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

We consider that there should be an Outcome dealing specifically with independent advocacy and its importance to patients (and carers) in giving them a voice at Tribunals etc. Funding of advocacy organisations should be given a high priority.

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 Government should issue good practice guidelines to Health Boards identifying the benefits accruing from having independent groups of carers/families of service users who can participate in the planning, design and operation of mental health services. A system for monitoring the implementation of these guidelines should also be put in place.

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

A key element in the improvement of services and in identifying gaps in service provision is the active participation of service users and/or their families/carers.

"No blame" groups of service users should be in place in all secure care units to allow issues relating to their care and treatment to be discussed. These should take place regularly, minutes taken and suggested improvements brought forward to hospital management for consideration/action.

Senior doctors/nurses should be encouraged to set up support groups for carers/families and to facilitate the running of these groups by carers themselves. In this way the collective views of carers/families on issues relating to the general care and treatment of patients and possible service improvements can be obtained by staff which in turn leads to empowerment of carers and more co-operative working for the ultimate benefit of patients

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

No comment

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

At the recent National Forensic Carers Conference in Edinburgh, the stigmatising use of the term "forensic" was highlighted. This term has acquired very negative connotations, eg a common remark is "he/she is a forensic" implying that he/she has a criminal record. Another commonly used phrase, with even more discriminatory consequences, is "mentally disordered offender" or "MDO"

.We would advocate that, wherever possible, use of these terms should be discontinued and a more neutral term such as "secure care" should be substituted.

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
Se answer to Question 4 above

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

Comments
No comment

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
Signs of mental illness typically make their appearance in teen-agers. Members of the public (and particularly parents) need more education in identifying these warning signs and how and where to seek help. GP practices, as the first port of call, need to be encouraged to be more responsive to family concerns (and not "hide behind" patient confidentiality). **Speedy** referral and **speedy** assessment are crucial in dealing with potential problems before they escalate into something more serious; this means that sufficient resource (ie more trained staff) is available for that to happen.

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

Comments
No comment

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

Crisis centres/early response teams need to be set up in all main centres of population (eg cities and larger towns). These should have free-phone help lines which callers (users of mental health services or their family/carers) can access on a 24/7 basis for information and advice. Support should also be available, where necessary, on a face-to-face basis. The existence of the centre/unit and the helpline number should be extensively publicised.

A good example is The Edinburgh Crisis Centre - (www.edinburghcrisiscentre.org.uk) which receives over 10,000 calls a year.

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

Comments

A problem encountered when dealing with people suspected of suffering from severe mental illness is that they often do not recognise that they are ill and in need of help. As a result they can refuse to see a doctor or allow themselves to be assessed. Doctors, bound as they are by medical ethics, often refuse to discuss their patient's medical condition with relatives which can lead to an impasse, with the individual's condition getting worse and family frustrated at their inability to do anything about it.

Ability to obtain advice and support from crisis centres could help to alleviate these family problems.

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

See answers to Questions 9 and 10.

Proposals for major changes/.improvements should always be "tested out" on service users and carers groups, feed-back encouraged and proper consideration given to comments/suggestions made by these parties.

A good example is the arrangements that were set up by NHS Tayside at the time of planning the new secure care units (Rohallion) at Murray Royal Hospital Perth. Staff, service users and carers were closely involved in all aspects of the location, planning and detailed design of the units; the outcome was buildings that were acceptable to all parties and the creation of a feeling of "ownership" of, and a pride in, the new units.

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

See answer to Question 11. Working with service users/carers, rather than keeping them at a distance and imposing solutions upon them, will pay dividends and avoid the possibility of conflict at a later stage.

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

Comments

No comment

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

By allowing them to express their views and showing that they are being listened to. A mechanism to allow this to happen (eg ward-based discussion groups, facilitated by a senior nurse, is one way to do this).

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

Comments

Mechanisms whereby family members/carers can interact with psychiatrists, nurses and other health professionals are highly valued by families and carers. Such mechanisms can include carers groups, family support/therapy groups and carers forums.
A crucial element which will determine the success of a group, is the active and continuing support and participation of medical staff (as a minimum a senior doctor and nurse). The group, whatever its format, should be independent in the sense that carers should be involved in running the group, setting the agenda for meetings and taking a lead role, with professionals being present to provide support and advice. Discussion of individual cases should be discouraged, the emphasis being on matters of general concern and on ways in which the group can help in the running of the service. In this way carers can raise matters that are of real and pressing importance to the general body of carers, while at the same time being assured of a "listening ear".

