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 specialist CAMHS service provision for infant mental health
Gap in mental health services for looked after and accommodated children and young people

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
> Better links with education aimed at firstly improving the quality of interventions used within school to teach children fundamental skills associated with good mental health (e.g. skills involved in making and sustaining good friendships, self regulation, problem solving skills, impulse control) and secondly better, more robust structures for discussion between school staff and specialist CAMHS of children about whom there are mental health concerns

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

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

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

Comments

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

Infant Mental Health - To address this gap work is required to train staff in tiers 1 and 2 in identifying moderate to severe mental health problems in infancy as well as equipping tier 3 Specialist CAMHS with the skills to deliver targeted, evidence based interventions to this group – e.g. parent infant psychotherapy.

Looked After and Accommodated Children and Young People (LAAC)
I was concerned to read in outcome 9 that a mental health assessment for LAAC children is listed as a target that has been achieved. My experience is that this is not uniformly the case and remains, for the most part, aspirational. My concern is that LAAC remain group at high risk not only of later psychopathology but of poor educational attainment and higher levels of criminality (Music, 2011) and yet mental health provision for this group remains fairly patchy across the country.
I think that it would also be helpful to have better links between the specialist clinical teams that do exist and the strategists.

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

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

Comments

I think work could usefully be done in developing online resources for children and young people. There are examples in England of some very good, child and young person friendly CAMHS websites that help children to better understand how they are feeling and offer guidance on when and how to seek help if required.

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

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

Comments

I think that the government has a key role to play in commissioning, funding, encouraging and implementing research to broaden the body of qualitative research around interventions and outcomes in CAMHS, and that clinicians from a wider range of disciplines need to be more actively involved in research.

One model which would seem to support the development this is the Nurse Consultant posts in Tayside which are jointly funded by NHS Tayside and Abertay or Dundee Universities (e.g. Nurse Consultant in Dementia, NHS Tayside and Abertay University). Postholders undertake research in their clinical area with the support and resources of a research institution.

I know that there are proposals for e.g. OT Consultant posts and other nurse consultant posts that are not directly linked to academic institutions but I think this is a weaker model that won't facilitate the same standard of research and inquiry into clinical practise which is so very lacking in the whole of mental health but particularly in CAMHS.

Comments

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

Comments

In relation to CAMHS, small pieces of qualitative work involving children in

service evaluation have been undertaken (e.g. work done by the MCN in 2011). When setting up this work doubt had been expressed about whether children between the ages of 6 and 11 could really offer helpful evaluation of a service. The findings of this study were that children were very able to articulate and present their views and these were very interesting and helpful to the service and its future development.

The emphasis of Curriculum for Excellence is very much on children as active participants in their learning and children are taught tools for self and subject evaluation from an early stage, which mean they are very adept at this.

The MCN used a researcher form the Dundee University Child Health group which gave helpful research expertise and made for a fruitful collaboration. It is very easy for small pieces of work like this to be lost and I wonder whether perhaps there needs to be a national initiative or core group that offers a blueprint for undertaking qualitative studies like this with children and their subsequent role in service development. This kind of qualitative study would provide a complimentary material to some of the quantitative measures also being undertaken.

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

Comments

Greater emphasis on user involvement in service evaluation and planning

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

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

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Comments



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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?

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Comments



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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?

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Comments



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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?

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Comments

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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

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

Comments

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

Comments

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

This comment is in relation to learning disability CAMHS and is written to reflect my experience as an OT within specialist CAMHS. As an OT, working with people with learning disabilities formed part of my undergraduate training. My understanding from discussions with colleagues is that the same is true for most disciplines within CAMHS with the exception of psychiatrists and nurses. While the level of expertise is obviously lower than specialist trainings, it provides a basic level of competence and a foundation from which further expertise can be developed.
It would perhaps be helpful to consider similar inclusions in the general training for both nursing and psychiatry.

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

This comment is addressed at the work being done around psychological therapies.
Some of the work has more emphasis on the multidisciplinary nature of specialist CAMHS than other and, as an OT within a specialist CAMH service I think that greater attention needs to be paid to the contributions differently trained professionals bring, in the design, delivery and supervision within the framework.
I think that to facilitate this careful attention needs to be paid to the wording of developments and strategies so that they are as inclusive as possible and valuing of the skills and contributions of the multidisciplinary team. An example of this would be the work being done by the project looking the psychology of parenting. While this may be a correct scientific description of the work, it would seem to place it within the domain of psychologists when in fact work on parenting can very competently be undertaken by a range of CAMHS and education staff. This may feel a small and pedantic point but I think that it important.

I also wonder whether the staffing of organisations such as NES need to have broader representation of a range of disciplines including AHP that are not psychologists.

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