

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.

Over 65's with experience of mental health challenges and forensic mental health has been omitted from strategy.

We believe that not enough emphasis and support has been placed on the employment and promotion of peer support specialists.

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.

- More effective promotion
- Work together (Local areas and Government)
- Promotion of service user involvement from the foundations of service development
- Training of staff on service user involvement
- More awareness of services
- More clear information – no jargon

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.

- Open Space Events
- Conferences
- World Café Events

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?

- Better education – more awareness in the workplace and from school age
- Peer Support
- Supporters should be involved
- Use of appropriate media
- Communication to parents
- More specialised services i.e. crisis services/out of hours
- G.P's should be more aware of the availability of mental health services including those in third sector
- Education to all on substance misuse

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

- Less media focus on diagnosis and labels
- Encouragement/Support to use DDA if you are discriminated against
- Services should contact employers if off sick for a period of time
- Government agencies should be more informed
- A regulator for mental health discrimination by companies
- Provision of services who are open to working with many differing challenges rather than boxing individuals solely in mental health services

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?

Promotion of national awards for those services who do address discrimination.
Forms of positive recognition to services who undertake this role.

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

- Promotion of tools like Scottish Mental Health First Aid Training and WRAP
- 'Sex it up'
- Promote community spirit – society has changed

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?

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

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?

- Services to provide information to help people understand
- Promotion of services to give informed choices
- Services have to promote self ownership
- More recovery focussed services
- Resources to be better managed
- Ensure staff are trained effectively in recovery
- Ensure staff work closely with user-led organisations

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

Better partnership working across services.
Information easily accessible
More education about the symptoms of mental illness so people can understand what they may be experiencing

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?

- Lack of contact services with (i.e. G.P's, CMHT, In-patient services, NHS 24, Police etc.) knowledge and information about services needs to be addressed
- Better training for contact services made available
- More crisis services – faster information, care & support
- More effective evaluation processes for services – qualitative
- Good housekeeping equalling quick access/ intensive work which will save time and money over long term
- Services not solely run by statutory providers.
- Better partnership working including voluntary organisations and peer support workers

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?

- 'Evidence based' is too restrictive – we need to know exactly what the evidence is. For services to improve sometimes we need to innovate and these innovations have never previously been used.
- Better information gathering before development of services
- Ensure service users are fully involved in service delivery and design of services
- Train staff on service user involvement
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Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments

Better partnership working

Better computer programmes and packages which work across services and sectors

Less segregated service approach, don't just start using them in inpatient services promote them throughout the services.

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?

- Should be standards for service user involvement
- More effective use of the user-led services you fund
- Promotion of those who work in promoting and supporting service user involvement should be viewed as experts/specialists and their opinions/ views/ideas valued and promoted
- Staff to promote the benefits of service user involvement to their clients
- Training to be provided by user-led organisations on service user

involvement

- Lead decision makers to ensure that service user involvement has been undertaken in an efficient and effective manner
- Better communication including feedback between services and service user-led organisations
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Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

- More friendly environment – less formal
- We don't want to feel judged
- Remember that people are people – not just an illness
- Respect
- Staff should spend time with service users
- Supporters to learn more about people, not symptoms
- Staff to be trained in communication skills which promotes mutuality

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

Regularly evaluate services using external evaluators, recommendations of these evaluations to be implemented in service delivery

Promote and develop service user involvement in the evaluation of services and delivery of services

Peer Support Specialists to be promoted within service delivery

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

Comments

Make it a condition of funding and finance

National awards or accreditation for services which implement SRI

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

Comments
Allow them to have more power and not just solely be able to advise or guide

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
Better information on the service users' illness.
Better promotion of carers' involvement services from staff
Carers/supporters/families able to undertake training in WRAP, Scottish Mental Health First Aid training, recovery and carer involvement

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
Training on carers' involvement and the promotion of carers' involvement being an aspect of staff's personal appraisal process

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

Fund and promote research and evaluation of these services and have a central body who correlate the information and able to distribute it.
National awards for innovative and successful services

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

Local statistical data being formally correlated and gaps being highlighted with recommendations being implemented

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

Comments

Partnership training to be developed and training disseminated throughout all service providers

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

Comments

Peer Support Specialists

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

Stop boxing services into specifics and all they can deal with is the paramount challenge an individual has instead of a holistic approach.

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

Stop the segregation of mental health challenges and substance misuse 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

Training to staff
Conditions of funding and finance
Incorporated as aspects of staffs personal appraisal

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

Evaluate and monitor services more effectively by external evaluators and use the findings across the board.

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

Comments

Peer Support Specialist

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

National accessible computer networks

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

Comments

Roles and responsibility areas should be developed for each service. Each service user should have an exit interview which accumulates the information required on clinical outcomes. This information to be correlated and recommendations for service improvement actioned.

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

Training on basic housekeeping skills
Less funding being spent on developmental staff, use existing staff who work in the area which require improvement.

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

Comments

Effectively train staff on commissioning of services and ensure conflict of interests are always exposed when promoting the development of integrated services.

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 induction training and efficient disciplinary procedures.