

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 I think my comments below cover these issues. The salient points are that if gaps exist it is mainly about better partnership working and training; additional actions are about creating roll out of good practice and local champions from all stakeholders to assist with this.

To have an independent review of the service users' perspective.
Review of waiting lists and transfer protocols for cases across different CAMHS teams.

Review of different practices regarding those aged 16-18 with mental health concerns, with some areas including them in CAMHS and others placing them with adult services

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 I suppose it is obvious, and I am aware there is a pilot in Highland region, but encourage local authorities and NHS to come together in partnership working.

To have clear protocols and guidelines around when a young person must receive a service, including number of days to access services. This should be monitored by an independent advocate for the young person.

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 Awareness of brain development such as that put forward by Dr Bruce Perry needs to continue to be rolled out. The issue is in understanding how to treat the person holistically, and this is in turn informed by an effective assessment process, both of which Dr Perry has considerable experience of.

Alongside an assessment of trauma however there needs to be access to appropriate treatments for adolescents. In my experience identification of Trauma is fine, but the follow up of things like psycho educational work on trauma, CBT and EMDR are sorely lacking within CAMHS services.

The debate around the pros/cons of diagnosis is ongoing and the practice of not being able to diagnosis for young people under 18 with certain conditions can impact on treatment interventions. There appears to be limited preventative work to help young people to understand their mental health issues or coping strategies to manage some of the risk factors.

The issue of improving strategies for engagement for vulnerable young people needs to be given further focus. More focus in taking the service to the young person, assessing them in their environment.

CAMHS services to be integrated into the wider paediatric services, with a greater level of accountability.

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 I think we have lost the sense of community and need to try and find ways of re-establishing this. Neither Social Work nor Health, in my opinion, have a clear community focus at present. Education may have but only to a limited degree and much of that can appear to be reactive to issues rather than exploring ways to proactively encourage healthy individuals and healthy communities.

Young people who require support should not have to meet rigid referral criteria, with them receiving services being dependent on the individual advocating on their behalf having the appropriate knowledge to support the referral.

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 I feel it is important to try and avoid polarising views. Both those with mental illness/ill health and those who do not suffer from such illness have to give a bit of ground and understanding to each other. Those who suffer have to be seen to be doing what they can to help themselves, as well as the wider community showing greater understanding and support.

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 mentioned above through local communities, health hubs, etc emphasising the importance of trying to help everyone reach their potential in life.

All young people in residential care to have access to mental health services without having to reach a certain criteria or be in a certain priority group.

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

Comments I believe there is still a blurring between wellbeing and welfare. The communities have to try and find ways of seeing the benefits of a community where all citizens can bring something to the table.

Need for a focus on promoting emotional well being as a preventative measure. This requires a holistic approach to service provision across agencies, including a greater inclusion of emotional wellbeing in the education curriculum. There should also be more promoting positive parenting programmes.

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 Emphasising the need for health boards to support all young people, even those who move across health boards. We live in a society where families are transient both in numbers/make up and in geographical terms. Too many young people do not receive the support they need because processes get in the way.

It will be important to have appropriate support to the young people and evaluation of the processes through independent advocacy services.

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

Comments As above in number 7.

CAMHS to be audited in terms of having young people truly engaged in services. Is it good enough to say yes they have been offered two appointments and they failed to attend? More focus on strategies for engagement.

A greater focus on the "t" for treatment, experience is that mental health issues may be identified but limited treatment is provided.

CAMHS should also use outcome measures and tools to provide some empirical evidence for the intervention and its effectiveness.

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 Continue to challenge the stigma, but also emphasise as I said earlier the potential for recuperation when this is assessed as being achievable.

Structured educational programmes in PSD, stress management, relaxation, etc as part of mental health awareness in schools.

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

Comments Back to the point about health and local authorities coming together, and emphasising that individuals themselves and local communities have a joint part to play.

In relation to adolescents, positive early experiences of mental health professionals are crucial to promote further engagement in later years. Young people's motivation to engage can fluctuate and a quick response to initial concerns must be promoted. In LAC services, there are examples of after waiting 3 months for the appointment, they are transferred to another area and the whole waiting process begins again.

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 Greater understanding and training in brain development and treatment.

Although there is recognition of resource limitations within CAMHS, the focus on priority areas for adolescents, eating disorders, suicidal ideation and psychosis often means that other mental health concerns or emerging concerns for adolescents are not targeted.

CAMHS should have clear time scales for assessment, stipulated times for follow up re reviewing young people's medication.

