CONSULTATION QUESTIONS

1.1 RNIB Scotland is the leading charity working with blind and partially sighted people in Scotland.

As a membership organisation we are dedicated to delivering services our members need and campaigning for their civil and welfare rights. We support children and adults with sight loss to live full and independent lives.

1.2 At present, around 36,000 people in Scotland are formally registered as blind or partially sighted, with up to 188,000 living with significant sight loss. However, the number of Scottish people with sight loss could almost double to 400,000 between now and 2030 due to our ageing population and the persistently poor health that continues to disadvantage many of our communities.

1.3 We are grateful for the opportunity to provide information in response to the Scottish Government's current request.

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
 Whilst the foreword highlights the breadth of services that are needed to promote good mental health and support people with mental illness: those 'delivered by the NHS, local authorities, the third and private sectors'.

The four priority areas do not seem to bear out the importance of mental illness being everyone's concern and seem to be orientated towards the NHS and the identification, care and treatment of illness.

There is a need to ensure that services take into account a holistic assessment of need that does not seperate social care from health as both are interlinked. Traditionally, people have fallen into either the social care system or the health system and it is frustrating for both clients and carers to get both sides to work closer and better together.

Part of this assessment would also need to ensure that where sight is diminishing, it is taken into account so that the persons services are not over prescribed and costing more than they need to.

Improvement Challenge Type 1

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

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

Comments

Improvement Challenge Type 2

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

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

Comments

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

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

Comments
Sight loss can be devastating to the person affected and to their family and can have a significant impact on a person's mental health and wellbeing. Research suggests that the incidence of depression amongst people with sight loss is far higher than in the general population. Depression and anxiety can lead to isolation and loneliness as a person withdraws from friends and family. This may also lead to a reluctance to take up support services or trying out new ways of doing things, and may impact on a person's ability to engage in the process.

RNIB Scotland provide Vision Support Services in several local authority/NHS board areas [Edinburgh & the Lothian's, Ayrshire, Scottish Borders, Tayside and Shetland] which provide support following diagnosis of eye condition and assessment following registration. Vision Support Services offer initial assessments, emotional support and advice, additionally providing information to family, carers and professionals working with patients with significant sight problems.

Early intervention and emotional support are key to enabling those newly diagnosed with sight loss to learn positive coping strategies to deal with their condition. The model of Vision support services should be considered Nationally and could be used in other areas of prevention in relation to mental illness.

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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.
The Scottish Government has continued to tackle stigma and discrimination by supporting campaigns such as 'See Me' to raise public awareness of mental health issues. This type of approach manages to reach a wide audience through media campaigns and can have a powerful impact on people's views. The Scottish Government should seek to continue providing support and funding to this and similar campaigns to continue to raise awareness, reduce stigma and tackle discrimination. Research shows that people still feel more comfortable discussing physical ailments as opposed to mental ill health [including dementia as this is often categorised as a mental ill health issue as opposed to a physical terminal illness]. Therefore it is important to continue to tackle the stigma surrounding mental ill health to ensure that people feel more comfortable talking about their situation and seeking the appropriate support available.

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
NHS Lothian previously offered courses on Mental Health & Wellbeing Training for a range of professionals, carers and service users. This programme covered a range of mental health issues [e.g. Suicide Prevention, Depression Awareness, Recovery, Mental Health First Aid]. This was an excellent opportunity to raise awareness, knowledge and skills among the health and social care workforce, carers and service users. A programme like this should be available throughout Scotland to ensure that more people are aware of mental health issues and in turn this can reduce stigma and discrimination through education. At present such programmes appear to be only available to people working in the health and social care field, it would be beneficial if such programmes could be rolled out to other work areas to raise awareness and reduce stigma and discrimination.

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

Comments

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wellbeing. Research suggests that the incidence of depression amongst people with sight loss is far higher than in the general population. Depression and anxiety can lead to isolation and loneliness as a person withdraws from friends and family. This may also lead to reluctance to take up support services or trying out new ways of doing things, and may impact on a person's ability to engage in the process.

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RNIB Scotland [Edinburgh & the Lothian's] provide Social Work, Rehabilitation, Mobility and Low Vision services, following assessment meet identified needs and offer practical advice and emotional support services which can improve a person's mental health and wellbeing. It is important to acknowledge within the strategy that these services are instrumental in preventing poor mental health and that funding should continue to ensure these services engage with people with sight loss and mental health issues.

All staff working with people who are adapting to sight loss and the impact this has on their mental health and wellbeing, whatever their role, will be more effective if they have an understanding of the emotional impact of sight loss on individuals. Therefore, by providing funding that offers specialised training and awareness of the impact of sight loss on a person's mental health and wellbeing to various staff, carers and individuals could potentially reduce the need to access specialised services/treatments in future and prevent poor mental health for individuals.

Similar to the recommendations within the Dementia Strategy to offer support services post-diagnosis, it would be a positive development if all NHS boards & Local Authority areas across Scotland developed the Vision Support Service model to reach people following diagnosis of an eyesight condition in order to offer support and services promptly at stage of diagnosis in order to address the potential emotional impact on a person's mental health and wellbeing and support them through this transition stage. Also a recommendation would be to investigate if the Vision Support Service model could be adapted and developed to offer a similar type of service working with people with Dementia post diagnosis.

