

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

Midlothian Council is disappointed that the document reads like a mental illness strategy. The focus on mental health services delivery is too heavy, and this needs to be re-balanced. Much of the work carried out in Scotland to tackle Mental Health issues is not carried out in the NHS, particularly in the promotion of good Mental Health, in the prevention sphere and in low-level interventions. The strategy should not be located solely within NHS, it needs to take a broader view of mental health and relate to strategies for education, the criminal justice system, poverty and employment. Social care needs to have greater emphasis.

There is a distinct lack of reference to the importance of partnership working within the document, the idea that inclusiveness and joined-up agendas are key to success should be embedded. There is too much of a focus on statutory services, we need to include the third sector and working inclusively with communities.

Positive mental health and wellbeing needs greater emphasis. If wellbeing is not being seen as a Mental Health issue and is to be covered by a public health strategy then there needs to be clearly identified lead organisations. It may be beneficial to develop two linked strategies simultaneously. Lothian's Mental Health & Wellbeing strategy "A Sense of Belonging" demonstrates how we can address continuous improvement of mental health services and the promotion of wellbeing, prevention and early intervention.

Lessons could be learned from the implementation of "Same As You". Duties can be appropriately imposed on Local Authorities, i.e. they report on statutory national targets. This could avoid the "postcode lottery" of provision varying by Local Authority.

The strategy needs to include

- Older People with mental health difficulties
- A mention of advocacy. It is clear from the priority given within the document to person centred care and human rights that Independent Advocacy has a valuable contribution to make in enabling the strategy to achieve its aims.
- An emphasis on the use of telecare in Mental Health
- Services for people who need care and treatment in conditions of security

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

- There needs to be explicit reference to other sectors and policies contributing to mental health in Scotland e.g. The Dementia Strategy, Physical Activity strategy etc.
- The Midlothian Demonstrator site is a good example of what can be done, working towards a whole system redesign based on data gathered from mapping, research and consultation

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 mental health and wellbeing issues associated with inequalities, at risk groups, substance misuse and deprived communities are not mentioned, there is an over focus on both individuals and national services.

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

- Suicide and self-harm reduction needs to be prioritised
- Self harm and suicide are linked but different and require different approaches
- GPs and Police should receive greater levels of training in suicide prevention
- Choose Life funding should be maintained on a permanent basis
- More emphasis on working with people who attempt suicide. Too often people in this group can be "shunted about" different agencies.
- Mental health improvement is fundamental to promoting mental health and reducing ill-health and needs to be more encompassing rather than just focusing on reducing suicide and self-harm

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 national campaign along the lines of See Me, targeted at younger people, could be introduced. TV and cinema advertising could be effective in targeting this group.

Consideration should be given to working through the Curriculum for Excellence in schools.

The stigma of mental illness needs to be addressed within mental health services. The attitudes to Personality Disorder in particular need challenged and addressed. In the wider Health and social care sector work needs to be done to address discrimination and attitudes to mental health (attitudes to self harm in Accident and Emergency units should be a priority)

Provide information to families when a family member is experiencing mental health problems.

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

NHS & Local Authorities should be exemplar employers.

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

Comments

The strategy is critical in giving legitimacy to mental health improvement at a local level. It is essential that the document links to Single Outcome Agreements and legislative frameworks to achieve Local Authority and Community Planning partnership buy-in and to ensure that mental health and wellbeing is embedded in SOAs.

Local Authorities should be assisted to implement sections 26-31 of the Mental Health (Care and Treatment) (Scotland) Act and there needs to be clarification over who is responsible for assessing whether these duties have been met. Examples of practice and guidance for local areas to support their implementation could be provided.

Mental health and wellbeing issues relating to poverty, inequalities, particularly around looked after children, young carers and those with learning disabilities are all areas that require further attention. We need to build on current initiatives in social inclusion and capacity building particularly by taking an asset based approach.

There are concrete examples of potential savings being made by investment in early intervention, often not in the Mental Health sector e.g. debt advice and befriending. The evidence base indicates that Greenspace, Arts and Creativity are areas that should be prioritised in any new strategy.

Make sure accessible information is readily available to people about mental health and wellbeing, what affects it, what you people can do for themselves, and what services are available.

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

The document focuses too heavily on CAMHS and does not recognise or support the multi-sector effort required in working with young people and their families. Whilst CAMHS is recognised as effective for treatment and care, for the vast

majority of children and young people who do not required health service intervention, mental health promotion occurs through schools, youth work and leisure activities.

Broadening the actions to include upstream and early intervention approaches is a requisite e.g. An increase in support to schools particularly guidance teachers could prove cost –effective.

We need to increase the availability of information and advice as well as easily accessible low intensity treatments for Children and Young People.

The 26 week target is too long for families to wait.

A wider introduction of the Family Nurse Partnership should be considered.

The provision of independent advocacy services to children and young people should be embedded in practice.

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

Comments

No response

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

Preventative spend approaches have not been identified within the strategy; it would be helpful to include: non clinical approaches including social prescribing, self-help approaches around depression and anxiety.

Use of the potential self-directed support bill and increasing personalisation agenda both offer major opportunities to focus on the whole-person.