Earlier intervention for conditions e.g. depression, PTSD and anxiety.

Assessment instruments and empirical evidence guidelines for CAMHS, in a form similar to SIGN.

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 More of what has been tried in trialling integrated services, etc and then robust evaluation and monitoring of how effective these are before sharing best practice nationally. Keeping in mind that it is not just good processes that matter, probably more importantly, it is good people so we need champions.

Time limited protocols for transfer of cases.

Interventions to follow directly from assessment; a continuous service.

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

Comments Evidence of improved outcomes from those who are committed to Integrated Care-Pathways.

Evidence based practice

Non engagement protocols/strategies

Emergency response

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 I believe that service user and carer involvement is now embedded in most professionals' practice and that this will take care of itself. If there were concerns in particular areas, awareness of good practice elsewhere is once again a powerful message.

Young person's Charter for CAMHS

Support for the transition for CAMHS to adult services.

Independent advocate for young people

Young people's evaluation of services, including non engagers to help users understand this better.

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

Comments I am not aware of specific tools in this regard. You could break it down into assessment tools and monitoring tools, but tools to help partnership working may not be the answer as it is probably more about the people involved.

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 The development of an outcomes framework and a measurement tool to record progress. If you consult on this with all stakeholders, you will help embed the person-centred and values-based approaches.

Independent advocates, similar to Who Cares? services for LAC young people.

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

Comments I am sorry I do not know enough about it. I gather it was established in October 2011 and could perhaps be circulated to all respondents. I am sure it must have gone already to all stakeholders.

An independent advocate for young people to follow them through their CAMHS experience.

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

Comments As above.

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 By developing participation systems similar to those assessed by the Care Inspectorate during inspections. Linked to this is obviously evaluation and monitoring of these systems so that they are subject to review and upgrade.

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 Basic training and awareness of best practice but I would have thought this would be as much about staff having the right motivation and systems to ensure this happens.

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 What works well is partly about good systems but mostly about good people. Having individual "champions" in each area and opportunities to network either face to face or online to support each other reinforces the best practice approaches which are developed.

For CAMHS to have empirical evidence for their interventions.

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 Surely this is through consultation, evaluation and feedback. The wider question would be not who is using services, but are the services reaching the people who need them. In terms of accessibility it has to be partly services going to people who need them and partly people who need them coming to the services.

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

Comments A dedicated website, social media, factsheets etc. Crucially hearing from service users what works and what the issues are that cause them concern.

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

Comments I am not sure but there is the issue mentioned earlier about CAMHS needing to address young people who move area.

The development of a Treatment protocol. Identification of condition should result in appropriate (evidence based) interventions.

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 mentioned above it is mostly about the people being motivated to make it work, backed up by systems that facilitate this.

CAMHS to have a regular input to residential care facilities in a preventative, rather than crisis led response. Promotion of multi disciplinary working and accountability.

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 I think what is outlined is sufficient in the first instance. If these are seen to be making a difference then consideration can be given to gaps in provision elsewhere. Much of this takes time to be embedded.

Mental health needs of young people in Secure care.
Transition from child to adult services.

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 It should already be in place through the Codes of Practice and Registration of the workforce. Building on training to enhance knowledge in brain development, etc should enhance this.

As mentioned, the appointment of an independent advocate for the young people with mental health concerns.

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 Follow up surveys to review effectiveness after 6 months, 1 year and 3 years.

Service users feedback

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

Comments Roll out of strength based models, and Dr Perry's approach.
The commitment to build up an evidence base for treatment interventions.

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

Comments: By having centres registered as sites to deliver the training. This would include development of materials and not just basic training but different levels of training including training of trainers.

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 Nothing to add to what I said earlier.

Time scales to access services, time frames for assessment.
Addressing concerns around issue of diagnosis linking to the treatment.

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

Comments Health and social care working better in partnership.

Regulatory body, empirical outcome measures and treatment guidelines,
which may address dependency on individual clinicians' training and specialisms

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 None that I can think of or have not already mentioned above.

Emphasis in HEAT should not only be about access but the uptake and outcomes of the interventions. Is non-engagement an indicator that they are not the right fit for our vulnerable young people?

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

Comments Effective partnership working; better understanding of mental health issues; better training; better participation processes with service users and families/carers.

Active engagement strategies to promote the service and make accessibility easier, reviewing referral criteria

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 Good training opportunities and supervision and appraisal systems.

Clarity around the requirements and systems of accountability.