There are several organisations that support people with mental health issues within the public, private and third sectors, many relate to condition specific support services such as RNIB Scotland. It would be useful for all the services available for people experiencing mental health issues to have a resource that can be used by individuals,

carers, families and professionals to signpost people for support, this could be a web resource or a written publication detailing the type of support available and referral pathways.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

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

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Comments

Over time, having experienced a range of feelings and thoughts about sight loss, a person may begin to accept the reality and adapt to their new circumstances. For example a person may contact rehab or low vision services, persevere with the learning of new skills, such as mobility or IT training and begin to assert themselves as a person with sight loss. New skills may be developed, increasing self confidence and esteem and this may in turn reduce feelings of loss and depression. The extent of this varies greatly from person to person and depends a great deal on the quality and availability of external emotional and practical support available. Everyone is an individual and personality and coping methods prior to sight loss are likely to influence how a person responds.

RNIB Scotland provides Vision Support Services in some Local Authority areas, additionally Social Work, Rehabilitation, Mobility and Low Vision services [Edinburgh & the Lothian's only]. Following diagnosis of an eye condition people access these services which provide an opportunity to assess an individual's situation, provide support, information, advice, equipment and emotional support which enables a person's to adapt to their new circumstances, improve confidence and self esteem and learn new skills which in turn may improve their mental health and well being. RNIB Scotland also provide "Looking Forward" groups which are aimed at those who have recently begun to lose their sight and who want to get a quick overview of the specialist services that are available to help, this also provides an opportunity for peer support. In addition to tackling issues surrounding sight loss RNIB Scotland are involved in addressing people's mental health issues, often as a result of their sight loss issues. It is important that the strategy acknowledges the mental health needs of those who have sight loss and understand the impact this can have on a person's mental health and wellbeing.

Comments

Mental health is a complex issue and each person as an individual may have varying factors that cause the poor mental health for them. Due to the stigma attached to mental health issues, and the

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prevalence of prescribing medication as the first option by GPs, people are often reluctant to engage with services from the outset. It is often following years of medication [e.g. anti-depressants] that a person eventually is referred on for psychological therapies which could have been beneficial from the outset of the mental health episode. By increasing self referral pathways and accessing telephone, web based support services such as CBT without a required referral pathway via GP/NHS may increase people accessing these support services and in turn reduce GP/NHS appointments and costs for prescribing medication over long periods of time. These services can also provide solutions to access issues for people with disabilities or sensory impairments who may be put off or may be unable to attend clinics for therapeutic intervention as they can access them in the comfort of their own home without having to consider travel arrangements or planning journeys which may add to their anxieties.

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

RNIB provide Vision Support Services which contact people promptly following diagnosis and registration of visual impairment. However, loss of vision and the immediate transition stage to adapting to new circumstances can have a significant impact on a person's emotional wellbeing. Feelings of shock and disbelief can be common especially following a diagnosis. This can make it hard to take in information about support, services or the eye condition, which may need to be provided at a more appropriate time. Denial is common at first and may be a way of protecting against fears of the future and feelings of despair.

An initial loss of self-confidence and self-esteem is common, as previously simple everyday tasks become difficult, a person can feel embarrassed, humiliated and uncomfortable about asking for help which can impact on their mental health and wellbeing.

By providing training opportunities for all staff working with individuals to increase awareness of mental health issues and ensuring that they are aware of the referral pathways available to support individuals would benefit both staff working with people and the individuals themselves who could access services or be referred at the earliest stage of the illness.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

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

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

By providing Service User and Stakeholder engagement opportunities to discuss, review and evaluate the strategy and it's achievements over the course and to engage with those accessing services to ensure that the strategy and it's delivery is person-centred with outcomes that benefit the Service Users, Carers and families. Additionally, by developing support services to deliver personalised, person-centred and outcomes focussed services which offer choice and empower individuals to participate in the process.

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

Comments

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

Comments

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

Comments

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

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Comments

Developing more professional training opportunities for staff working in health and social care services who work with individuals with mental health issues, however, may not have specialised skills such as CBT, which if trained may be able to offer additional support to individuals within their role as opposed to having to always rely on a referral to an external agency with waiting lists and restrictions on resources. A similar approach has been developed in relation to funding being made available with dementia care services and training opportunities for professionals via Stirling University whereby staff, carers and individuals can access courses to improve their understanding and skills, perhaps a similar approach could be funded and developed in relation to mental health issues. Courses do exist [e.g. Mental Health Studies via Open University]; however, these are costly and require a person usually to commit their own time, money and resources. If these opportunities were funded, this may improve staff confidence and a person's experience engaging with services being offered by staff that have appropriate skills, knowledge and training.

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

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

Comments

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

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

Comments

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Comments

People who experience sight loss and dual sensory impairment may require access technology to access resources via telephone or online. Services are currently available offering support [e.g. Depression Alliance Scotland's "Living Life to the Full" course] online for those experiencing depression, low mood or feelings of anxiety – a useful resource; however, this is not accessible for those with sight loss who require access technology such as JAWS software providing audio description for those with sight loss. By developing online support services, issues surrounding access must be addressed to ensure that individuals with sensory impairments can access the support services available, which is currently not always the case as evidenced by the example provided.

Comments

Developing Vision Support Services [currently provided in some Local Authority areas through RNIB] throughout Scotland which provide emotional support to people with sight loss, often recently diagnosed blind or partially sighted which can have an impact on a person's mental health. These services should continue to be funded to ensure that people have access to emotional support, advice and information and signposting to social work, rehabilitation and mobility services which can prevent a deterioration in a person's mental health or maintain and support a person's situation avoiding further deterioration in health.

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.

Comments

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

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

Comments

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

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

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

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments

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

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments