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.

greenspace scotland welcomes the opportunity to respond to the Mental Health Strategy for Scotland 2011-15. Our response is mostly focused on Outcome 1: *People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell*, as this outcome is most closely aligned with the interests of greenspace scotland.

In relation to the overall structure of the Strategy and gaps that exist we feel that in comparison to the previous strategy 'Towards a Mentally Flourishing Scotland' (TAMFS) the Strategy is much more focused on metal ill-health and specific mental health services. Whilst we understand that there will be specific issues relating to areas of service provision and mental illnesses that require specific action and attention, we are concerned that the Strategy has **lost much of the emphasis on promoting, developing and delivering flourishing mental health and wellbeing for all** that was a strong feature of the previous strategy.

In focussing in on very specific areas and elements of mental illness and service provision, there is a danger that the emerging role of/for wider partners in promoting and supporting the Strategy and in contributing to the delivery of good mental health in Scotland, becomes more limited or is lost.

In the Strategy document there is a specific gap in relation to the role of people's physical and social environments in delivering mentally healthy populations and communities. This was a key strand of TAMFS that resulted from the active input of a range of organisations in its development.

In recent years a range of valuable work and local partnerships have been developed with a focus on the creation, use and exploration of greenspace and local environments for supporting good mental health and wellbeing. There is now a real opportunity for 'taking stock' of this work - to examine the practice developed and share it more widely, with a view to supporting and promoting a much wider/more mainstream embedding of similar actions and activities within health services and partnerships across Scotland.

I reference greenspace scotlands response to 'Towards a Mentally Flourishing Scotland' which was informed by a consultation event on the role of greenspace in the future of mental health improvement in Scotland.

The event was attended by a range of our partners and members, including representatives from local greenspace projects, community groups and organisations, local authorities, national agencies and mental health professionals. It set out the number of ways in which greenspace supports and delivers mentally flourishing communities, and identified a series of areas for joint action and partnership around developing the role of greenspace in promoting and supporting mental health and wellbeing in Scotland.

The Mental Health Strategy for Scotland 2011-15 should continue to ensure that the role of quality greenspace in supporting a mentally flourishing Scotland is fully recognised and promoted. It should encourage greater partnership working, both strategically and locally, to embed and develop greenspace within mental health planning and service delivery.

greenspace scotland's consultation response to Towards a Mentally Flourishing Scotland discussion document is available here:
http://www.greenspacescotland.org.uk/1policy-connections.aspx

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

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

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

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

Comments

Comments

Promotion and development of the role of greenspace and quality physical and social environments in delivering mentally healthy communities and as a mechanism to prevent mental ill-health. There is now an even stronger evidence base which makes the case for the role of greenspace in this context and there is a 'groundswell' of activity being generated by local partners.

In 2011, 14 Social Return on Investment (SROI) analyses of greenspace projects and activities were carried out by greenspace scotland and a number of our local partners. Each captures a range of outcomes around the impact of quality greenspace in creating sociable neighbourhoods, empowering local people, creating connections between and within communities and making people more active; and therefore creating mentally flourishing communities.

A number of health boards in Scotland are leading the way in developing greenspace projects and programmes on their health sector estates and hospital grounds for the benefit of patients, health service users and the wider community.

This is only a small reflection of work and action that is being taken forward by a range of local groups and agencies, including local health services and partners, which recognise the important role of greenspace in supporting and sustaining healthy communities and local populations. Their ideas, learning and practice need to be promoted and supported on a much wider basis, with a focus on making the case for investing in greenspace to prevent mental ill-health.

The Mental Health Strategy for Scotland 2011-15 should highlight and promote the opportunities for better partnership working between health sector agencies and the 'greenspace sector' to deliver their shared agendas. For example there are now more opportunities to engage in and inform local greenspace planning and development processes through local open space strategies.

There is also an important role for greenspace in relation to supporting the treatment, rehabilitation and recovery of people with specific mental illness. For example, a number of 'greenspace on referral' projects have and are showing the value of supported programmes of greenspace activity and green exercise as an effective mechanism for helping people with mental illness to integrate back into more mainstream community life. The focus of many of these schemes is around engaging people within wider community greenspace activity, as opposed to separating them as a 'mental health' group in the environment.

The Mental Health Strategy for Scotland 2011-15 should prioritise the further investigation of the impact of these interventions, with a view to promoting and embedding greenspace referral as a more mainstream approach within mental health services within the community.

More information can be found on the greenspace scotland SROI programmes here: http://www.greenspacescotland.org.uk/our-sroi-programmes.aspx

The 'Woods for Health Pilot' SROI report captures the impact of an 8 week programme 'green prescription' activities for people with severe and enduring mental health support needs.
http://www.greenspacescotland.org.uk/urban-nature-sites.aspx

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

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

Comments

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

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

Comments

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

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

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

Comments

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

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

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

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

Comments

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

Comments

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

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

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

> Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

> Comments

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

Comments

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

Comments

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

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

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

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

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

```
Comments

```

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

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

```

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

```
Comments

```

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

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

Comments

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