The feedback which follows is structured around a series of key themes pertinent to the promotion and recovery of sound mental health, and seeks to address the three bullet points above:-

1. **Mental Wellbeing**

- The strategy places too little emphasis upon the promotion of mental wellbeing, perhaps too much on mental health/ill-health. The concept of mental wellbeing needs to be better understood if people are to play an effective role in maintaining their own mental health. The document makes little comment upon the range of mental wellbeing opportunities available within communities.

- The outcomes within the strategy present as clinical, rather than holistic – once again suggesting an emphasis upon mental health/ill-health as opposed to mental wellbeing.

- Emphasis is placed upon services and the use of services, as opposed to the early intervention options available through promotion of mental wellbeing.

- Once again, little comment is made upon common situations which can affect wellbeing such as job loss and relationship breakdown or the options available to support people experiencing such difficulties.

- Finally, little comment is made upon the promotion of physical activity or cultural activities which can enhance wellbeing.

2. **Communities**

- Insufficient emphasis is placed upon building resilience and accessing resources within our communities. Beyond social prescribing, the development of social enterprises, fellowship groups, time-banking and wellbeing initiatives in schools all have their role to play. Community capacity building, in general, is important in maintaining and improving the wellbeing of communities.

- In this context, the particular vulnerability of remote, rural communities should be recognised and the need to ensure access to appropriate services (eg via Telehealth)

- More generally, reductions in staff numbers is not adequately covered.

3. **Recovery**

- The document makes considerable reference to Recovery, but less reference to the manner in which this can be accomplished. Recovery is a journey which may be facilitated through the intervention of a range of different people, including both community-based recovery champions and staff within front line services. As with

certain other changes in social care thinking, the perceptual shift is from a 'deficit' model to one where the emphasis is placed on the individual's 'assets'

- Recovery can and should be part of care and treatment. The two concepts are not mutually exclusive. Staff can create the environment for individuals to gain or regain the control over their lives necessary to embark upon their journey of recovery.

- The need to measure the impact of recovery initiatives is clear. What was less clear were the optimum tools for measuring recovery. A wide variety of tools exist, but consistent performance against these outcomes is only possible when standard measurement tools are employed.

- The role of peer support within the overall process of recovery could be more strongly emphasised within the strategy.

4. **Services**

- The role of Psychological Therapies presents as a key element within the strategy, but this approach on its own was considered to present difficulties. Accessing such therapies can prove difficult and the therapies themselves are not the answer in every case.

- Alternative approaches have their role to play, often within a community setting, but they must be located within an overall strategy.

- Engagement in Psychological Therapy at the point of crisis is frequently difficult. A balance between medication and therapy is frequently required during acute periods.

- Recent research would indicate the need for a proactive approach which ensures that systems and services are in place which do not necessitate someone waiting until a crisis has occurred before they can access services.

- Specialist mental health services should not be seen as a distinct service, but rather as part of broader church of universal mental health services.

- As indicated earlier, the effectiveness of any service must be measureable through progress towards outcomes. These outcomes, in turn, need to reflect the aspirations of service users.

- All public services should be supported to continue work to deliver new models of care, supporting self-management, innovation and improved outcomes, and enabling independent living for patients and their families.

- In acknowledging that the greatest asset of all public services is the

workforce, and that it will be working longer, a stronger emphasis should be placed on improving the physical and mental wellbeing of staff at work.

- The document should make greater reference to choice, control and self directed support in relation to the provision of services. If SDS is to make the same impact upon the shape of mental health services in Scotland as it has in parts of England, then the concept needs to be clearly embedded within the National Strategy for Mental Health.

5. **Stigma**

- Despite campaigns at national and local level, mental ill health is still not generally talked about. Stigma is still an issue. In order to combat this, the current campaign needs to encourage improving mental health 'literacy' across a range of professionals. Simply attempting to change attitudes within communities may not be enough.

6. **Diagnosis**

- **The document fails to address in sufficient detail the continuing difficulties around 'dual diagnosis' and the failure of substance misuse and mental health services to work effectively in a co-operative manner to the benefit of patients/service users.**

- People affected by long term conditions can find it difficult to access mental health services and support groups as their problems are sometimes seen as part of their long term condition. This – despite the knowledge that those with long term conditions are at increased risk of mental health difficulties.

- The draft strategy also needs to address the links with autism and learning disability in greater detail.

