on children of a parent's mental ill health and/or substance misuse all need to be recognised and responded to effectively at a much earlier stage.

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

National campaigns which deal with physical health problems such as diabetes, obesity, cancers should also state that healthy eating and exercise can also improve mental health and be promoting this stance. Workplaces should pay attention to physical environment and working conditions to help alleviate stress.

Wide availability of accessible information.

Ensuring that serving prisoners receive the information and assistance they require.

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

Comments

GPs are often the first point of contact when mental health problems manifest themselves. To relieve GP time information and support should be available with wellbeing/lifestyle advisers at all GP surgeries as signposters and one to one support where required.

No mention of Mental Health First Aid throughout this document – this is very disappointing.

Employers should actively encourage employees to seek help. This should be seen as a positive step on the employee's behalf.

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

The Government needs to recognise the importance of early intervention and invest money in this area. This should include supports for carers.

Ensure that professionals listen to carers more and involve them as much as possible.

Ensure that the crisis services such as the Samaritans, Breathing Space can pass information on appropriately, support and care services are joined up.

Ensure timeous access to assessment – no waiting lists.

Ensure timeous access to psychological therapies, HEAT target is not good enough.

Where does Social Work come in, in early intervention.

Better availability and appropriateness of respite services.

Trigger protocol for emergency services to ensure that people, who may otherwise be charged with an offence under the Communications Act but whose behaviour is related to mental ill health, are flagged up at an early stage and appropriately referred.

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

Reduce bureaucracy, joint record keeping, Single Assessment and care plan, risk assessment and recovery plan.

18 weeks is far too long to wait for access to psychological therapies; in many instances problems have escalated out of control by this stage with disastrous consequences for the individual. The target does not go far enough.

Psychological therapies matrix far too complicated.

No recognition of the importance of lower level supports such as counselling, support with daily living and social supports.

Faster response in circumstances where a person is acutely ill – could people have the option of return to hospital at an earlier stage?

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

Comments

This agenda has been going on for too long and still this has not been achieved. We would question whether this is really going to improve services to individuals except setting out what individuals can expect. This needs to be greatly simplified if is going to have any relevance to service users.

We would seek a more balanced approach which is less treatment focused.

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

Balancing service user involvement in the design and delivery of services with allowing individuals to move on and away from Mental Health Services should be time limited, as this in itself can create dependence.

Involvement in assessment, care planning and recovery planning is crucial.

Robust mechanisms are required, nationally and locally, to encourage and use service user feedback to help inform the development of services and future policy initiatives.

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

Comments

Access to appropriate and relevant information should be available and given as routine to all the above.

While carers have a right to an assessment in their own right they should be able to share their views and should be given dedicated, regular time by at least one member of the multi-disciplinary team when actively caring for someone with a mental illness.

Better discharge planning which involves all involved with appropriate links back into the system which could be time limited.

Carers' helplines for advice.

Clear understandable treatment pathways available to all the above so expectations are clear from the outset. What all the above can do themselves.

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

Active listening reflected in service development.

Value based training for all disciplines which includes medical staff as mandatory.

Continue to develop multi-agency working, recognising good practice and actively encouraging good practice

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

Comments

After assessment, embed recovery plans, which have been developed with the service user, in care plans.

Training which incorporates all disciplines has to be paramount.

Recovery plans should be shared across disciplines so this is a live dynamic document which travels with the person

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

Comments

Evaluation, sharing information on developments for service delivery outcomes

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

Single point of contact for carers.

Clear, high quality, information about who to contact, linked to accessible, flexible, responsive services.

Clear information on the implications of specific diagnoses.

Develop an assessment which the carer can complete as part of the service user's assessment. A strengths model could also be used here.

Carers should be able to share their views and be given dedicated, regular time by at least one member of the multi-disciplinary team/CMHT when actively caring for someone with a mental illness.

Better discharge planning which includes all involved, with appropriate links back into the system which could be time limited.

Carers' helplines for advice.

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

Dedicated staff time regularly should be given to carers at all stages of care and treatment for the service user.

Clear guidelines for family/carer involvement in eg case conferences/ recovery planning 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

Redesign has generally been forced by requirement to make efficiency savings – there is a real danger that many service users have now lost contact with services but we are not in a position to measure the impact of this.

More short breaks and respite services.

