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.

It is important that the Strategy addresses inequalities and builds on the good practice of the North-East Glasgow Suicide Prevention Forum in focusing activity in areas of high deprivation. In particular we need to address the needs of those in suicidal distress to ensure they receive the appropriate service at the right time. This requires effective joint working and signposting to a wide range of community organisations and 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.

We need strong leadership to ensure services are designed in a way which meets the needs of those who use services. This means developing effective partnerships between a wide range of services with a role in suicide prevention activity. The North-East Glasgow Suicide Prevention Forum offers a strong model of partnership working, which could be rolled out.

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?

In general terms, there is a need to build on the good practice of the North-East Glasgow Suicide Prevention Forum and focus on suicide prevention and self-harm in areas of deprivation. This requires more investment/better distribution of resources to support good practice. A stronger focus on addressing inequalities and reducing poverty and child poverty is required to positively impact on reducing the likelihood of mental ill health. At a population and community level, awareness campaigns should be built upon with a focus on promoting positive self-esteem and increasing levels of control.

Specific actions at a national level, include:

- the need to ensure that support is available for families and others who have been bereaved by suicide; this could include looking at the role of clergy and other key support agencies based in the community who can provide this support.
- more training and education on self harm – targeting of staff within mental health and other front line services, e.g. social care staff.
- focusing on high risk groups identified by research and tailoring of support for these groups. In particular there is a need to focus on people living in areas of deprivation, especially the adult male population.
- identifying areas of good practice.

In terms of services, at a national level there is a need for improvement to ensure that service users have a positive experience of engaging with services and this will require action at a national leave to:

- integrate services more effectively to improve communication, especially Mental Health and Addiction Services.
- improve links between services, particularly for referring on and

ensuring appropriate follow up.
- reduce stigma about engaging with services e.g. fear of other agencies becoming involved – social work, child protection.

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

Campaigns aimed at reducing the stigma of mental illness and reducing discrimination require to be more robust and focus on normalising mental health problems via the use of media programmes, stories about celebrities and school programmes. Engaging with children and young people are essential components of the actions required to raise awareness and challenge attitudes and beliefs. School programmes should also seek to engage with parents. The role that universities and colleges can play in raising awareness to reduce stigma and discrimination should be considered. Workplace campaigns are considered to be an essential part of the work to reduce stigma and discrimination and this should be continued. We also need to undertake specific work to reduce the stigma associated with suicide and self-harm within local communities.

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?

See me has delivered good population based work and provides a supportive background level of awareness raising, however, there has been a lack of targeting of minority groups. Although see me has been effective in raising broader awareness, it does not help the person who may be in need of additional support. There is a need to link awareness programmes such as 'see me' to specific forms of mental health support. Work is also required to address health service staff attitudes and beliefs which can increase stigma. There is also a need for see me to do more to address inequalities, especially in areas of high deprivation.

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

Better signposting and ease of access to services are crucial. Signposting to services and support for people before they reach crisis point is required. We need to identify the protective factors within communities – what is in a community that promotes resilience and build on this. It is not just about better access to mental health services, but also promoting activities which promote wellbeing within communities e.g. walking groups. Services and supports need to be on the doorstep within communities and accessing these needs to avoid the issue of people being passed from pillar to post.

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?

A range of services needs to be available that families can access with clear information about what each tier of service provides. Additional counselling is required within schools which would support the avoidance of young people reaching the CAMHS stage. In general more focus is required on preventive initiatives e.g. emotional literacy programmes, Place2Be and family support. There needs to be a broad spectrum of support which is in place pre-secondary school stage. More work needs to be done to promote awareness of seeking support at an early stage, particularly for adults, given that parental/carer mental health can have a negative impact on the family. We need to build on good practice in supporting children and young people with parents with addiction issues to ensure children of parents with mental health problems also access the right support. Addressing the wider issues of child poverty is required.

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?

We need to build community resilience, which requires promotion of the benefits of taking part in community activities to improve mental health. GPs need to refer to a broader range of social supports rather than solely mental health services. A true self referral system within primary care services is needed which will signpost to appropriate support at an early stage – this would also avoid the opening of a mental health record which can stigmatise people. Focus should be on the underlying issues that lead to stress, anxiety and depression and aim to improve the social circumstances that lead to these issues e.g. social deprivation and lack of social support and connectedness.

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

Timely, early intervention is the key to ensure people can access the right level of support.

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?

In terms of first contact services and how well they work, a number of issues were highlighted by the North East Glasgow Suicide Prevention Forum around first point of contact at Accident and Emergency, General Practitioners and the procedures of Primary Care Mental Health Teams and Community Mental Health Teams and how they interact.
The issues highlighted include:

- People who end up in A&E are often seen and are then discharged from the system: this may be because they present with other problems i.e. alcohol and drugs and their mental health problem is then not addressed.
- Staff within A&E are often too busy to refer on to other services.
- It was acknowledged that in cases of attempted suicide and/or self-harm, the first point of contact – place of safety is important, and the chaotic nature or busy A&E Departments, particularly at weekends, does not present the ideal of 'a place of safety'.
- It is suggested that voluntary organisations could play a bigger role in working with A&E Departments to provide support services on site at particular times and this would support onward referral and access to treatment.