7. **Finance**

- The financial implications of some of the proposals within the document should be clear and specific. If it is proposed to shift the balance of care from an institutional setting to a community-based setting, then resources need to shift in order to accomplish this change.

8. **GPs**

- GPs need to be fully conversant with the mental wellbeing/health options available to them at local level.

- An IRF approach should be taken towards measurement of the relative usage of, for example, anti depressants between different GP practices within Health Board areas.

- Over-usage of anti depressants should be identified and alternatives strongly advocated through appropriate channels.

- Generally – the options for social prescribing at local levels should be expanded (as described earlier) and GPs should be encouraged to support them.

- In turn, the referral route to such resources should be made as easy as possible for GPs

- Develop alternative social prescribing routes, such as the introduction of a mechanism to allow patients to access social prescribing services. without the need for GP involvement at all

9. **Partnership Working**

- The absolute importance of integrated planning and delivery of services should be a fundamental priority throughout the strategy.

- The focus of this integrated partnership approach should be upon pro-active prevention wherever possible.

- This partnership approach should extend to agencies such as Housing and Education, not necessarily 'badged' as mental health agencies, but in charge of resources with a direct impact on the individual's mental health.

- Where there is a waiting list for services, then a co-operative approach between the statutory and voluntary sectors should seek to identify interim, ongoing support.

- In order to translate an integrated partnership approach at strategic level into operational reality, key staff across a range of agencies should be targeted for specific types of training in relation to mental health awareness and simple techniques.

10. **Children and Young People**

- The draft strategy contains insufficient emphasis upon the importance of responsive services for children in their early years and young people. These are key developmental stages where, unless problems are responded to appropriately, significant deterioration may occur with long term implications.

- Accordingly, waiting list times of up to 26 weeks for children and young people with mental health needs are completely inadequate.

- Where victims of Child Abuse or Neglect are seen to be exhibiting significant signs of psychological/psychiatric distress – **they must be able to access services timeously.**

- Self-harm amongst young people is also emerging as a significant

cause for concern.

- Arrangements around transition from young people to adult services is not always well managed and clear standards are required to ensure appropriate planning.

- Once again, GPs may require further education in this area. Young people generally only attend their GP regarding their mental health if they think something is seriously wrong. Young people also report, however, that they feel they are not always treated seriously when they do report such concerns.

11. **Older People**

- Clearly, the burgeoning population of older people and the increasing incidence of dementia will have enormous implications for the future shape of our services for older people.

- Psychiatric and clinical services must work effectively to meet the needs of those affected by dementia.

- Similarly the high reported instance of depression amongst older people necessitates the need for integrated psychiatric and clinical responses.

12. **Communication**

- If we are to see the capacity of communities expanded to support the mental wellbeing of citizens and the adaptation of existing services to better accommodate and support the concept of recovery, then it will be necessary to develop and update directories of services which specify exactly what services are available at local level to meet different types of needs and how to contact them.

13. **Presentation & Content**

- The draft strategy currently presents as rather process-driven. It may benefit from providing both a vision and greater clarity of direction.

- There is little sense of a 'person-centred' approach to the strategy as it currently stands.

- The categorisation of those suffering from mental ill health into 'clients' and 'patients' appears to set the tone for the document. These people are children, adults or older people – citizens of Scotland.

- The final strategy should be readable, engage the reader, and clearly set out what the key outcomes are and the anticipated impact which services will make.

- The language of the document at present is not readily accessible by

non-professionals

- The document does not seem to be set within a wider political context of the Economy; Community Safety; Family Relationships; Welfare Reform and Employment.

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.

In terms of additional action which could be taken at a national level to support change in local areas, this needs to include:

- **Partnership working** - Nationally, a partnership approach towards the provision of mental health services and improving the mental wellbeing of the local population must be encouraged, if not stipulated. There needs to be recognition of the importance of the role not just of NHS services, but Local Authorities, the Voluntary Sector, as well as local communities.

