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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
Broadly yes these are the right outcomes:
User Friendly
Encourages engagements through questions
Examples of achievement good and setting out continued plans for action, priority and improvement.
Gaps in the Key challenges :
Employment : While fully recognising the Health Works Strategy will aim to address employment issues including mental health problems / illness, as individuals with mental health problems are disproportionately likley to be unemployed and consequently disadvantaged and excluded from society the mental health Strategy should include reference to this as a priority for action. The best predictor of wellness and recovery is stable employment. There is a robust evidence base to support job retention, and the Individual Placement and Support model. ICPs should ensure the employment question is asked, training programmes should become standard for staff to ensure they sign post onto services or take direct action to address employability issues. A key group of staff who can support this priority are AHPs and in particular Occupational Therapists.

More explicit reference and recognition of Health & Social Care, Partnership Organisations, Advocacy, Third Sector Organisations, link to single outcome agreements, integration agenda and Health Works Strategy.
Document is very NHS health orientated and secondary prevention / tertiary care orientated. Recognition of Public Health role in primary prevention should be referenced.

Data on capacity, activity, outputs and outcomes-very process driven, of course have to start some where, recommend expansion to inc service user outcomes. Links to economic case and evidence, without excluding softer outcomes.

Psychological Therapies matrix excellant, value of all tiers not recognised :

high volume, low intensity and AHPs. Only 2/3 rds people benefit from talking therapies, non talking therapies provided by AHPs including approach to addressing physical health, meaningful occupation, diet, communication, and life roles is crucial to addressing patient needs and should be valued within the Strategy, including support to develop evidence base. Interventions and approaches without an evidence base must not be automatically excluded, it may not exist purely due to lack of research in the area rather than lack of effectiveness.

Addressing the need for specific services and models of care to minority groups of service users : Brain Injury , Huntington's Chorea, Adults with ADHD/Developmental Disorders.

Further actions should be prioritised:
Support Boards locally to implement NHS Health Scotland's Mental Health Improvement Outcomes Framework and The Health Works Strategy. Driver diagrams and logic models offer methodologies for local redesign not to be constrained by resources.

Roll out standardised approach utilised in CAMHS, New to CAMHS, Competency Framework, and Passport. Work with NES to introduce across age ranges. Good practice, evidence and published standards should be achieved no matter where the care is delivered. Published standards should be the norm.

Support rapid implementation of Condition Specific ICPs. Generic ICP mainly focused on currently in Board areas.

Maximise use of telehealth/telemedicine/e-health to redesign services – AHPs have a significant contribution to make to this agenda esp around supported self management and recovery, not simply CBT approaches

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

Promote an intergration agenda supported in particular by change fund developments in mental health, evaluate the impact providing evidence on what works with a strong steer to implement locally, followed up in implementation visits to Boards.
Showcase exemplar practice, ensure dissemination

Progress accreditation and roll out of generic and condition specific ICPs

Build up data to support redesign through benchmarking, commissioning research, workforce planning methodologies, setting targets to shift the balance of care, reintroducing mental health collaborative support. Analysis of data key to understanding of good practice.

Build on mental health promotion and mental illness prevention : The economic case to inform practice.

Support AHP Fit Note, and in collaboration with NHS 24 redesign access to AHPs. Develop national algorithums facilitating direct access and promote early intervention.

Work with e-health to reduce barriers to sharing information across organisations and agencies

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

Stop doing interventions with no proven added value

Support and evaluate pilots, once model developed provide a strong steer from the centre to boards to move to this practice within agreed and negotiated timeframes. Pilotitis needs to stop.

Improve resilinace of individuals to sustain recovery and promote social inclusion by ensuring all staff are trained in secondary prevention. Every health professional should ask a range of questions related to : self harm, substance misuse, smoking cessation, weight mangement, employability

and then sign post / directly offer intervention as part of treatment approach. Evidence from Public health and primary prevention programmes indicates if we tackle substance misuse, poverty, obesity and smoking we could improve health including mental health.

Capture patient experiance and utilise this evidence as a valued contribution to evidence.

