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 note the statement that there is 'general consensus that the broad direction is right' but are not aware of how the suggested strategy was determined.

The outcomes are very broad and present as mission statements rather than strategic intent. They are visionary and aspirational rather than strategic and, from an operational perspective, it is difficult to identify the key actions that will have to be delivered and who will have responsibility, particularly for those outcomes that cannot lie solely with Health Board services.

In terms of crafting a focused and prioritised strategy we are concerned these are not the right outcomes and are not clear how they were reached. There is merit in focusing the strategy on key areas of improvement which sets a clear lead for service development and partnership working, rather than such a broad approach. There is a lack of logical connection between the consultation questions and the outcomes.

The continuing focus on psychological therapies and dementia is important and welcome, but the reference to them tends to dominate the supporting statements. We are concerned at the lack of reference to severe and enduring mental illness, there is no sense of direction in terms of clinical mental health services, and there is no reference to or focus on mentally disordered offenders and the interface with criminal justice services which is an increasing priority and demand on services.

In coming to our overall response we have taken into account the views of individual services and partner agencies and these are attached in a separate submission.

MH Strategy Response _partners_

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.

Comments

Recognition must be given that service redesign challenges are unique in each area due to differing needs, demands, organisational arrangements and resources. We believe there is merit in defining the 'core' services or a minimum dataset of expected services that should be delivered. That will provide Boards with a template against which to redesign. Such benchmarking will also help identify the expectations on services and the resources required to deliver, and accordingly assist strategic planning.

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.

Comments

Need to be highly aware of the challenges of developing additional services at a time of reducing resources and increasing demand. An emphasis should be placed on avoiding specialist mental health services where possible, where other approaches and support may be preferable. The development of services and meeting identified gaps should take a 'bottom up' pyramidal approach, building up a broad range of non-clinical support before considering specialist provision. We would support a greater emphasis and/or incentive for general practices to become better equipped to deal with mental health problems, as a core responsibility, with specialist support.

Systems need to be in places that identify emerging need amongst particular groups whose needs are currently not well met, for example people with ASD, adult ADHD, alcohol related brain damage and young people with a learning disability.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Comments

Greater emphasis needs to focus on addressing causal factors (eg. alcohol, drugs, poverty, unemployment) rather than the response of health services. The vast majority of people who commit suicide have no contact with mental health services, and mental health services are not, necessarily, the best option for addressing the predisposing problems.

Greater focus needs to be given to societal approaches and broad based education and health promotion, moving

> the solutions away from health services.

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

Ensure that mental illness and mental ill-health are seen as a core health issues with greater emphasis on effective care, treatment and support across health services in general.

Challenge the negative, often ill-informed, and sensationalist reporting of mental health related topics in the media.

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

As previously noted, mental ill health needs to be seen and understood as a core health issue and, therefore, all services need to see it as their business and respond accordingly – not someone else's business. Campaigns should be focused on mainstreaming mental health issues and encouraging mainstream organisations to respond, rather than setting up separate resources and outlets for those with problems.

'See Me' needs to be clearer regarding the key messages of the campaign and work in tandem with other mental health improvement strands of work by ensuring that they have clear outcomes linked to their programme of activity. There also needs to be consistency with regard to how the campaign is measuring the impact it has on shifting attitudes, stigma and discrimination in Scotland. The campaign also needs to improve it's reporting to local areas on the actual work of the campaign.

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

Comments

There must be strong emphasis on good mental health (distinct from mental illness) and individuals taking responsibility for their mental health. Effective promotion of the steps to good mental health and the early approaches and help that can be accessed if things go wrong. Good mental health and mental well-being needs to be de-medicalised and deemed as important as physical well-being.

Considering investment in supported work projects for those disabled by psychological problems would be beneficial. Many people with chronic moderate to severe levels of anxiety and depression find a full return to work too stressful to attempt and sometimes financially disadvantageous, thus the cycle of inactivity and low mood / anxiety is perpetuated. Supported work for all levels of abilities could be more therapeutic for many than psychological therapy in the absence of opportunities for some kind of work.