- **National partnership themes** - The Scotland Together (2009) report and data from Tayside Fire and Rescue Service strongly suggests that the majority of fire fatalities in Scotland involve people with mental health problems. Older people and those with memory and or mobility problems are most at risk. Thus, additional action that could be taken at a national level to support services to work more closely together could be, for example, if the Mental Welfare Commission for Scotland were notified about fire deaths in Scotland. The organisation could take a decision as to whether it would investigate the circumstances of the individual - where it is established there is a mental disorder -make recommendations and follow up at end of year visits. In order to shift the balance of care and to strengthen preventative partnership work, examples of agreed priorities could be around a broad heading of "community safety" which could encompass working together to prevent fire deaths, working together to keep staff safe, working together to prevent disability related harassment etc. Strong partnerships between mental health and criminal justice at a national level would be helpful.

- **Mental Wellbeing** – Nationally, there needs to be drive towards

enabling an understanding of mental wellbeing and how this can be maintained. This needs sit alongside any discussion of mental health or mental ill health.

- **Share knowledge** – Provide support mechanisms to share knowledge nationally, continuing to explore evidence based approaches that have worked and share as good practice across Scotland.

- **Data sharing** - Data sharing around agreed priorities needs to be strengthened between all public services, voluntary and private sector organisations, and this requires national support.

- **Links to Other Strategies and Areas of Work** – Nationally, there needs to be clear links made as to how the Mental Health Strategy will link to other areas of work including:
  - Reducing re-offending
  - Challenging Scotland's attitude to alcohol
  - 'The Road to Recovery'
  - GIRFEC/Child Protection Agendas
  - Domestic violence
  - Employability

- **Road Map** - Finally, the strategy should provide a clear, national road map that allows for variations in tone at local strategic level. Priorities for one area may not be identical to those for another. Thus, (completed) suicide is not a huge issue in Perth & Kinross, but the challenges associated with an ageing population most certainly are.

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.

The areas of gaps in service provision highlighted during the consultation are as follows:

- The draft strategy contains insufficient emphasis upon the importance of responsive services for children in their early years and young people. These are key developmental stages where, unless problems are responded to appropriately, significant deterioration may occur with long term implications. There is a need to improve services for developmental disorders, both within CAHMS and through transition into adult services. One of the key issues for universal services is the need to support the child/young person during the time they wait to be assessed/diagnosed – there is an increased need for coping mechanisms for parents, teachers etc, to be shared with them at an early stage.
- People affected by long term conditions can find it difficult to access mental health services and support groups as their problems are sometimes seen as part of their long term condition. This – despite the knowledge that those with long term conditions are at increased risk of mental health difficulties.
- The draft strategy also needs to address the links with autism and learning disability in greater detail.

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?

- Be careful not to lose 'Choose life' brand – this is now recognised widely in field of suicide prevention and beyond.
- Give higher priority to investment in sound mental health in the community through working in partnership.
- Think more widely about wellbeing in relation to self harm and suicide rates - different community activities that help people engage and belong. We need to enlist support from primary care. We also need to consider the role of employment, social prescribing and social networks/befriending.
- Make access to services more straight forward and simple.

- Invest in training staff across agencies (although it is acknowledge this will be challenging in the current financial climate)
- Raise awareness of suicide prevention by supporting the Third Sector, Primary Care, Education and Police to educate staff and communities on identifying poor mental health and intervene earlier.
- Improve access to psychological therapies
- Promote counselling service in all secondary schools (as England, Wales and Northern Ireland have done).
- Continued awareness-raising of opportunities for people to talk to professionals/trained service providers about how they feel. This should maximise the opportunities for non-health provision of both advice and talking therapies.
- Keep involving people who use pertinent services in order to support informed and responsive service planning and development.

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

- Encourage the sharing of recovery stories.
- Integrate services so mental health care and treatment is not seen as separate and in a different location.
- Provide training within schools, HR, etc... Stigma occurs within the service as well as out with. Work with families/carers/ community groups. Continue to support good citizenship, community collaborative approach and Health Promoting Schools.
- Develop guidance to employers – balancing the role of caring employer with needs of service. Offer flexible employment opportunities without stigma. Provide supported employment with buddying for people on a recovery journey. Increase support for staff that have Mental Health issues in line with support available for physical disability.
- To continue to develop the capability of staff working in NHS Scotland to recognise work as a key determinant of health and to include work outcomes and functional capacity in all patient care plans.
- Address the belief that Mental Health requires a different level of confidentiality by clinicians - all health information is confidential and shared on a needs only basis, in a proportionate way.
- Consider how progress on reducing stigma can be measured.

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?

