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.

- The overall structure of the Strategy which has been organised under 14 broad outcomes and whether these are the right outcomes;

The draft strategy builds on previous work to implement service changes and improvements and the continuation and development of this is welcome.

However the draft strategy is heavily weighted towards delivery of specialist services and although some of the 14 proposed outcomes are articulated as improvements to well being there is very little detail on how these might be delivered. This seems imbalanced. While measurement of mental health improvement in individuals and communities is complex, this should not preclude this important topic from the new strategy.

With regard to the delivery of specialist mental health services the focus on a small number of priorities is welcome. These build on the work undertaken to implement "Delivering for Mental Health". The priorities can be clearly linked to relevant improvement measures that can be readily reported upon.

There is a need to more clearly set this strategy in the context of wider policy, (e.g Christie Commission report) and other complementary strategies, particularly child health strategy, older peoples strategy, the strategy for autism, "Changing Scotland's Relationship with Alcohol" and the drugs strategy "Road to Recovery".

- Whether there are any gaps in the key challenges identified;

There is little reference to the role of community planning or work with local communities that is likely to engender well being among people. The strategy should include clear messages to carry out preventive actions in partnership

The strategy sets out a key outcome that is focussed on early years but concentrates mainly on actions relating to improving access to and delivery of specialist CAMHS services. This should be rectified with clear statements in the Strategy on preventive approaches, particularly those aimed at early years, children and young people and working with vulnerable families.

The correlation between alcohol and drug use and poor mental health should be clearly articulated and this should include the adverse impact of parental use on children's well being.

The strategic outcomes are likely to support the delivery of improvements to mental health

services but could be strengthened in some areas. For example more could be included in the strategic outcomes to support improvements in responses to people with mental health and substance misuse problems, and to support improvements to services for patients with co-existing neurological and psychiatric disorders at a younger age (e.g. alcohol related brain damage, traumatic brain injury, Huntington's disease, Multiple Sclerosis.) It will be important to ensure that relevant measures are available for each of the outcomes.

- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Delivery of effective, high quality interventions requires a skilled and competent workforce. Consideration should be given to what further support could be provided for training and development that will support delivery of each of the priorities.

Local partnerships will have a significant role in promoting interventions likely to deliver improvements in well being. Consideration should be given to what actions agencies should take in this regard.

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

Two of the priorities - implementing the national dementia strategy and reducing suicide - require actions and support outside the usual domains of mental health services. To support local collaboration and integration of activities across organisational boundaries consideration should be given to which other government policy areas need to reflect and support these mental health priorities.

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
> Establishing tests of change locally and sharing the evaluation and learning from these with other areas is likely to deliver improvements that are efficient and effective in responding to local needs and circumstances.

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 "Choose Life" brand and a clear and consistent nation wide suicide prevention message has been very important in the profile and delivery of local work. Consideration should be given to how this can be maintained.

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
> The "See Me" brand has also proved important in creating a higher profile across the country that provides context and legitimacy to local work. Consideration should be given to how this can be maintained.

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
Discrimination against people with a mental illness should clearly be seen to have the same status as other forms of discrimination and for this to be re-inforced across government policy areas.

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

Comments
An emphasis should be placed on the role of community planning and work with local communities that is likely to engender well being among people.

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
There is a need to set out actions that are likely to identify and provide appropriate support and interventions to children and families where there is an increased likelihood of mental health problems in early years. e.g. the development and evaluation of programmes to strengthen vulnerable families; training and development of frontline staff working in generic services and children's services.

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

Comments

It is helpful to have networks that help share learning and good practice.

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
The development of a clear and concise message on what constitutes positive mental health and how to protect it that is used universally would be of benefit. Along the lines of the five a day message associated with healthy eating)

Although good quality information and advice has been produced, it is not readily available to people – there needs to be consideration of alternative delivery mechanisms – eg internet based and in non-health care settings where people congregate e.g. leisure centres sports grounds. . Health Boards need to be encouraged to ensure that people have access to good quality information.

Better links between NHS24 and on-line NHS services and on-line self help services such as Moodjuice, Living Life To The Full, Beating the Blues, etc. could be developed.