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
Seen as key for all AHP's to be aware of training in all services, not just mental health e.g. Community dieticians
Would suggest 20% reduction only attainable if training rolled out to all new staff & awareness maintained.
Maintain national publicity, education about link to self harm and suicide.
Primary and secondary prevention, including multi-media programmes in schools, good parenting classes, and drug and alcohol awareness programmes.
Use social networks.
Training of all front line staff in physical health, schools, education and employers

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
Training – Awareness/MH 1ST Aid for health staff, social care staff and third sector partner organisations.
Investment in service – user involvement
Undergraduate AHP student placements integrated into mental health
Academic content of some AHP Undergraduate courses do not include mental health
Targeting different populations such as school age children – education & mental health awareness training
NHS to tackle it's own issues with staff who are off sick due to stress at work
Encourage exemplar employer in mental health status be adopted by all Boards
Continued work with employers, and links to Health Works Strategy to

promote healthy workplaces and job retention.
Promotion of SR1 2

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
Re launch of a similar campaign as profile has dropped – was a worthwhile campaign. Progress by linking to self help literature & websites e.g NHS Inform/Breathing Space.
School and workplace schemes to educate students, employees and employers of the damaging effects of discrimination, and the value to society and productivity of challenging and addressing the problem.

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

Comments
Promote more about recovery & living well with mental health problems
Building social capital
Social prescribing
Educate staff about strategies for delivering social capital and working with communities. Access to health economist to assist developing the economic case for approach. Few health staff have skill or knowledge in assessing social return on investment.

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
Increase capacity of specialist CAMHSs in order that HEAT target "Time To Treatment Target" can be met at multidisciplinary level
Dedicated funding for AHP's and the recognition of impact and outcomes, particularly in the areas of work, rest and play. Promoting age appropriate, valued life roles and social inclusion.
Early access and intervention by AHPs can prevent decline in skill and social isolation, recommend evaluation to demonstrate early intervention in

CAMHS reducing necessity for transition / referral to adult mental health services. Example Behaviour Family Therapy in the treatment of early onset / first episode psychosis.

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

Comments Dedicated funding to Tier 3 CAMHS (out patients) for multidisciplinary team. This should include dedicated funding for AHP Staff.
Large areas in Scotland have very limited access to AHP's – in particular Art Therapy, Occupational Therapy, Dietetics, SPLT
With Delivering for Mental Health focusing on evidence and benchmarking data it is important to note and find a mechanism to capture AHP activity.
Approximately 34% of work in children's services should be attributed to CAMHS, AHPs who provide sessions to CAMHS but whose cost centre is within another service i.e. paediatrics is not captured.

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
NHS itself improving performance on numbers of staff off with sickness absence due to stress at work (This would need stigma on this to be reduced before it appears on fit notes)
Utilise e-health, telehealth, and telemedicine to promote healthy lifestyles and self management, the benefits of work, exercise and diet.
Expand approach beyond psychological therapies to include social prescribing, bibliotherapy, art and culture.

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

Comments
Improve availability and access to managing stress education session for NHS staff
Easy access, (Libraries, schools) to self help materials written & computer
Public information campaigns e.g. supermarkets, Daytime TV, Social Networking sites

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
Recognise a lot is already happening in this area
Matched/stepped care models welcome
Nursing members of general practice – ensure MH awareness training & education ? Drop In MH Clinics in GP surgeries
If target of 50% MHS frontline staff training should be increased to 90% (SAFETALK Training is half a day)
Access to job retention and employability services
Working with occupational health organisations and job centre plus.
Direct access to AHP 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
LEAN methodology , Releasing Time To Care seen as good systems
Support – Time for training for AHP staff to use above

Plus support for AHP Leadership skills/education and Action Learning Sets
AHP personnel strategy at NHSL Lead – Collaborative with perhaps
Knowledge Transfer partnerships

Health Economics – access to and training to ensure impact and added value can be measured.

Realising Potential, support to develop and strengthen evidence base, particularly impact and outcome data

6 Steps methodology to workforce planning and redesign promoted, approach contains excellent tools to redesign and modernise the workforce , including identifying and reducing unnecessary variation in practice

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

Comments
Technology – to support audit of ICP and expand variance analysis

measures
Knowledge Transfer Partnership
Link to single outcome agreements and commissioning of services from the Third Sector.