A good example of this approach is Tayside Forensic Voices, a support group set up over 15 years ago, to provide support and advice to carers/families of patients of Tayside Forensic Psychiatric Service (a 26 bed (soon to be 32 bed) Low Secure Unit at Murray Royal Hospital Perth). The Group is a charity which raises its own funds and has monthly meetings at the Hospital which are always attended by a senior consultant, nurses, social workers etc, as well as carers/family members of patients. We raise funds which are used for the benefit of patients and are closely involved in all matters relating to the care and treatment of patients. Regular meetings with the Unit's Service Manager and other senior staff also take place. Over the years we have built up a high degree of mutual trust and respect and have created a true partnership of equals for the benefit of carers, staff and patients.

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

Se answer to Question 15

In addition to being a carers support group we sit on the planning board of the new Regional Medium Secure Clinic for the North of Scotland which is under construction at the hospital, where we represent carers' interests and take an active part.

On a wider front we have been active in encouraging carers of patients in other forensic psychiatric units to have a greater involvement in the planning, design and operation of these units. We are founder members of the National Forensic Carers Forum which was set up in 2010 to enable families and carers from other parts of Scotland to share experiences and discuss matters of common concern with health professionals. The Forum is also responsible for organising a bi-annual Forensic Carers Conference, funded by The Forensic Network. The latest Conference was held in Edinburgh in May 2011 and attracted over 80 carers and medical and other staff.

We have found the presence of doctors, nurses and other health professionals at our monthly meetings to be invaluable; not only do medical staff hear at first-hand the general comments of carers about how the service is operated, concerns about "gaps" in service and queries about service quality, but carers gain a better insight into difficulties faced by staff and a chance to have queries answered face-to-face in a non-confrontational way. The net result is a better appreciation of each other's point of view, a genuine rapport in a social context and generation of mutual trust and respect.

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

Comments

No comment

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

Comments

No comment

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

We would refer you to our answers to Questions 15 and16.
We have found that the interaction of psychiatrists, nurses and other health professionals (at a senior level) with families and carers in a social setting such as a carers group has real advantages and can empower families and carers to participate meaningfully in the care and treatment of patients and in the planning and design of their own local mental health services.

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

Staff need to be encouraged to work with families and carers to set up support mechanisms where there can be an honest dialogue between these parties with the aim of agreeing what is needed in a particular hospital to provide the best possible care and treatment of patients. In this way information of use to carers/families can be provided, questions answered and difficult situations resolved.

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

One way would be the issue of "good practice" guidelines giving examples of changes to care management that have worked well in a particular health board area. Workshops/ discussion forums (as part of the CPD process) might be a further way of disseminating good practice.

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

No comment

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

Comments

Se answer to Question 21

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

Comments

Yes – a decision on a secure care facility for female forensic patients in the North of Scotland is well overdue. This has been talked about for years without any decision being reached. Meantime such patients have to be treated in "unfit for purpose" settings or placed in "out-of-area" hospitals which are difficult for their families to reach.

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

Ensure better integration between health boards and local authority housing/ social care services is needed. All too often spending priorities differ which can lead to a mismatch in service provision to the detriment of seriously-ill patients being cared for in the community.

A good example of what can be achieved is the integration of health and social care services in the Highland Region.

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

Enabling independent advocacy services to provide advocacy advice and support to carers in every part of Scotland. Carers also need support in expressing their views when attending tribunal hearings, case reviews and other meetings with professionals.

At the moment there are few carer advocates (Edinburgh and Perth & Kinross are 2 of the fortunate areas) and expansion of this service should be a high priority.

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

No comment

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

No comment

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

Comments

Se answer to Question 24

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

No comment

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

No Comment

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

Comments

No comment

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

Se answers to Questions 15 and 16.

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

Comments

Planned merger of health and social care would be a real step forward and should ensure quicker and more cost-effective implementation of improvements

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

Better training with an emphasis on treating service users, carers and families with compassion and respect.