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 above statements have been answered throughout the questionnaire. A Methodology section has been included below to raise awareness of the types of consultation methods required to involve everyone interested in consulting around the strategy.

Methodology Section

Your Voice Inverclyde and ACUMEN went over the paper work for the Mental Health Strategy for Scotland 2011 – 2015 and prepared a more user friendly version to enable people, who otherwise would not have been involved, to express their views to inform the strategy.

Your Voice and ACUMEN mapped the area to gain an understanding about who should be involved and acknowledge areas that may have been overlooked in the past. In doing so we considered what support we could offer to make it easier for more organisations, groups and / or individuals to take part in consultation activities.

To start with we asked people what they understood about the Mental Health Strategy. We avoided using jargon (explaining anything that was deemed as jargon in the actual document). Thus we ensured that the proper language was used when engaging. We considered the differing abilities and levels of willingness to respond to the consultation, with many participants unable to respond unless they were given extra support.

Your Voice and ACUMEN facilitated the following focus groups:

- Service User and Carer Group, Richmond Fellowship manager and staff, ACUMEN members and Bipolar Scotland group members, Your Voice Committee Members.
- The Debaters (Alcohol misuse problems)

Each focus group session lasted 3 - 4 hours. We used an overview presentation and handed out the questionnaires to people. We also handed down a paper that covered each area (linked with questions) so that if more in-depth explanations were required the group were able to discuss together. This worked out very well as some participants had a greater knowledge of specific areas and were able to share their understanding and knowledge with others.

The session allowed participants to join in discussion as well as giving them the opportunity to fill in the questionnaire or simply reply in post it notes or verbally.

We also encouraged other groups to take part by delivering a short presentation and distributing the user friendly version to the following groups:

- Alzheimers Local Branch Inverclyde
- Inverclyde Homeless Forum
- Inverclyde Bipolar Group
- Inverclyde Elderly Forum

The complete document was available to people although it was found easier to go through the document alongside the questions, explaining what each question meant and the area that it covered.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

The above statement has been answered throughout the questionnaire especially in reference to Outcome 8 and question 21.

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:

- More psychologists – psychological therapies are good.
- Alternative and Holistic therapies more readily available.

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:

- Really there seems to be a lot of information about these two separate areas 1. Self Harm 2. Suicide Rates with two separate treatment plans. It was generally agreed that self harm was such a wide area and can cover alcohol / drug misuse, promiscuity etc. As such it was suggested that the two areas need separated. The strategy has to reflect this.
- Local Taxis and shop employees should be taught mental health first aid. Training for civil society (taxi drivers, bus drivers, bar staff etc) in suicide prevention and (separately) self harm awareness
- Involve the carer.
- Encourage peer support.
- Media awareness. More media adverts on TV – a charter as part of a community charter like a franchise with conditions put on the broadcasting authority through government.
- Promote ASIST, Scottish Mental Health First Aid and Safe Talk training – roll it out to the wider public.
- Not enough places to go to if a person is in crisis. We need more crisis services.
- At present addiction (drugs and / or alcohol) and mental health issues are treated separately, but often there are causes underlying the reasons for the addiction issues that are not looked at. As such, it mental health is often left untreated.
- Sometimes people do not attend their doctor and many socially isolated people may be depressed or unwell. This is something that community members should be encouraged to be aware of in their friends and neighbours so that they may offer information or signposting.

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:

- Talk about it encourage and promote celebrities to visit towns, villages, cities to promote awareness (get people interested).
- The mental health and wellbeing of everyone should be promoted.
- Promote more talk about dementia and schizophrenia as Bipolar seems to be the trendy illness.
- Education in schools to raise awareness. Needs to be part of mainstream education (anti stigma). Individuals need to exercise their right (discrimination).
- Benefits agency forms should be different for someone with mental ill health – forms should be updated to recognise that disability is a wide area.
- More media cover at peak TV viewing times for mental health stigma. Talk about it more through newspapers and broadcasting. The media has a huge responsibility in what they publish and broadcast and this could be used to assist in awareness raising.
- The public should be more aware of functioning people with mental ill health, many people can and do cope with every day living and can work in paid employment.
- There seems to be discrimination towards people with alcohol issues who also have poor mental health / mental illness. It is not just the public that need to be more aware about discrimination. Professionals need to be more aware too and more staff training should be given around attitudes and discrimination.

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:

- Carry on as we have been. See Me are doing well to promote this area.
- Encourage peer support and voluntary organisations to promote 'See Me' and local organisations in the area. It is a very thought provoking campaign.
- Encourage people, particularly celebrities to come forward and speak out about their own mental health.
- Involve the voluntary sector and service users and carers in shaping the campaign.
- More role models to highlight the experience as they have experienced it themselves.
- Take on the views of service users and carers.