- Encourage positive media coverage, use of famous people in adverts and in the media
- Make services more universal and not 'illness' specific
- Stop calling people mentally disordered offenders - very stigmatising
- Invest in sound mental health in the community – in partnership with other agencies
- Road show of the successes and local workshops.

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

- Prioritise investment in promoting positive mental health in the community.
- Make explicit reference to partnership working in the Strategy.
- Encourage the development of wellbeing targets which partnerships are accountable for.
- Build capacity through collaboration at local level across all sectors.
- Offer community collaborative approach to improve mental wellbeing in communities (i.e. ask the local people in selected small areas). Work more with community capacity builders and use their expertise. Make use of specialist groups and services that can be integrated in the community
- Raise awareness of mental wellbeing and the effects early intervention can have on a person's long term mental health. Make wellbeing education common place and ordinary aspect of community activity, e.g. like badminton class
- Start with our own staff and continue to provide information and access to resources to support good mental wellbeing.
- Healthcare professionals should be supporting self-management in mental health. This should be underpinned by knowledge about health behaviour change. This consists of a range of approaches that support health promoting behaviours, such as providing appropriate information, maintaining social connections, maximising employment and/or educational opportunities and making connections between physical, emotional, spiritual, social and economic wellbeing.

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?

- Focus action on early years, which should mean very early

prevention work, i.e. to prevent the need for CAMHS. When CAMHS access is needed, there is a problem already. This is too late.

- There are lots of issues and queries around waiting times and referral routes. Early intervention is not 26 weeks of waiting. Focus should not just be on early years but also on early intervention whatever the age of the child. A waiting time in line with other clinical areas of less than 26 weeks is more inspirational. Why is psychology a priority for 18 week waiting target? Will GPs and other professionals refer to psychology rather than psychiatry if target waiting time is lower for this specialty? What other work to address mental health and well being can be undertaken through community services (including GPs) rather than referring into CAMHs?
- Educate staff and youth workers leading to detection of difficulties in schools/colleges with support available to respond before further problems develop.
- Involve both the family and professionals in any early intervention.
- Plan for transition to Adult care.
- Include more provision for family work for adults with severe and enduring problems (psychosis) to prevent relapse, and to assist any children in the family.

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

- Develop more holistic targets. At present, it is focused on HEAT targets and the NHS, rather than education, social care services and voluntary sector.
- Develop integrated model with education and social care services
- Develop wider targets with partnership accountability

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?

- Develop people's skills, confidence and knowledge to deal with their mental health, and to decrease dependence on services
- Continue to address stigma through local work with communities, in communities to reduce the stigma of accessing services at known mental health service locations. Make self help and sign-posting information readily available, where people are: at GP surgeries, leisure centres, local community settings, football grounds, bars, schools, community services and groups
- Request that GPs signpost all services available to their patients
- Deliver learning opportunities where people are at work, school and leisure. Integrate it into community settings so it is acknowledged by all and becomes more acceptable
- Work with parents to develop "alternative" therapies to support good mental health and wellbeing e.g. family exercise class.
- Encourage the person/referring agent/support agent to focus on re-ablement, not long term reliance on services.
- Simplify access to services and reduce waiting times
- Encourage service users to build trusting relationships with staff.
- Improve communications and encourage staff to be responsive not reactive.

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

- Provide people with information so they are able to recognise the early signs of mental health issues.
- Improve access to services - develop a clear, simple pathway which is integrated.
- Ensure all care is pitched at the level required and ensure that where possible it is within the individuals home.
- Have mental health services available at 'generic' sites to reduce stigma.
- Ensure all front line services have readily accessible self help and/or signposting info, backed up by web-based resources if possible.
- With the introduction of Curriculum 4 Excellence, health and wellbeing are an integral part of education. Local facilities to enable people to access information/help are also useful.
- Recovery focused approaches, rehabilitation and enablement.

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?

