

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.

It would be helpful to have a strategy that encourages new ways of thinking in order to integrate health improvement and weave thematic priorities throughout the document, rather than treating health improvement as an additional bolt-on.

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

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

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?

There is still local debate about whether suicide rates are a useful target for measuring positive mental health outcomes. We endorse the approach to develop national help lines and publicity around these to help people in distress focus on alternatives to suicide.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Local projects supported financially by SEE Me have been very beneficial both in tackling stigma and promoting positive action for people who use mental health services. We would endorse the continuation of support for local groups to promote local projects. Useful to see explicit and specific reference to what the third sector can bring to the table.

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?

Continue to distribute funding through SeeMe to spend on local projects.

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

Cut unemployment. Promote exercise. Promote a balanced lifestyle. Support the ARTS and artistic pursuits in education. Recognise areas suffering deprivation in rural locations need 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?

Pastoral education for young people in parenting. Try to deal with problems upstream in a long term strategy to improve positive parenting.

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

Sharing learning across other wait times initiatives. Access to a national library of downloadable spreadsheets and databases to help with monitoring for individual teams to take forward small improvement projects.

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?

Recognise in the strategy the nature of some of the most severe types of mental illness mean people lack insight into their condition. Don't lose sight of the importance of medication in a toolbox for dealing with mental illness. Use of social media for support groups.

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

Continue with stigma reducing work. Make MH promotion a priority. A great deal of work has been done on Mental Health Indicators and measuring tools, such as WEBWBS, and the strategy should consider committing to using these to measure public mental health, together with a commitment to engage in multi-disciplinary and multi-agency work to influence the determinants of mental wellbeing and minimize public health threats to mental wellbeing. Plenty of research has been done to indicate what these are, and at local level, Community Planning provides a framework for delivery of appropriate local initiatives. Work around building resilience also needs to be built in.

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?

Shared pathways in a national library. Sharing good practice.

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?

Clear eligibility criteria for access to treatment and a guide to stepped care approaches. Sharing good practice.

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

QOF initiative?

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?

Promote advocacy and invest in it at a central level.

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

Patients rights bill should help with this re-defining the power paradigm.

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

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

Keen to engage though we do struggle with capacity.

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

Maybe we could develop friendly peer inspections. Any chance of a small pot to support travel and expenses for this?

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?

Maximise existing carers legislation and ensure people have carers assessments.

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?

Promote strength based models which recognise all relationships as a useful part of mental health resilience.

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

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?

Avoid national databases with patient identifiable information. The substance misuse database has met with resistance and staff unwilling to input patient identifiable information into national systems.

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

Comments

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

We would reinforce the need to develop services for people on the Autistic Spectrum - Asperger Syndrome. There are challenges for remote and rural services to develop these specialities.

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?

Electronic patient records system.

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?

No one of our issues is to focus well on limited priorities rather than try to focus on too many and do it poorly.

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?

Continue with integration agenda. Promote life story training/work as a single fulcrum for systems change.

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?

There is a need to build psychological mindedness into workers approaches at all levels from volunteers to home care to psychological professionals. A generic resilience course built into education and then NVQ and all training courses.

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

AHP access especially with the introduction of wait time targets for this group.

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

We must continue to invest NES funds in this area.

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?

National benchmarking tools do not work for the island boards and the subsequent published data is misleading when making comparison.

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

Positive steer on the use of CORE as an outcome measure for psychological therapies. There could be useful national steer on general outcomes measures for mental health services this will allow for useful benchmarking for boards and authorities.

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?

Improvement is an ongoing process and not an event. many of those we have trained in improvement methodologies through the collaborative work move on into new posts and as new people come through the learning is diluted. There is a need to recognise leadership development in the NHS to drive change and efficiency is an ongoing priority.

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

The suggested approach almost entirely about those already ill and services to treat them, with the opportunity to integrate public health approaches to whole population mental wellbeing improvement being missed out. Health promotion feels like a bit of a bolt on.

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?

We can maybe learn a lot from the social media in the production of online support forums for staff and carers to ask questions which can be answered by the community of experts but would need dedicated moderators for definitive answers. There may be some way the ADSW MH sub group and other professional groups at a national level could support such a forum. It would be useful to add in academic institutions for expert answers. Whilst this would not replace local legal advice it would be a useful place to bounce ideas around and learn from others practice. Particularly for those in remote locations.