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.

–a range of staff consulted for comment.

a consultation document, the structure is rather complex, making access and readability difficult. In addition, those wishing to respond to specific aspects of mental health have found it very difficult to navigate the document to find their areas of interest.

The consultation questions were seen in many ways as leading questions (such as only asking about equality issues in the context of access to services; the only questions about child mental health relate to CAMHS).

There appears to be little cross-referencing to allied government policy areas and resources and their ability to influence wider sections of society – e.g. education sector, employers, economic and social policy areas such as social inc

The Draft Strategy is perhaps, too service-driven and missed the opportunity to offer vision and leadership on a pan-Scotland basis for the future direction of mental health strategy. The Strategy would benefit by broadening its focus to well beyond clinical mental health services and helping to galvanise wider commitment from multiple 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.

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.

Providing services across organisational boundaries is a priority for the Mental Health Strategy as well as within the Government's response to the

Christie Commission Report. National recognition and reinforcement of the ingredients of success in developing partnerships is required and good mental health services cannot be delivered in isolation - colaboration and equal status with key partners are reported to include agreeing at an organisational level the: non-negotiable issues straight away, including creating acceptance of varied terms and conditions of service for staff; key handover points and dependencies, areas of demarcation; setting out each organisations statutory duties and powers surrounding their delivery of services; and impact on contractual and overall service delivery.

All parties will need to ensure risk lies where it best falls, even though the key objective will be that none of the organisational boundaries are evident to a service user.

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.

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?

Nationally and locally the Choose Life suicide prevention programme has been seen as having major value; there is a need to maintain a dedicated focus on suicide and self harm prevention activity in the years ahead, as an integral element of mental health improvement and service development work.

West Dunbartonshire has invested in i) suicide and self harm prevention training, ii) implementing the Seasons for Growth Programme in schools and care centres, iii) supporting targeted initiatives such as Mind Waves, locations of concern partnerships, multi-agency guidance on self harm in young people, etc.

The final strategy should emphasise that investment for local preventative activity needs to proceed in both statutory organisations – where there is much work still to do – and in communities, with a priority focus on high risk and disadvantaged communities, including the link with addictions / substance misuse, multiple deprivation, and high unemployment areas. The issues of suicide and self harm are very different and need to be recognised as such within the strategy

Continued investment is needed in national support resources, such as i) central co-ordination, ii) research and best practice, iii) training in public sector, third sector and communities, iv) media management, v) environmental safety (for example locations of concern), and vi) public awareness raising.

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

The Draft Strategy provides a brief summary of anti-stigma work at national level, including investment in the See Me programme, but no specific proposals for future development.

Much has been achieved in challenging stigma and discrimination and *see me* has played a significant part in this and should be continued at national level.

There has been major achievement in West Dunbartonshire, for example, CHCP support to local consumer groups such as WHO Cares?, the Mental Health Forum, Stepping Stones, who with the CHCP combat stigma through events and initiatives such as Recovery Conferences, CD and DVD production, engagement activity by the local Mental Health in Mind Forum Theatre (changing attitudes and behaviour), local partnership publications and tools such as 'Supporting People's Mental Health & Well- being', Volunteers' mental Health & Well Being, Arts activities, anti-stigma work in schools, community and workplaces. etc.

The CHCP also uses a range of communication tools including the CHCP website, Public Information Screens and local publications to promote menatl health Awareness

We would welcome support at national level for anti- stigma programmes to address stigma in the workplace, for example, with major companies and business organizations, that could be backed up by local initiatives, ii) reinforcement of guidance to national and local media, iii) programmes targeting priority groups, for example, older people.

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?

West Dunbartonshire would look for the final strategy to endorse continued action in challenging stigma and discrimination, including investment in development resources such as ***see me***, and creative public engagement methods such as the *Scottish Mental Health Arts and Film Festival*. Our collective experience has been that service user, carer and community perspectives and contributions are vital to effective anti-stigma work and this should be endorsed within the Strategy.

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

Capacity building, resilience, and the health of communities have been themes in TMFS. The Strategy needs to recognize the adverse affects of the recession now and in the future on mental health in terms of income (pay freeze, reduced hours etc), redundancy (and the threat of), unemployment, money and debt management, and that some areas are more adversely affected than others. Similarly, recognition of the inequalities and poverty that are likely to be compounded by welfare reform needs to be considered in the context not only of individual mental health but also that of communities and measured against increasing challenges in providing mental health care and support. 'With Inclusion in Mind' offers extensive guidance on the promotion of well being activities. The Strategy provides an opportunity to signpost and promote improved mental health and well being initiatives in the workplace through engagement with employers and employees. Local examples include providing disability awareness training to employers, stress management training for employees, and a CPP funded project to improve access to psychological therapies and support for unemployed people.