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

Good progress is being made on improving access for those who require a specialist professional service. A key element must be to see the specialist services as a resource that also supports other services, agencies and families to respond promptly and appropriately to emerging difficulties. This will ensure that those most vulnerable and in need of specialist intervention receive a prompt response. The variation in service provision across Scotland needs to be monitored, not least to ensure there is equity of expectation.

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

Comments

There needs to be a longer view of the development and direction of service provision assuming the HEAT target is met. Cognisance needs to be taken of the variations in local service provision to ensure meaningful comparison. At some point in the future, the experience of each Health Board area in addressing the HEAT target needs to be shared,

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

As noted in the answer to Q6.

We welcome the ongoing discussion about national procurement of a computerised CBT package for the treatment of mild-moderate depression. The availability of an evidenced based package, with the option of self-referral, will increase access to an appropriate level of treatment and promote self-efficacy.

We support the link between physical and mental well-being and this needs to be built upon.

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

Comments

Ensure that the resources and choices available are well advertised and widely known amongst professionals. Encourage people to seek the most appropriate help, from the least intrusive resource. Encourage individuals to

seek help early, ensuring that the minimum intervention from a matched resource will have the maximum impact.

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

We need to improve the interface between specialist mental health services and General Practice, and the development of liaison services to general hospital settings. There has been a good development of crisis services for those presenting to A&E and through NHS 24 and PCES, and via the police. There needs to be improvements in the response to those with severe and enduring mental illness in the community, with an emphasis on minimising the need for admission. The development of social responses is as an important factor as the clinical response, as crisis is not always prompted by a health issue.

Consider the benefits of screening for certain developmental or behavioural disorders in schools so that early diagnosis and intervention can be initiated, reducing the likelihood of crisis problems later in life.

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

There needs to be a clearer definition of what non-value adding activities are being referred to. There is a case that many non-value added activities are being demanded from the centre. Any support must be practical and not generate further resource or time commitment. Clear evidence of practical and effective change from other areas (with comparable services) is likely to be of greatest benefit.

There is a need to invest in IT and ehealth systems in mental health to maximise information flow, planning and service delivery.

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

Comments

At a time of pressure on funding and resources, some dedicated resource to support the implementation of ICPs (similar to the MH Collaborative programme manager) would be welcome. A key challenge for the ICPs is ensuring all potential stakeholders in the pathway commit to them. That requires bringing together a diverse range of professionals and others – someone to take a co-ordinating lead and a championing role would be advantageous to the momentum of implementation and monitoring/troubleshooting progress.

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**
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> Better 'day to day' involvement and feedback at source rather than relying on formalised groups, in which the vast majority of service users cannot or do not choose to participate. The development of 'live' involvement at service level, where the views of service users can be harnessed and the widest representation gained. Regular feedback from services being fed into strategic and planning groups, helping to shape redesign.

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

> **Comments**
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> Reference to partnership working must be intrinsic to CPA and ICP approaches. The role of families and carers must be clearly defined (with the approval of the service user), including the limitations and expectations, just as with any aspect of care being delivered. That will ensure that the partnership is legitimised and a key element of the care package.

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**
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> As per questions 14 and 15.

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

> **Comments**
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> Mental health services in Fife are actively developing and implementing use of the tool. Important that those areas using the tool can demonstrate the benefits to other areas.

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

> **Comments**
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> The mental health service in Fife is an active partner in the Network. The network needs to disseminate evidence of improvement through work already undertaken.

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

As per Q15

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

Consistent and clear information resources.

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

Care needs to be taken to match experience in like for like comparisons. Services and needs throughout Scotland vary considerably, as does the allocation of resources. A one size fits all approach is not necessarily the answer, and what works well in one area may not in another. Why certain approaches work well is a better measure than what. Also, the emphasis should be on capitalising on the experience of those services that have redesigned with clear evidence of success and sustained improvement. Caution should be exercised in not sending out a message that inpatient care is necessarily bad or a failure. Whilst the development of responsive, community approaches and services is the correct direction for a wide range of mental health problems, proper and effective inpatient care remains an essential element of the care pathway for many serious disorders.

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

The correct information needs to be gathered. Effective interpretation and intelligence is wholly dependent on knowing the questions that need to be answered, which will identify the data that needs to be collected. A minimum dataset of information required needs to be established so that IT systems can be set up accordingly.