- Provide more out of hours services, as many people seeking help do so out of hours. Increase access to psychological therapies by encouraging psychology staff to develop other staff through training and supervision
- Greater awareness needed of difference between mental wellbeing and mental illness across all professionals dealing with children and young people on a regular basis. There is a need to understand that whether child/young person has a mental illness or personality disorder the person who has referred him/her or identified the issue will still require to find a way to cope with the presenting behaviour.
- Improve the integration of GPs / primary care with mental health assessment and treatment services is needed. Those who are conduits to services need to know what's available, where and when. Pathways need to be simple and integrated.
- NHS 24 has a range of technology to deliver services, benefiting and supporting service delivery and service users. AHPs in mental health are very interested in exploring how the technology available can be used to do things that achieve excellent outcomes for all. This includes ensuring that people have access to the right person and intervention, including establishing a single point of access for mental health services delivered through the medium of telehealthcare and developing enhanced web-based information and advice resources in relation to nutrition, physical health, mental wellbeing and work for example.
- Give clear timescales for responding to referrals which service providers are expected to adhere to. Urgent need should be responded to urgently.
- Ensure CBT experts are available quickly when working with people with long term physical disabilities to help with the changes they face and reduce incidence or severity of depression.

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?

- Use relevant tools to determine whether value is being added.
- Implement transparent procedures for decisions about dis-investment.
- Include communities and service-users in deciding what adds value.
- Evaluate some Mental Health Services as therapeutic places. Many in-patient structures make psychological interventions impossible.
- Identify joint targets/service specific targets not just HEAT targets.
- A growth in education opportunities, clinical effectiveness and practice development initiatives at all levels would be a significant step for healthcare professionals in the journey towards embedding service improvement approaches into everyday practice.

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

- Provide integrated structures, shared governance and adequate funding for many partners, as well as support in practical terms from NHS and local authority staff.
- Agree evidence-based outcome measures.
- Encourage the support and engagement of communities and 3rd sector organisations.
- Value supervision and supervision training, support for supervision.
- Appropriate staffing capacity, training and ownership by all agencies through understanding of the pathway.

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?

- Use the SRI as measures of improvement for agencies.
- Encourage the development of joint approaches.
- Make service user involvement mandatory in service design and review
- The feedback loop needs to be strengthened to acknowledge the input of service users and other interested parties and explain what can be done and what can't in an open and factual way.
- In relation to young people in particular, explore social media, community collaborative approach, use of GLOW and links with parents.

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

- Develop proportionate information sharing. All professionals have to deal with confidential material and should trust the professionalism of other agencies.
- Improve as listeners.
- Integrated planning can lead joint understanding of priorities and this is crucial to develop an integrated plan in relation to care and treatment. Joint training opportunities/national opportunities can enable the building of beneficial partnerships.
- The use of the Learning Community and the resources available (staff) should be maximised. Links with parents and families to all professionals need to be strengthened.
- 4D model of appreciative enquiry. The use of creative arts to promote self-expression such as drama, music and art.

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?

- Use person centred self evaluations which inform and lead support accessed by individual
- Use practice based evidence; stories, experiences to inform how we provide services
- Gain further appreciation of what works well UK wide and globally
- Promote self directed support

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

- Make the SRI mandatory.

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

No responses

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?

- Treat families/carers as equal partners to professionals and provide

information and support.
- Tell them the truth. Treat them as adults.
- Organise and prioritise their involvement.
- Increase access to family work for carers and family to facilitate involvement and improve quality of life.
- Consider carer respite.
- Encourage a person centred approach – for example, one voluntary organisation has a participation policy which is very person centered, with procedures and paperwork which ensure participation.
- Through education and ongoing support.

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?

- Provide information in appropriate, jargon-free language.
- Provide staff with information to enable them to link with carer agenda/family needs. Use voluntary organisations such as Support in Mind Scotland to help facilitate this.
- Provide on-going support for carers to avoid additional mental health issues for them.
- Value carers.
- Continued staff training, both single and multi-agency.
- Need for acceptance of additional responsibility to include this role within "day job" e.g. with development for Curriculum 4 Excellence new teachers will have this included as part of their training.

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?

- Build a Scotland-wide mental health network / web portal including statutory and voluntary sectors to showcase what is working, with information on aspects such as 'pros and cons' and 'lessons learned' and so on.
- There needs to be some opportunity for agencies other than health to comment on the redesign of services. Locally there are links with CAMHS which can support this process.

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?

- Ensure GP's are capturing referrals (mandatory).
- Get GP's more integrated within the NHS system
- Include severe and enduring mental health problems in monitoring system.
- Tie in with dual diagnosis in relation to drugs and alcohol when monitoring referrals.
- Acknowledge the links between children/young people and adult problems in any monitoring system.
- Need information links between MH services (hospital and community) police, prison, care homes and so on.
- Take into account breadth of people affected by poor mental wellbeing as well as mental illness, and the age range.
- Local collation of statistics and more importantly their analysis should be undertaken with partner agencies on a regular basis. A national overview of this data should be collated annually.