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?

The Draft Strategy focuses almost entirely on CAMHS services to the exclusion of featuring the need for complementary action in other sectors. The promotion of child & youth mental health is underinvested, and the strategy should highlight the need for more planning and investment in preventative and early intervention approaches that would in turn reduce the pressure of referral to specialist services.

This includes challenges for educational establishments and for agencies who work with disadvantaged children and young people in a variety of settings, including looked after and accommodated, and those in criminal justice settings. There is a crucial role for the voluntary sector in promoting child mental health and this should be featured in the final version.

Good practice examples such as the local Mental Health in Mind service which offers a priority service to looked after and accommodated children and young people and consultation and guidance to staff could be featured. There are operational issues that can arise in the transition of Child Adolescent Services into Adult care, clear pathways and agreed standards of expectaions would be helpful.

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

The aim to continue to grow the capacity of CAMHS to improve access is welcome as is the recognition of the necessity of collaborative partnerships with childrens' services.

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?

The approach to mental health improvement has been gathering pace through successive MH improvement programmes. This work should continue with stronger emphasis on the influential role Community Planning Partnerships. There needs to be clear leadership in bringing together NHS , Local Authority and Voluntary Services together with common goals.

Building understanding of the importance of flourishing mental health and well being in young people as part of a long range objective should be encouraged.

Local examples are the implementation of the Seasons for Growth and Positive Mental Attitudes programmes in West Dunbartonshire Schools.

Initiatives that break down barriers and free people from the stigma of mental illness need to continue.

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

Initiatives such as Breathing Space, including the self-help CBT pilot, Widening Access to Self Help Therapies (WISH), and NHS Living Life, are all welcome.

Locally, the CHCP's Primary Care Mental Health Team and commissioned voluntary organizations such as Stepping Stones with its consumer led Board, provide easy access points of entry, links to GP and primary care services, health improvement services, DWP centres, CPP projects, and wider community links,

Information on MH services and how to access them, is available on the CHCP website. We need to be creatve and undestand the positives that the social media opportunities bring as well as highlighting the significant risks in self management.

Some of the Strategy consultation outcomes are wider public health issues, although the related questions are narrow and focus on mental ill health. The existing evidence base in relation to community development and its impact on individual and community mental health and well-being needs to be reviewed along with the growing evidence base for active input by the people who use services (the skills, expertise and mutual support that service users can contribute to effective public services), asset based approaches and building individual and community resilience.

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?

Early intervention initiatives are welcome. We need to inform the public of what is expected to be the norm in terms of reaction to real life events and how to access self help when appropriate Further development nationally of evidence of the components of successful collaborative working between services should be progressed. Behind the scenes, progress on information sharing, single assessment, care management and review using single systems should be coordinated, reviewed and progressed to make care pathways smoother and promote faster access.

Support for time away for front line staff across Primary care to receive training is important.

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?

Nationally the amount of time spent on increasing paper trails, inevitably at the expense of client engagement, is concerning. We have constructed an industry in Clinical Governance and data gathering and whilst some of this is useful in shaping future service delivery much of this has little impact on improving patient care and experience. Evidence from initiatives such as the Releasing Time to Care Programme should be given more emphasis and the principle applied to all mental health services.

Better IT systems and streamlined approaches to Core Assessments would be useful.

The previous Local Authority-focussed mental health strategy in Scotland *With Inclusion in Mind* is not mentioned – potentially minimising and undermining the huge contribution local authorities and their services provide to the betterment of mental health and wellbeing. The final version should address this by highlighting the vital role that local authorities play and the further potential of their services in this regard.

The role of wider partners - local authorities, employers, voluntary sector and communities - is underplayed. There is no mention of the education sector, yet with *Curriculum for Excellence* and GIRFEC ('Getting It Right for Every Child') there are major opportunities to promote mental health for children and young people.

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

Consideration could be given to the benefits of a standardised clinical and social pathway in refocusing care and enabling services flexibility regarding how they are constructed. The careful use of language should be considered and we should aim to use common language which all partners understand and can share. Consideration should be given to the role of cross cutting services, for example, income maximisation and money management maintaining continuity during key transitions. Supporting technology that frees staff to maximise service user and carer engagement should also be considered.

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?

The CHCP supports service user and carer involvement across its services including mental health.

Examples include funding and support of consumer groups and organisations such as the Mental Health Forum, Who Cares?, and Stepping Stones and engagement with these organisations in planning and redesign partnerships. Consumer groups assist us with breaking down barriers, combating stigma, promoting self help and recovery focused approaches. Consumer activists play a key role in developing innovative and relevant initiatives such as forum theatre and helping us stretch the boundaries of professional views.

The strategy acknowledges the value of consumer partnerships and should acknowledge that this activity is resource intensive both for consumers and services. All services should be held accountable for the services they deliver through their governance structures but also via the engagement of service users .

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

We find engagement and engagement on an equitable and respectful footing a good starting point. Clear policies and information are essential ingredients, for example, Service User's Guide to our Standards, and Public Participation and Community Engagement Policies. Locally developed tools include i) Supporting People's Mental Health and Well Being – Action points for people who use services and people who provide services and ii) Making a Contribution and being well – volunteers' mental health and well-being.

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?

People who use services are finding social inclusion through supportive relationships, personal security and positive affirmations of hope, challenging the narrow definitions of their roles that are often made by mental health professionals and organisations. In particular, people who use services are developing knowledge and are promoting changes in service provision through voicing their personal experiences, for example through the SRN, VOX, local mental health fora and consumer perspective studies. The Strategy should aim hightlight the positive outcomes for individuals of person centred and values based approaches through evidence based good practice examples, a commitment to consumer perspective research, and continued funding and support to national and local consumer organisations and groups.

WDCHCP has piloted Talking Points, outcome based assessments and will be rolling this out across WD in 2012.

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

The WD CHCP is working on implementation of the SRI and progress is encouraging. The SRN and its web site is particularly helpful as is the assistance we get from clients and patients, through the local SRI Task Group and the Mental Health Forum.

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

The SRN has been of tremendous help already, attending a local recovery conference last year and providing information and advice when requested. It's critical that the recovery model is continually promoted within statutory mental health services both with Primary and Secondary Mental Health .

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?

The Strategy acknowledges the strong theme developed in the Dementia Strategy of maintaining and making use of personal networks of family and friends. Within the boundaries of consent, the principle is widely accepted in mental health services.
The recognition of the important roles that people with experience of mental heath problems play, both in shaping services and directly contributing to recovery initiatives is welcome, and should be featured as a further area of development in the final strategy. There is a need for specific feature of initiatives that engage and value the contribution of carers and family members.

Carers Assessments ensure the needs of the Carer are met and they are able to continue in their role.

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?

The Mental Welfare Commission's Carers and Confidentiality (2006) good practice guide is helpful in clarifying for staff who have concerns around confidential information - "Provided a carer already knows that a person is using mental health or learning disability services, there can be no breach of confidentiality in seeing the carers and *listening* to what they have to say. This need not involve any disclosure of confidential information. It is rarely acceptable for practitioners to refuse to see carers, simply because the service user has not given consent. Indeed, getting information from, and about, family or carers is essential for a comprehensive assessment of a person's mental health and social circumstances."

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?

By publishing good examples of the redesign of services including what went well and not so well. In addition by ensuring that all key drivers of change understand and can managed a successful change process Providing services across organisational boundaries is a priority for the Mental Health Strategy as well as within the Government's response to the Christie Commission Report. National recognition and reinforcement of the ingredients of success in developing partnerships is required and are reported to include agreeing at an organisational level the: non-negotiable issues straight away, including creating acceptance of varied terms and conditions of service for staff;
key handover points and dependencies, areas of demarcation; setting out each organisations statutory duties and powers surrounding their delivery of services; and impact on contractual and overall service delivery.

All parties will need to ensure risk lies where it best falls, even though the key objective will be that none of the organisational boundaries are evident to a service user. Integrating services should produce pooled budgets subject to recognition of the ingredients of success above. Appointment of a joint general manager and joint managers at the lowest possible level of supervision can only work if the existing structures they are meant to replace are dismantled and there is clear accountabilty within the integrated service. The importance of fully involving staff sides and professional organisations in these discussion is critical to any success. . The importance of benchmarking and care pathways which span organisational boundaries and which are inclusive of users and carers and third and

independent sector care.

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?

Improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. A census of mental health service users.

WDCHCP monoitors access through the SS assessment audits.

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

Work on integrated care pathways and person centred approaches and should underpin the aim for barrier free access. Much is and can be learned from listening to personal journeys and consumer perspective narratives as a means to widening gateways to support and help in pre and post qualifying training, and shifting attitudes and cultures.

WDCHCP holds regular Protected Learning Events around Service Delivery and planning.

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

There is a growing evidence base for interventions with older people and later life yet there is little more then Dementia outlined in the *Draft Strategy*. The final strategy should give much more prominent feature to the importance of promoting the mental health and wellbeing of older people, particularly in the light of the population demographics and financial implications of service provision.

There would be merit in cross-referencing to allied work such as the Christie Commission, with its proposals on preventative spend and the value of co-production and partnership approaches in this field, for example tackling social isolation, the potential of volunteering and active citizenship, timebanking opportunities, shared care systems with wider partners.

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?

'With Inclusion in Mind' provides good examples of person centred outcome focused approaches at all levels of services and community.

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?

Evidenced based evaluation of benefits flowing from integrated service approaches and examples of what works best. Consumer perspective monitoring, evaluation and research would underpin increasing shifts to person centred approaches.

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?

Promoting Excellence quite helpfully sets out how the framework can be used at personal, service provider and organisational levels. National consideration of specific training for users, carers and staff engaging with each other both for treatment and separately for service planning would be welcomed.

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?

Competitive salaries and conditions for local authority Mental Health Officers and the emergence of wide differentials as an increasing feature of the recruitment landscape since the establishment of unitary councils and in recent years, different pay modernisation and single status arrangements. Researching the implications would complement the annual MHO survey.

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

Training support nationally would also be welcomed for initiatives such as the Scottish Recovery Network. Further national support of training on routine sharing of information with users and carers and care partners is supported. Clear and unambiguous guidelines for the safe sharing of information would be helpful . National training support for specific dual diagnosis areas as well as for transition care for children to adults and for transition care for adults as they get older would also be welcomed.
A review of mental health content (across the full age range) on national undergraduate and post-graduate medical, nursing, psychology, social work and G.P. training course would be an opportunity for further modernisation. This should include consideration nationally of a brief training protocol for

GP's on mental health enhanced by case by case consultation, ongoing feedback and joint work with primary care mental health service responses.

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

We should promote the pyramid of access to psychological therapies . Local General Practioners should be furnished with simple instructions to refer to appropriate interventions. We should continue to invest in evidenced based self help materials and self help coaches . We need to reduce the expecation of everyone getting 1-1 therapy and invest in more Stress control models which are accessable to many more. Protection of investment in training and workforce development is of course key to sustaining capacity, particularly facing into ever tighter and stringent budgetary constraints. Expansion of training opportunities is to be welcomed.

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.

The importance of benchmarking and care pathways which span organisational boundaries and which are inclusive of users and carers and third and independent sector care requires to be recognised and developed as part of nationally sponsored work.

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

National benchmarking development should also work to take account of relevant comparisons appropriate to the population (e.g. for Greater Glasgow & Clyde places like Manchester and Liverpool because other areas in Scotland aren't of similar demography, deprivation or size to GG&C) and not just benchmarked comparisons within and across Scotland. National benchmarking also needs to develop identifying key dependencies on an interagency basis. The only measure across health and social care organisations appears at present to be the delayed discharge measure, which at a time of resource pressure, coincides with delayed discharges starting to rise again after a period of steady reduction (still currently within the delayed discharge target). National development of the balance of care between mental health specialties and between community mental health and in-patient health care needs to take account of the development of benchmarking for social care and third sector relevant mental health provision. (This should include identifying independent/private sector benchmarking measures for service delivery and usage).

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?

Develop a common language across health and social care . Promote joint planning and training of frontline workers and identify key adopters at an early stage to take integration forward. Areas which would benefit from clearer relative prioritisation include autistic spectrum disorder for people who do not have a generalised learning disability, interagency working for people with personality disorder, attention deficit hyperactive disorder, people with dual diagnosis and long term conditions including raised risks for people with stroke, myocardial infarction, cancer, brain injury and people with hearing impairment, and mental health screening for older people.

More emphasis needs to be given to the role of meaningful activity, continuing education, vocational training and employment in both prevention and recovery. Realising work potential – Defining the Contribution of Allied Health Professionals to Vocational Rehabilitation in Mental Health Services: The Way Forward (2011) provides an important contribution.

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

The Draft Strategy misses opportunities to link to those policy areas that impact strongly on mental health and wellbeing (e.g. cross cutting themes like alcohol & drugs, employability, etc). Mental Health (including mental health improvement/positive mental health/enhancing wellbeing) influences and is influenced by all of the above, and joined-up strategic thinking will assist in joined up collaborative working Given the national work that has been taken forwards on mental health improvement evidence base (e.g. economic case work), outcomes frameworks, child and adult indictors there would be merit in actively supporting further work that develops the evidence base for mental health improvement, including active support for evaluation work and dissemination of such material to influence policy and investment decisions.

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?

The Scottish Government guide 'Comparison of The Adult Support and Protection (Scotland) Act 2007 (ASP) with The Adults with Incapacity (Scotland) Act 2000 (AWI) and The Mental Health Care and Treatment) (Scotland) Act 2003 (MHCT) (2009)' is very helpful and has been included in staff training. The Strategy should highlight the interplay of protective legislation, the continuum it provides and the balance with principles of benefit, participation and least intervention.