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

Comments

No comments.

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

Comments

There is a distinct lack of strategy relating to mentally disordered offenders. Due to a number of factors – Management of Offenders Act, changes to the forensic estate in Scotland, diversion of more offenders from mainstream criminal justice to mental health – MDOs, forensic and restricted patients occupy an increasing amount of resource and focus, particularly relating to the provision of medium and low secure facilities. Although a small cohort of people, they are a high risk and high resource group. There is a lack of national co-ordination relating to the effective and cost efficient management of this patient group.

There remain gaps in service relating to those with personality disorders, ARBD, and the development of liaison services to General Practice and general hospitals.

Greater scrutiny needs to be placed through the Single Outcome Agreement on the provision of services for those with mental health problems, as required in the Mental Health Act.

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

As noted previously, the MH Collaborative programme was a significant boost to mental health development work and a similar approach should be considered to drive forward the development and implementation of ICPs (and other key strands of work) which is an essential element in person centred care. There is and will be a deal of focus around mental health and it is not historically well resourced. A relatively modest investment nationally would allow local services to co-ordinate and direct activity effectively, and provide a clear link with partners.

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

We would support increasing the focus of General Practice on mental health with the necessary support. General Practice is a key link in effective integration, and ensuring that robust services and approaches for those with mental health problems and illness are a core element of primary care.

As mentioned previously, a clear strategy concerning MDOs and the provision of liaison services to general settings.

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

There needs to be a strong steer from the centre that local specialist services should be involved in the roll out of Promoting Excellence from the planning stage onwards. There needs to be scoping work to look at who can deliver training appropriately at different levels and identify gaps. We could have working groups of key people tied to the NES national framework - and dementia leads from across sectors (including acute) would need to be there alongside clinicians and training leads. What we must avoid is something menu driven and applied to all regardless of local requirements. It will be more effective to tailor staff development initiatives according to identified need using the guidance given and possibly a little additional resource...and we need to be clear about the time taken from clinical services to provide training.

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

There is a need to be mindful of the resource and time impact of data collection and detailed surveys on clinical delivery. The Psychological Therapies HEAT target is an example of an ever more complex process dominating the attention of services at the expense of focusing on the service redesign.

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

Comments

Workforce development and planning will have to be considered in the context of resource and financial challenges. Accordingly, a deal of emphasis needs to be placed on the development of non-professional staff and workforce development centred on a tiered approach to service delivery with the development of the right skills and workforce at the appropriate levels. That is essential to keep services and provision for those with mental health problems as sustainable.

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

Comments

By ensuring that the full range of 'talking therapies' are seen as valued components in the treatment spectrum and not only those that require specialist training and supervision. A significant range and volume of valid and effective psychological therapies are delivered without the need for extensive training. A large majority of people can be treated effectively with low level, high volume interventions. The balance needs to be correct which will ensure that training capacity is focused and sustainable.

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

Focusing on the benchmarking should remain the priority, particularly relating to accuracy and reliability of the data. Further work to enhance the performance indicator elements of the benchmarking would prove a useful tool for local service comparison, redesign and development.

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

Comments

Consensus around appropriate clinical outcome measures, which are meaningful and relevant to the care and treatment delivery. Embedding clinical outcomes as a key variance tool within ICPs and the clinical governance/audit processes.

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

Cognisance must be taken of local areas capacity for improvement based on their particular issues, circumstances and challenges. A key element of effective support is allowing local areas to take forward improvement within the context of their circumstances, particularly as development and change is likely to be dependent on re-investment rather than additional investment.

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

Comments

Improvement activity cannot be focused solely on NHS mental health services or driven only by health HEAT targets. A broader range of improvement activity across all partners with identified responsibility for achievement needs to be considered.

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

NHS Fife mental health/learning disability service employs a clinical advisor with responsibility for legal compliance in relation to all relevant legislation (Mental Health Act, MAPPA, AWI, Adult Protection etc.). This post is essential to support staff in delivering lawful care and treatment and compliant procedures through advice, development of guidance and training, and liaising with other key partners – police, SW, MWC etc.