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

Comments:

- It is difficult when current Government is putting pressure on people to work.
- More recognition should be given to social anxiety, stress and the underlying conditions of poverty and deprivation and the effects on the individual (social model and medical model together).
- Church groups keeping in touch with people and other community groups encouraging people to take part.
- Community members should be more aware of their neighbours.
- More work with pregnant mothers.
- More sheltered housing type accommodation – assess the ability of individual to live on their own, this may have more strain on resources but prevention is better than cure.
- Use stress management as a tool. This can catch people before the stage that they require hospitalisation. Stress management can support people along the way and prevent breakdown. Stress management programmes that may catch people before they become more ill.
- Capture more information and provide this to opinion formers at the heart of the community.
- Encourage peer support – recovery and wellbeing which needs to be core part of planning and implementation. Low tech approaches such as stress management are inclusive and support capacity and wellbeing to the whole community.
- More support groups and more ASIST Training for taxi drivers, bar staff and community members.
- Bullying at work should be taken more seriously. Suicide prevention, Mental Health Awareness Training and ASIST training should be part of the health and safety training.

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:

- More research should be carried out on the effects of Ritalin.
- ADHD – there are times when children have a lot of energy and cannot concentrate (careful with diagnosis).
- Post natal signs etc.
- Look at ADHD. There needs to be greater services for children and families for children with 'traces' or 'borderline' ADHD / Autism spectrum disorders.
- There are many children with problems who are not getting their needs met. There is a rise in children with behavioural problems. There is a drinking culture alongside a TV culture. Identified parents should be given more training. Parents should be held responsible

for the actions of their children.

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

Comments:

- This seems to be an NHS target question surely it should be part of their business strategy.

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:

- Encourage people to be part of their community – reduce isolation.
- Encourage peer support, start within local communities and ensure that people are given the opportunity to be involved and included.
- WRAP (Wellness Recovery Action Plan) – rolled out in schools and communities. Greater use of WRAP for anyone with stress in their life. It should continue to be rolled out.
- Social contact – befriending or buddying may assist (although there is a concern about unemployed people being forced to volunteer). More funding for the volunteer centres for befriending / signposting – help de isolate people.
- More opportunity to get people to the services that they require.
- Keep promoting information.
- Cards such as 'This is for you' card (RAMH).
- More consultation.
- More services in place alongside social activities to reduce isolation
- GPs need to be more aware that people going through trauma need support and not necessarily anti depressants.
- More access to alternative therapies, CBT, holistic therapies and relaxation techniques – there seems to be a gap or lack of knowledge among GPs.

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

Comments:

- Make the services more available through friendly advice services or signposting and information services. Such as local groups that may encourage people to talk to others. Not everyone is ready to go to their GP and admit they are low, but they will often talk to others.
- Make mental health facilities more accessible.
- Cards – e.g. This is For You card that can be handed out to people who may need help.

- SOLAS screens – can these be placed in shopping malls and / or large supermarkets.
- Allow self referral to services from community groups. Make it easier for people to get appointments with appropriate services.
- Support community groups which reduce isolation especially link clubs and support groups.
- More information distributed and shared.

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

- GPs having more access to community psychiatric team is a good start (good practice).
- CAMHS is another area of good practice.
- The social model is important in combination with the medical model – treating person holistically looking at all areas of their life.
- Employ more staff – there may be money constraints but this may save money long term.
- GP based services – 'doing well by depression' is good practice and the GP can link the individual to a group for peer support
- Dual diagnosis – issues with hospitalised person being treated for specific illness but staff have no knowledge of mental health
- Allow self referral to specialist services
- There is greater need to reduce waiting times to get referrals – 18 and 26 weeks are far too long

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

- Single shared assessments should be rolled out everywhere – cut down on paper work.
- Reduce red tape & bureaucracy.
- Better training of staff to reduce red tape in the wards.

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

Comments
- This seems to be more of an organisational question.
- Be guided by a person centred approach.

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
- Service user involvement in Inverclyde continues to blossom.
- It should be encouraged and not be tokenistic.
- Consultation, Service User Groups, Focus Groups – continue to work with people.
- Fundamental change should be that there is more time for recovery.
- Health boards must ensure front line staff 'buy in' to these changes
- More time for people.
- More easily accessible services.
- Allow service user to ask what questions they would like to be asked – more say in their care.

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

Comments
- Openness, sensitivity.
- Staff should be able to relate to people and put their professionalism to the side at times and engage in a human way.
- More open discussion with service users and carers. Make better use of existing structures and informal settings.
- Communications on a plane that meets the individuals needs at their level.
- More open engagement with service users.
- More user centred with better communication, more understanding, more information, better signposting and being listened to.

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

- Staff culture and training need work.
- Paid peer support to roll out across Scotland.
- More work with carers and community groups.
- More peer support.
- Greater weight to the opinions of service users and carers.
- Staff need to work with the service users.

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

Comments

- Its an organisational frame maybe more suited to larger organisations.
- People should be part of education programme like Long Term. Conditions and people can train and talk to professionals and peers alike about their recovery and long term management of their specific condition.
- More use of paid posts to implement in every hospital and Community Mental Health Team service.
- Specific posts for the implementation of SRI 2.
- Create a post to collect and record data re: recovery and identify if recovery is working.

