

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

Gap in key challenges :

Major challenge not addressed is:

How to convert all the past and current policies and commitments on developing:

- meaningful service user involvement - putting people 'at the heart' of guiding service del
- social models of health;
- community-led services;
- and tackling health inequalities

into concrete action and fundamental change in the way the NHS delivers MH services.

Actions that should be prioritised to meet the above challenge include:

- Undertake a radical review of factors that maintain and sustain the status quo in all the a to enact changes.
- Ensure parity is given to service user and practice-based outcome evidence to compleme deciding the nature of local MH services (as exemplified by 'The Matrix').

A useful résumé of some recent service user research on psychological therapy provision can be http://www.pctscotland.co.uk/documents/~RealChoice/~Resources/~Briefing_Papers_and_Bac

Interestingly, in a presentation by Penny Curtis of Government's MH Unit on this Consultation ("so we know what's effective, what's not effective" - yet NES/The Matrix ignores this evidence! Practice-based evidence from clinical work with a total of 7,619 NHS patients* shows the effect by The Matrix.

* *Stiles, W.B. et al 2006 & 2008 and Gibbard, I. & Hanley, T. 2008.*

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

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

Recognise and act upon research that highlights that the stigma extends to NHS mental health services – people, particularly in more deprived areas, choose not to access such services e.g. due to their medical/reductionist approach and perceived links with Social Services.

Key actions would be:

- Make a social model of health in the NHS a reality – the medical model still very heavily applies in MH settings.
- Increase support and development of community-based/3rd sector organisations and NHS partnerships with them.
- Listen to relevant, community-based research evidence. E.g. work by the Pathways Team, Primary Care Mental Health Team, South

(West) Glasgow in 2009/10 provides useful insights.
Normalise use of counselling and other psychological therapies.

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

See above.

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

Comments

- Make self referral to Primary Care MH services universal.

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

- Universal provision of schools counselling.
This MH Strategy stresses the need for cheaper, preventive, early-intervention MH services – schools counselling has proved it delivers in these areas.
The Scottish Government must emulate Wales and N Ireland and meet its 2005 commitment to introduce counselling for all children by 2015.
The presence of counsellors in schools, in raising awareness of MH wellbeing and normalising seeking early help, also supports other Outcomes of this Strategy (3, 5, 6, 8, 9 &10).

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?

Comments

- The formal education sector has a key role here.
- The placing of counsellors in all schools would also support this.

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

Comments

- Provision of non-medical model, community services.
- Radical review of services to reduce barriers to accessing mainstream services.

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

- Address the limitations of the 'Stepped Care Model' as it applies to MH. Evidence shows that many people fall through the gap between Primary and Secondary Care and so delays or prevents access to treatment. A need for some provision of less time-limited counselling/therapy within Primary Care teams would, for example, seem helpful - as currently adopted by a number of NHS services. (*Ref also 'We Need to Talk Coalition' Report – see below*)

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

- Support to ensure, as the ICPs state, that all MH services provide **a) a choice of psychological therapies**, and **b) that patients are informed** about differences between them.

a)

Whilst there has been much focus on Cognitive Behavioural Therapy (CBT), a number of Community Health Partnerships are providing a choice of therapies egg person centred (which has a long and well established record of effective and efficient outcomes within NHS and other settings) and psychodynamic therapy.

The Patient Rights agenda makes this universal provision of a range of therapies even more important.

Ref : The *'We Need to Talk Coalition's 2010* survey of over 500 users of NHS psychological therapies shows the benefits of offering choice. People offered a full choice of therapy were five times more likely to report that therapy definitely helped them back to work and three times (91 per cent compared to 28 per cent) more likely to be happy with their treatment than those who did not. The 'Getting th

Ref also the findings of the *BACP Scottish Counselling Reference Group survey* that asked psychological therapy service users what improvements would make the most positive difference to them. Choice of therapy and increased number of sessions were in the top 3 responses. Gives a good steer to policy makers. Can be found at

<http://www.bacp.co.uk/admin/templates/abstractpopup.php?abstractId=184>

b)

'Informed choice' is also an issue. Even those services with a range of modalities often don't inform or engage with those referred about what their choices are. Action is required here too.