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

Comments

Ensure clear information is readily available to people on how to recognise mental health problems and how to seek help this should be developed in the ways described at question 9 above.

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
Improving access to services by reducing waste and variation.
Greater use of modern communications technology.
Potential to develop integrated Care pathways for common mental disorders for primary care services.

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

The collection and interpretation of reliable and relevant data will drive service improvement. Consideration should be given to how Boards may be supported to develop appropriate arrangements and to share learning.

Consideration should be given to what national data sets and intelligence can be used to support local improvement work, building on the work of the national mental health benchmarking project.

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

Comments

Integrated care Pathway Documentation needs to be compatible with local electronic patient records to reduce the very considerable time taken to compile records and to interrogate them

The number of variances to be recorded (and therefore investigated0 need to be considerably reduced to make them valuable improvement tools.

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
Reporting on this could be included in routine monitoring visits.

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

Comments
Good professional clinical skills are the most important aspect of caring for patients. This should include consideration of any carers needs that might need assessed and supported and in more complex cases the use of Care Programme Approach arrangements to improve communication and support between all those involved in the therapeutic partnership.

Behavioural Family Therapy is an evidence based intervention that meets this need and consideration should be given to the expansion of its availability.

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
Consider ways to encourage the use of tools such as Outcome Stars and SRI Audits

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

> **Comments**
> Use learning from areas where this has been successfully used to promote good practice.

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

> **Comments**
> SRN should explore ways to support local network development

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**
> Please see responses to Q14 and 15

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**
> There are good examples of carers networks providing support to and collaboration with local services to develop better communications and relationships. These approaches can be duplicated.

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**
> Consider the development of a mental health network / web portal including statutory and voluntary sectors to showcase what is working

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**
> Monitor compliance with data collection on ethnicity etc.
> Compare service use by individuals from different backgrounds with information on expected prevalence rates.

Comments
We first need to understand what successful, sustainable approaches across rural and urban communities looks like. Small tests of change should be encouraged.

Comments
Responses to people with mental health and substance misuse problems can be improved.

Services for patients with co-existing neurological and psychiatric disorders at a younger age (e.g. alcohol related brain damage, traumatic brain injury, Huntington's disease, Multiple Sclerosis.) can be improved.

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.

Comments
Continued emphasis on delivery of "Closing the Gaps"

Multi-professional and multi-agency training can be beneficial, NES can consider how this is supported.

Police and Criminal Justice Services have important roles to play when managing people with mental health issues who have offended. Consideration should be given to how they are included.

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

Work with people who come into contact with police and other criminal justice services.

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
Promote joint training. Inter-agency and inter-professional collaboration when dealing with difficult situations, including use of Care Program Approach when appropriate.

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
Collation and interpretation of data to assist in understanding the relative demand for services at each of the matrix levels.

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

Comments

Focused, evidence based training needs to be identified for all public sector and voluntary organisation staff – a lot of input is by 'non-health' staff e.g at early intervention points (leisure centres) and in care homes

Recommending that boards monitor the level of mentoring and supervised practice that there is, as well as the amount of training delivered.

Ensuring that the relevant professional bodies (BPS, BABCP, RCPsych) are engaged at a national level.

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

Comments

Workforce plans needs to include training for trainers and supervision.

Encourage coordination of training across service areas, professional groups and with neighbouring Boards.

Boards need to be encouraged to coordinate different professional groups and service areas to work together to deliver training and supervision.

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

Explore linking NHS data with other relevant data sources relating to social care.

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

Comments

Requiring a small amount of relevant data to be reported in the first instance, rather than gathering large amounts of data which can becomne confusing and un-manageable.

Feedback to clinicians of information that informs their daily work.

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
Support for improvement outside NHS settings is required. There needs to be greater collaboration in delivery across government and locally.

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

Comments

Improvement methodology needs to be sponsored nationally and locally and across agencies. Every practitioner should be skilled in these approaches.

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

Strong staff governance arrangements supported by effective systems of clinical /practice supervision and training.