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

Comments

- Do not know enough, maybe the Scottish Recovery Network is at policy level.
- Drop professional hats and have more teambuilding.
- Training delivered by SRN directly to hospital and other front line staff.

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

- Spend more time with families and listen to them and advise them and offer them information.
- See patient as a valuable person in the community. Use advocacy if required.
- Ask carers to help design the information.
- Not to be too obsessed by 'individual plans' and to include carers routinely whenever possible – ask service users for what to exclude carers from.
- Families should be taken to see GPs, psychotherapist etc, as they will sometimes have greater insight into the problems the patient has.
- Encourage family and carer input to care plans – allow carers to be involved more. Implement the resources in order to bring this about.
- Allow families and carers to be involved in psychiatrist meetings (not just limited involvement).

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

- More information.
- If the cared for wants involvement, then families etc should interact as a homogenous group to secure best outcomes.
- Carers who interact with services should help design (format and content) the information that carers receive. – it should be written in plain English.
- Include carers wherever practically possible – encourage partnership agreement between service users and their carers.
- Additional information should be available if required.
- Have plenty of information already prepared to give out but have a back up service available for those who need it.
- Families should be made aware of information as ill person may not be aware.
- Employ family workers to help families and carers too (they have a similar model in many palliative care settings).
- Good idea to use the 'Passport' to give more personalised stories about people who are received into acute services. This will offer staff an account of the person at times when the person is not well enough to express their wishes and offer information about themselves.

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

- Maybe we need more beds in Inverclyde (yet to see if the figures add up).
- There is more focus on community integration moving away from institutionalisation (good practice).
- Encourage more service user involvement for example: Inverclyde Acute Reference Forum which has been successful in the involvement of people in redesigning acute services (not short stay) and staff training and culture.
- Our service in Inverclyde has recently been redesigned, but we feel we have too few beds and strongly believe that there should always be space capacity in the service.
- Make sure that there are spare beds.
- There is no definite proof that this is working and we need to give it time to see how it works. For that reason it requires to be monitored closely and open so that the system set up is continually open to change if required.

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

- This is more of an organisational question.
- Using different languages, interpreters, outreach, youth groups and other cultural outlets.
- Community groups, using GP or school to monitor individual progress or situation.

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

Comments

- Get the information out to people.
- Share information between other areas. The Cross Party Group on Mental Health at the Scottish Parliament is a good place to do so.

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

Comments

- Maybe there are gaps for homeless people, people with addictions and depressed or lonely people who do not use services
- Cognitive Behavioural Therapy.
- Autistic Spectrum.
- OCD spectrum.
- Respite.
- Gaps in respite for carers.
- Homeless people.
- Waiting times.
- Family involvement and early inclusion of families..

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

- Building services to fit the needs of everyone, contributed by professionals, academics, the public, independent and third sector orgs and people with dementia and their families (more awareness of good practice that may be shared).
- Recognise dual diagnosis for example learning disability and mental health, Parkinson's, Addictions (drug or alcohol) and other long term conditions. Staff training around the issues facing people with dual diagnosis.
- There is excellent work in dementia which has applicability, across mental health services such as the passport and need for respect and appropriate care.
- More awareness of good practice and utilising the best of it wherever possible, even good practice out with the NHS.

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
- Reducing boundaries and merging so that all services work together – sharing information and best practice.
- There is excellent work in dementia which has applicability, across mental health services such as the passport and need for respect and appropriate care (repeat answer).
- Share good practice.
- Openness and involvement and understanding from professionals.
- Freeing time to care and families should be involved.

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
- Employ good staff – consultation with service users.
- Employ a before and after consultation with service users.

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
- Edinburgh / Warwick University.
- Work out unmet need for psychological therapies (evidence this).
- Mapping exercise may be required to ascertain the amount of work that is being carried (this will save duplication and encourage sharing).
- Lot of dementia care implements that have common sense approaches that could be applied across mental health.

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

Comments
Staff training & culture – new skills for a new service moulded by carers and service users (not a top down method, more of a grass roots one)

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

- **Through GPs and better advertising / marketing.**
- **More psychologists**
- **Employ more staff**

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
- Maybe too bureaucratic, paperwork slows things down – release time to care.

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

Comments
- Talk to people there and then instead of relying on written feedback.

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

- The consultation document should be available in plain English in a simple format that people are able to understand. A user friendly questionnaire would be beneficial.
- A public consultation would be preferred for each council in Scotland, carried out by independent organisations local to the area.
- Important to engage with service users, carers and patients as well as professionals.
- Advocacy.
- Service User Involvement.

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

Comments

- Information needs to be shared with service users, carers and professionals.
- Better communication between heath boards in Scotland.

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

- This is an organisational question.
- Would like to add that there is limited space for extra feedback. The document is too large for the general public. Organisational questions could be separated into a second questionnaire offering organisations opportunity to respond.
- Training & supervision.
- Mental health tribunal should not be lost in tribunal service for Scotland.
- CAMHS & dementia should have their own tribunal service sub sections.
- Education.