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

- See comment re radical review of status quo in 'Overall Approach' comments above.
- Gather together and take the learning forward from models of good

practice in service user engagement.

Examples of good practice are outlined in the 2010 service report of the Pathways Team, PCMHT, South (West) Glasgow "...not for me..."? Reaching out & meeting needs: With particular reference to disadvantage & socio-economic deprivation.'

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

Comments

- All Primary and Secondary Community MH Teams to have a 'community skilled' practitioner within their team to lead on partnership/service user engagement.
- And changes to be monitored nationally.

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

- Have the will at the top to drive this through at all levels of delivery.
- Recognise and seek out the value in this context of the Rogerian Person Centred Therapy community in Scotland.
- Give meaningful recognition that different people have different needs, and ensure that all services offer a choice of therapies, including ones that allow for exploration of life events/experiences.

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

Comments

- Monitor and disseminate.

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

Comments

- By provision of continued, increased support to sustain their vital work.
- Inclusion of their research evidence in next revision of 'The Matrix'.

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

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

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

- Audit what currently goes on.
- Include socio-economic status in this audit.

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

Comments

1.
 - Undertake a 'meta analysis' of learning.
 - Then run a high profile, large event targeted at Primary and Secondary Care team leaders and staff that disseminates this and allows

identification and commitment to key actions that all such teams to sign up to.

- Review and monitoring of commitments being met.

2.

- Have a dedicated national person that acts as a conduit for this information.

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

Comments

1.

Socio-economic status is a key issue.

- Gap in amount of provision

The well documented 'Inverse care law' (whereby the greater the need, the fewer the services) applies particularly to Scotland's MH provision in more disadvantaged areas.

Needs targeting of NHS/community MH resources to those communities in greatest need. For people without the resources to pay for, or travel to, alternatives.

- Gap in type of provision

The Pathways Team report (see above) evidences the fact that current NHS psychological therapies provision does not (and perhaps cannot) provide services that meet the needs of large numbers of people in more disadvantaged areas. There is a need for community provision (or NHS/3rd sector partnerships) offering more flexibility over number of sessions, choice of therapy that provides space to explore past life events and deal with current pressures/stressors, that is holistic and offers a social model of health.

2.

LGBT provision.

The *Glasgow Anti Stigma Partnership* research 'There's more to me' shows Scottish LGBT people remain reluctant to use NHS MH services. Support needs to be given to community sector organisations e.g. Strathclyde Lesbian & Gay Switchboard (currently threatened with closure) that, very cheaply, can and do provide vital, early 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

- All MH screening to include link up with other social support that may alleviate practical stressors/anxieties e.g. as modelled by some CHCPs such as SW Glasgow CHCP (Pathways Team).
- Prisons – work to help universal provision of counselling services in partnership with community/3rd sector. Useful *Sainsbury Centre research that looked at what prisoners needed is outlined at:*
http://www.centreformentalhealth.org.uk/news/2008_from_the_inside.aspx

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

- Workforce surveys to include modality of therapists/counsellors so that choice is offered and monitored (see comments to Question 3 above).
- Survey of community/3rd sector organisations offering psychological therapies.

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

Comments

- Ensuring that the different needs of the Scottish people are met by the

presence everywhere in the Scottish NHS of a range of therapists, not just CBT practitioners.

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

Comments

- Make links with Scottish training providers, including the Universities of Strathclyde, Edinburgh and Abertay.

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

- Agree on one standard outcome measure, nationally applied such as CORE 10

Note: CORE 34 is a barrier to many including those with literacy issues, and 10 has been adopted as just as useful a measure by a number of PCMHTs.

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

- See comment re radical review of status quo in 'Overall Approach' comments above.

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

- All mental health practitioners should be supported to cope with the pressures inherent in their work through the provision of supervision based on the model used within counselling.