- There are a number of issues in relation to the GP as the first point of contact. In general, it was felt that for new people the pathway does not work. The GP as the first point of contact assumes that people will be confident enough to approach their GP – a good relationship with the GP is required for this to happen. Many GPs may just prescribe and not refer on to wider support services. GPs sometimes do not explain where people are being referred to and this can increase anxiety. GPs often have a lack of awareness of other out of hours services and voluntary organisations. There is a need for follow up by GP's. GPs should receive training to increase their knowledge and raise awareness. The development of a standard Protocol for GPs to follow would be beneficial e.g. this could include the use of I.T. to provide screen pathways for GPs but should also provide information on other out of hours contact numbers and support services.

- In terms of PCMHTs and CMHTs, there is there is a need for more integrated services. Service users may be bounced back and forth between services. During the initial PCMHT telephone assessment there is the danger that certain needs may be overlooked. It was acknowledged that staffing issues within the PCMHT limits capacity. There is a need for better consistency in approach and a simpler referral process between PCMHT and CMHT. Although there is a need to review how the PCMHT and CMHT work together, integration requires to be managed rather than teams simply being co-located and work should also include addressing the culture of staff.

- In terms of the link to Addiction Services, greater consistency in staffing is required e.g. having a designated Addictions Duty Officer.

- The creation of co-morbidity teams may be one approach to integration of teams; however, there is a need for better integration between all services and the reduction of red tape.

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?

We need to consider how appropriate evidence based care and treatment is for the needs of people from areas of high deprivation. There needs to be more of a focus on prevention and supporting a community development approach.

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

Better integration of services is required, particularly for people who self harm. Integrated Care Pathways need to be reviewed to ensure they are meeting the needs of all patients, especially in areas of deprivation who face a range of difficult social circumstances. Where pathways are already in place, these should be audited to evaluate whether they are effective. Mental health problems are not well dealt with by staff within A &E and Hospitals and staff training is required to address attitudinal issues among staff. Please refer to Question 11 for additional information.

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?

Voluntary organisations are often much more effective than the NHS is developing service user involvement. The NHS needs to take cognisance of this and learn from examples of good practice within the voluntary sector to improve service user engagement.

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

There needs to be a greater focus on community development approaches in order to support mutually beneficial partnerships.

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?

The Scottish Recovery Network needs to have more of a focus on addressing inequalities and consider the needs of people recovering from a period of distress following a period of self-harm or attempted suicide.

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?

There needs to be good quality voluntary sector support for families and carers with easy access to a wide range of supports and resources. We need to emphasise the important role that families and carers have in supporting care and treatment – this is sometimes lost through the restrictions of confidentiality. Early intervention and accessibility of support are crucial.

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?

Staff need accurate up to date and meaningful resources which are readily available and accessible within community venues. Staff training is also required.

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?

The balance of community and inpatient services needs to be improved. Services are too re-active at the crisis point. There is a need to focus more on evidence based preventive work to shift the balance of care to improve outcomes.

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?

Accessibility of services could be improved with more information in certain places and in different languages e.g. for asylum seekers. Promotion of services is required, in particular, the right to register with a GP which is often not understood by asylum seekers.

We need to check whether we are collecting the right information, that is not duplicated and that the right information is shared appropriately and timeously in line with guidelines.

Information should not only be gathered but should be used to plan services and address gaps.

There is a need for better ways of recording and monitoring high risk groups.

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

We need to identify good practice and communicate and share this good practice across teams and services. To support change, practitioners need to be educated and encouraged to embrace change which supports better service provision rather than fear change.

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

Significant gaps exist in services for asylum seekers, older people in care, carers, homeless people, people leaving prison or involved with the criminal justice system and young people leaving care. There is a lack of transitionery services for high risk groups such as people leaving prison or the care system. Although there are some counselling services within secondary schools, there is a lack of services for self-harm for primary school pupils and those in transition to secondary school.

The need to provide services to address significant gaps for high risk groups is acknowledged, however, the current financial climate may also exacerbate circumstances for unemployed and low income groups and lead to the danger of missing hidden groups – affected by life circumstances and those lacking protective factors such as family support/community support.

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?

Initial findings from the recently conducted NHSGGC needs assessment of mental health within prisons suggests that we do not know how to deal with mental health problems within the prison population and that problems may not be identified and go untreated. With regard to older people who develop dementia whilst living within a care home, there is a lack of support available when compared to older people who develop dementia within the community and this needs to be addressed.

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?

With regard to female prisoners, mental health problems are often linked to

domestic abuse. More work is also required, to identify and assess learning disability and mental health problems within the prison population.

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?

We need staff to respond more appropriately to people in suicidal distress and avoid stigmatising people within NHS services. This requires staff training and links with the KSF process.

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?

We need to ensure front line staff are skilled in suicide prevention work and are able to respond appropriately.

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?

There needs to be more work to support the rights of people who have attempted suicide. In relation to people who have attempted suicide at A & E, it is acknowledged that this does not provide a 'place of safety' and basic rights are not being supported. Staff need more support and training on their role within the legislative framework and also need to acknowledge their duty of care to patients. The way that police forces have implemented the Adult Support and Protection (Scotland) Act could potentially be replicated within A & E Departments to ensure that there is appropriate referral and signposting and avoid people slipping through the net.