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
Talking Points established in culture knowledge outcome
Patients Council
Advocacy Service
Peer Educators school age/carers
Strengthen service user strategy – good example is Youth Parliament.
Peer support Workers, both formal and informal support
Link to Quality Strategy , capture patient experience
Occupational therapy is the only profession qualified on graduation to carry out rehabilitation in Mental Health, client centred practice is central to approach to treatment and client engagement

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

Comments
All of above, plus ensuring carer assessment of need.

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
Focus on outcomes/clinical indicators
Patient Stories
Knowledge Transfer partnership – investment in there
Passport for all staff, containing mandatory competences inc attitudes and behaviours required, 10 essential shared capabilities, mental health act training, recovery training etc.

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

Comments

HEAT Target required to ensure it is implemented
Evaluate the SRI 2 tool to ensure it has been simplified and is compatible with NHS IT Systems.

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

Comments
Greater visibility of the SR Meeting in services would help
? Role for developing an AHP representative
Measure effectiveness , complete audit action plans

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
Signposting to support groups
Appointments for Carers/Families
Training re: boundaries of confidentiality including working with the client to promote the benefits for them of inclusion of supports
Family meetings with MAT Team
Ensuring they can access an assessment of their needs and as an outcome appropriate services as required.

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 in policy and practice
Clarity on sharing confidential information and boundaries to supporting carers when patient is not providing informed consent.

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
Sharing examples of service redesign & models of care – Investment in Knowledge Transfer partnerships is **key**
Investment to support service leaders to visit areas of good practice
Community of Practice
Publications including sign guidance
Through government implementation visits, sign posting
Quality Strategy and Quality Improvement Teams

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
Is enough information on this collected in a systematic way? We would welcome an Annual Report on such demographics highlighting high risk groups in relation to incidence of mental illness
Included within IT system, ICPs, balanced score card, Benchmarking.

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

Comments
Annual report & subsequent training NHS STAFF/Undergraduate courses

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

Comments

Meeting the needs of families where one of the family members e.g. parent is involved in active military service
Eating Disorders Psychological Therapies for the obese (BMI 40 plus)

Physical Disorders / Long Term Conditions
Early intervention to prevent physical deterioration
LBGT access to services
Korsakoffs psychosis
Huntington's chorea
People who die in fires, are disproportionally vulnerable individuals known to services/mental health services. Work with fire service to reduce risk.
Recognition and attention given to physical health of people with mental health problems.

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
Mental Health Liaison Teams & network
Collaborative, Interagency Service redesign
Prioritise top 10 diagnostic illness in mental health and ensure we have a matched/stepped care model in place

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
Obesity
Substance Abuse
Inactivity
Smoking cessation
Autistic spectrum, inc ADHD

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
In Job Descriptions with mandatory training for each level

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 of scale obesity problem within mental health in Out Patient clinics
Equally malnutrition & addiction clinics
Positive destinations of these users of MH service e.g. employment, truancy, community involvement, education
Employment awareness among mental health staff
Psychological Interventions supporting psychological therapies

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

Comments
Appropriate accommodation & infrastructures
Support worker training in MH
Training strategy for AHP's working in mental health in Scotland
This is the level of training for each banding including Support Workers in MH, standards, competencies, passport for practice.

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

Courses developed to appropriate level e.g. CBT Techniques. Not every patient will require a highly specialist intervention, only the most complex.
Workforce planning essential to identify requirement and succession planning.

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
Improved data collection
Improved technology
Assuring confidence in current data
AHP minimum data set.

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

Comments
Agreed standard reporting of performance data
Outcome measures on database

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
Recognition of value an AHP workforce adds to service design and delivery.
Medicine and nursing are still automatically considered as a first line intervention, AHPs and Psychology should be promoted as first point of contact..

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

Comments

Mental health Collaborative refresh
Investment in AHP leadership training

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
Accredited training delivered
Caseload supervision
Professional supervision & reflection
Collaboration with NES/HIS