

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

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

Mental Health Strategy

Thoughts Not user friendly. More for 'Organisations' which limits the responses of 'lay' persons....ie. service users and carers. Those with experience of services & legislation.

Q1 Identify good practice round the country. Provide sufficient resources (even in these straightened times.. it will save money in the long term if agency staff can be avoided) and targeted to 'needs'. Encourage 'involvement' at local and national levels to find the 'best' models, then roll out. Communicate clearly.

Q2 Service providers seem to be those consulted. Need therefore to include (easily) service users, family & carers (bearing in mind confidentiality). Support new moves for 'Person Centred Care'. Support (safe) strategy to move care into the community.

Q3 Some good initiatives (See Me). Support self help. Difficulties in present climate as depravation & poverty affect self harm & suicide. Crisis services & education of young people the way forward?

Q4 Again, education. Support the likes of 'See Me' to promote their message into schools.

Q5 Look to other areas/countries that promote 'good Mental Health'. Talk openly about stigma to get the message across. Get Medical Staff 'on board'.

Q6 Identify best practice and share. Clarify difference between Mental Health Act (2003) and Disability & discrimination Act (2010), re. mental health conditions. Access to exercise (wide) proven to have beneficial.

Q7 Improve diagnosis (ADHD etc) and understanding. Improve understanding between departments and align health visitors/partners.

Q8 See above Q7 plus increase capacity

Q9 We know ourselves and should be able to refer ourselves back into services. More services (maybe third sector). Promote Self Directed Services.

Q10 As above

Q11 Promote 'inclusion'. More training of medical staff round Mental Health for them to identify potential quickly.

Q12 ICP should help identify and guide. More training of front line staff.

Q13 Health Boards *need* to work properly (not just talk about it) with other agencies ie. Councils & Voluntary Sector.

Q14 It appears that Health Board Execs & Government have commitment to involvement (Nationally, VOX & consultations like this...if user friendly), locally like PRG and before it 'Mind your Health' (Ayrshire & Arran). Similar Models, if they do not exist Nationally, should be established & supported. Also, move towards Person Centred Care Project moved along.

Q15 Staff support to encourage/facilitate Service User involvement (despite some Health Boards seeing this as a 'added burden'. BOTH sides to take it seriously and positively.
COMMUNICATION.

Q16 Show progress already made by Service User/carer/family involvement. Show the successes of that involvement and how it has improved/benefited Services.

Q17 Show & share best practice. Establish/publish those areas achieving and NOT achieving. Promote (more) recovery models.

Q18 As above

Q19 Person Centred Care Project. Show the 'achievements' already made in this field & the benefits for Health Boards, Service Users & Carers. Promote (much more) 'Named Persons' & 'Advance Statements'.

Q20 Staff 'asked' to consider more than just the 'clinical' requirements. They need to know they can do that.....communication again, this time to let staff know/realise they can 'listen & care'.

Q21 Communicate...with all sectors (health boards, voluntary sector, charities, Local authorities etc) that have had success and that promote that model.

Q22 League tables?? Demographics (services working to population). More monitoring (without more 'paperwork & box ticking)

Q23 As previous. Identify what is working and then promote that. (Best practice)

Q24 Most 'gaps' are identified in Strategy....maybe just need to prioritise ALL of them.

Q25 Individually most services are covered. What is needed is integration and smooth transition from one service to another.

Q26 As above. Transition, along with more training (staff of ALL services) for those that come into contact with @mental Health Service Users'.

Q27 No idea. Never heard of it.....which in itself could be a problem

Q28 League of who's achieving & who's not??

Q29 Identify best practice & promote...make it the 'norm'.

Q30 As above answers

Q31 Communicate successes and failures.....best practice. Make 'results' well known...even 'name & shame' those that are failing

Q32 Person Centred Care approach

Q33 Integration of services. Do more for less (achievable with better leadership, sharing & training). Move towards more 'care in the community'..... it works if done right & costs a fraction of Hospital care.

Q34 As previous answers

Q35 Make it easier for 'whistle blowers' to point to failures of best practice. Allow staff to be free to 'listen & care' and do the job they wish to do with compassion. Train them on the 'legalities' then allow them to interpret and 'do their job' without fear of box ticking & 'management'. Listen to 'caring' staff, they can make things better & & save money in the process.

Jeez.....here endeth the lesson