Easier access to low level treatments and services needs to be encouraged. Many services can only be accessed through the GP route. Evidence from the research carried out through the Equally Connected project points out that many disadvantaged groups cannot/will not access services through this route.

Users have commented on the need for more peer support, the benefits of befriending schemes and low level support, drop ins etc. In addition there needs to be more awareness of the services available. A good example is the website www.midspace.co.uk which provides a local mental health and wellbeing information service.

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

Comments

Continue and enhance anti stigma work.

More information and easier access to low intensity services e.g. healthy reading schemes, guided self-help would be beneficial.

Services need to be accessible and welcoming to people.

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

Investment in pre and post-graduate education on mental health for medical staff, particularly GPs is critical. They are the first point of contact for most people but are often not confident of their mental health knowledge and understanding.

Users commented on the importance of first contacts with services and the lasting effects of initial impressions. They also commented on the importance of staff having adequate time in the early stages of contact.

A clearer commitment to involving service users, not just in decision making about their own care and treatment, but also in the design of services and in the education and training of staff should be promoted. Involving service users in the design of services results in better targeted resources and more effective 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

Input from the Joint Improvement Team and the Mental Health Quality and Efficiency Support Team would be welcome.

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

Comments

No response

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

Importance of user led research, not relying on academic research. Look at examples of CAPS work on Personality Disorder and the new Collaborate to Educate project.

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

Comments

Staff need to place greater emphasis on the role of family and carers. In order to be effective at caring carers need to be supported in their own right, they need personal support too. Local Authorities should make greater use of Carers Assessments.

Providing information to family and carers as well as users is crucial.

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

We need to be looking at outcomes in all areas of Mental Health in its widest sense, not just in Mental Health settings.

Use of the self-directed support bill and increasing personalisation agenda both offer major opportunities to focus on the whole-person.

Increase use of MH Impact Assessments

Support research, including service user led research, into exploring and evidencing outcomes.

Support more service user led participation in the education and training of staff and professionals including the development of training material by service users.

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

Comments

Areas to report of the number of SRI's completed.

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

Comments

The draft strategy acknowledges the role of peer support and Wellness Recovery Action Plan (WRAP) but does not make any clear commitments to making both more widely available in Scotland.

Peer Support is a creative and cost effective way of supporting people with mental health problems.

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

This needs to be wider than simply care and treatment. We need to consider improving the provision of information, clear lines of communication (preferably with one key worker)

Collective as well as individual advocacy can be helpful.

Make sure any support services understand and manage potential conflicts of interest between service users and family/carers.

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

Service Users commented on the need for good co-ordination with one point of contact or one contact person.

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

The redesign of Mental Health services in Midlothian shifted the balance of care in Midlothian, from a more hospital based service to community care, reducing inpatient beds from 25 to 8 and transferring the resources to work in the community. The strategy required a major shift in the way staff work, both in the statutory and independent sectors. It also required specific training and supervision of some groups of staff to work in particular therapeutic ways with people with mental health problems. A major multi-agency training and staff

development programme was required which had a number of strands including raised awareness, 'buy-in' to the philosophy and specific skills enhancement. In addition, there was a need to monitor and evaluate the outcomes for people using the services of this redesign of service delivery. The project set out to ensure that Mental Health services in Midlothian were delivered as an integrated service by three key partner agencies, health, social work and the independent sector. With an underlying philosophy of early intervention and recovery, the aim was to improve quality of life, increase access to life opportunities and provide alternatives to hospital admissions. The redesign was aimed at providing better outcomes for service users and their carers. Partners involved were awarded a "Care Accolade" by the SSSC. The example of the Midlothian experience could be shared widely, possibly by developing a short life national network developing the work currently undertaken by Mental Health Quality and Efficiency Support Team

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

Use the knowledge gained through the Equally Connected research.

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

Comments

The Well Scotland e-bulletin is a good example of relevant, up-to-date information being distributed. The website www.midspace.co.uk provides a local mental health and wellbeing information service for users, carers and service providers. Greater engagement with service users about what works is crucial.

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

Comments

Engage with other government priorities such as alcohol, employability, self-directed support and homelessness.

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 Division to give equal emphasis to this work, not just clinical 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

Dual diagnosis/ co-morbidities continue to be a real problem leading to gaps in service provision.

Work with Police, Ambulance Service, Social Work and general hospitals to develop robust plans to work with those who are incapable through drink or drugs.

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

This issue should not be addressed solely through health and social care services. Staff in all front line services should have the skills and knowledge to undertake their duties effectively.

The Midlothian Dementia Demonstrator site is a positive example of inter-agency training and 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

No response

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

Comments

Training in suicide prevention for non NHS staff needs to be prioritised.

Need for Mental Health awareness raising for staff in other sectors. Examples include, Library staff, Police, Community Centre staff etc.

Training of staff by people with lived experience is proving very useful and should be expanded. The Collaborate to Educate project run by HiM and CAPS is a positive example.

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

Where does Social Care fit in?

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

Develop Social Care benchmarking

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

Comments

No response

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

No response

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

Comments

Move from a medical model with equal emphasis on prevention and promotion

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

No response