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

- Through engagement of users/potential users and feedback to those who have been asked. Use of examples of good practice sharing *locally/PanTayside/Pan Scotland or by comparator area*
- Provide opportunities for leadership development at all levels of the organisation.

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

- Recognise problems associated with rural isolation and the reduction in close family network.
- Provide sustained, dependable funding for domestic abuse services (often working with high levels of trauma in women and children).
- Acknowledge that people with physical disabilities can develop depression as a result. It can go untreated if staff focus solely on physical symptoms.
- Include autistic spectrum disorders.
- Provide counselling services in schools.
- Effective transition between youth and adult services.
- Vocational rehabilitation for mental health service users and in particular, forensic and drug and alcohol services.

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?

- Develop targets that all partners are accountable for (e.g in SOAs) rather than HEAT.
- Encourage more flexible funding streams. Make resource transfer simpler.
- Write the strategy in a way that values and acknowledges the crucial input of partners so it is a strategy for partnerships not for NHS alone.
- Develop a register of service users that partners can access 24/7
- Identify local opportunities to work more closely with all partners around children and young people e.g. through schools, GIRFEC approach.
- Data sharing partnerships, work shadowing, shared educational opportunities, secondments.

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?

- Provide a service for persons with mental health issues who have become involved with criminality, adversely affecting local communities.
- Promote information and support around domestic abuse and impact on mental health/ healthy relationships, especially in schools/with teachers.

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?

- Provide joint strategies/ training and shared targets across sectors/professionals/users/carers
- Coaching, mentoring and action learning sets would support the implementation.

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?

- Survey all health and social care staff including voluntary organisations - not just NHS staff, and across wider disciplines than Psychological Therapies.
- National overview of mental health and wellbeing of school pupils/young people.

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

- Identify focused, evidence based training for all public sector and voluntary organisation staff. A lot of input is by 'non-health' staff e.g at early intervention points (leisure centres) and in care homes
- Train front line staff Mental Health First Aid and suicide prevention. This includes good communication about local services that are easy to access
- Promote Recovery training.
- The impact of the Additional Support for Learning) (Scotland) Act 2004 and further workforce development for Educational staff to support this.

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

- Agree a basic formula for staffing to ensure appropriate level of training built into each contract and staffing levels worked out taking account of this.

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.

- Develop data sets which are not simply in relation to health; needs to be holistic looking at employment, housing etc
- Consider the breadth of the national mental health indicator sets (adult and children & young people).
- Recognise that mental health outcomes are not necessarily caught via 'data'.
- Try listening to service users and what outcomes they want – focus on what is a good healthy life with the person as the driver

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

- Integrate it across sectors, reporting on non-clinical support/interventions and outcomes as well.
- Consider how these get measured

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?

- Promote the message that 'Mental health is everyone's business' - don't just focus on health and care
- Embed mental health improvement within all service priorities / service improvement initiatives
- Clear leadership identified at local levels and sharing of the priorities and the challenges with all partner agencies.

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

- Encourage better communication channels between Local Authorities and NHS - systems that at least communicate, or (better) are shared.
- Continue to encourage a culture where it is understood that the mental health and wellbeing is, at varying levels, the responsibility of all those who are involved with children and young people.
- The premise on which child protection is now embedded i.e 'It's everyone's job to make sure I'm alright' should also be applied to mental health and wellbeing.

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?

- Provide staff education and training.
- Ensure legal framework is cascaded down, in terms front line staff will understand. Training and awareness of compliance with legislation such as Additional Support for Learning) (Scotland) Act 2004 and Mental Health (Care and Treatment) (Scotland) Act 2003.
- Recognise that the integration of Adults with Incapacity, Care and Treatment and Adult Support and Protection is complex, and not applied by those who are not familiar. Training required.
- Ensure staff have good supervision/discussion with managers
- Provide information and ensure there are clear responsibility and roles
- Invest in learning and development and challenge medical model.
- Raise awareness of the legal framework. Non mental health practitioners have a lack of awareness and training in the legislation.
- Consider the support which those outside the scope of the legal

framework require.
- Encourage more engagement from GP's.