The balance between the requirement to get people out of hospital beds and keeping them in the community and not being readmitted has to be realistic and is dependent on individuals being ready to be discharged with appropriate housing or supports in place. This system sometimes sets up a 'them and us' situation between the NHS and the local authority and there are unrealistic expectations in respect of financial resources and availability of support in the community. Communities cannot be expected to meet need unsupported and unresourced.

Discharge planning should be mandatory.

Cognisance must be taken of the role of Criminal Justice Social Work Services, including prison based Social Work

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

More generic services such as Housing, Homelessness, need to be equipped to pick up potential mental health issues. This should include anti-social behaviour units.

Work with Equalities Councils to ensure that services are responsive and anti-discriminatory

National dataset and standard reporting mechanism will help to improve reporting and should help to improve recording.

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

Comments

Communities of practice.

Nationally co-ordinated local workshops.

Resource directory.

Encouragement to adapt services to what has been proven to work in similar contexts.

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

Comments

Young people with behavioural problems associated with their mental illness.

Dual diagnosis.

Brain Injury.

Personality Disorder.

Post Traumatic Stress Disorder – members of the armed services unable to access services.

Offenders who do not fit meet criteria for services and get caught up in the Criminal Justice system.

Monitor the impact of the NHS move into prisons.

People with early onset dementia – services are often not suitable as they are aimed at older people.

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

Optimistic statement made about progress already made.

More lower level preventative services; however, with a maintenance of existing service for those who are severely unwell.

The model of CPA should be expanded.

Joint budgets.

Clear lines of responsibility and accountability across disciplines.

Smooth transitions between services with no waiting between services.

Recovery planning, which follows service users as, opposed to reinventing plan when service users move to different discipline.

Grater engagement with community based services.

Greater engagement with Criminal Justice Services.

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

Joint NHS and local authority budgets thus breaking down the barriers.

Development of more joint management arrangements.

Joint commissioning.

Shared access to information systems.

Joint record keeping – breaking down the barriers of legislative requirements for NHS and local authority.

Bolstering primary care and exploring ways of providing lower level accessible support at the GP practice not just written literature.

More holistic approach.

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

Joint training, strategies, and accountability.

Integration of scrutiny bodies.

Joint budgets.

Simplified value base for all staff to practice eg 5 points maximum.

Clear about roles and responsibilities.

Developing joint education and training between NHS Scotland Education and SSSC further.

Robust feedback system for service users and carers.

Active involvement of service users and carers in the individual's care and in service development.

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

Collection at a national level of service users and carers' views on their experience of services both and Social Care.

Lifestyle evaluations.

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

Comments
Psychological therapies are not the answer to everything. Lower level activities such as providing social contact, activities, employment are just as important. Enhanced links with careers and employment services. Engagement with employers, Trade Unions and Occupational Health.

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

Comments

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
Benchmarking data for Social Care Mental Health Services still not available. National outcomes tool should be available and then benchmarking becomes more relevant as to the effectiveness of interventions. Robust mechanisms for service user and carer feedback.

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

Comments
The concentration should not just be on clinical outcomes as this is only one aspect of the individuals support/care package. Asking service users and their carers their experience of services and whether personal outcomes have been met and evaluating this. Integrated ICT system.

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
Joint Managers for NHS and Social Care. Joint budgets and jointly managed. Although retaining some professional autonomy still required. Critical Incident Review Procedures and Serious Case Reviews under ASP are accountable to different bodies. Clear joint policies and procedures need to be in place. Pilot demonstrator sites for fully integrated working incorporating all of the above. Joint electronic records. The move to self evaluation is welcome: what mechanisms will exist to actively promote the improvement agenda?

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

Comments
As in answer to 33

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

All disciplines of staff need appropriate and relevant training to their grade when working in mental health and generic settings.

Higher levels of awareness across the statutory sector to enable early recognition/detection of issues and ensure appropriate response.

Promote take up of Mental Health First Aid training.

Joint training posts continue to be funded and encouraged, as do joint training.

There needs to be a national network so the law is being implemented broadly in the same way across disciplines and areas.

Staff across the board in primary and secondary settings need to be aware of the responsibilities and have appropriate training and have the right value base. Development of some mental health good practice standards/principles for all disciplines of staff in all settings. The juggling and understanding of the 3 protective pieces of legislation is difficult for generic staff who will never have an excellent grasp of them all.

Further advocacy services locally would enable inclusion in design of services and better support for service users and carers.