(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate x ☐ Yes ☐ No

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

It seems clear that to continue to improve the mental health of Scotland in an economically efficient and sustainable way we need to build on the strengths of existing universally accessible services.

An obvious approach, which has not yet been pursued, is to improve the capacity of GPs and nurses working in primary care to help people with mental health problems.

This should be done by developing training which is

- Specifically tailored to the needs of the primary care setting with an emphasis on practical skills development (e.g. the use of simple behavioural and cognitive interventions and assisting patients to develop skills in areas like problem solving, stress management etc.)
- Delivered in a way which is accessible to practitioners in all areas of Scotland

The Scottish Government should also look at ways of encouraging and rewarding the provision of this sort of work in the primary care setting. This is not currently adequately addressed in the general practice contract or the general practice quality and outcomes framework.

In addition to the potential to increase quality of patient care, any intervention that enhances GP's management of mental health problems has enormous economic implications for all areas of the NHS and society.

As Cape et al (2000) suggest, 'since the number of patients with emotional problems seen by each GP is so large, the population effects of even small improvements in psychological management would be sizeable'.

We know that GPs are viewed as a key resource by people seeking help with mental health problems (Kadam et al 2001, Campbell et al 2007) with 91% treated entirely in primary care (Sainsbury Centre for Mental Health 2007) and estimates suggest that mental health problems comprise roughly one third of GP workload.

Increasing Access to Psychological Therapies (IAPT) pilot projects have demonstrated that addressing mental health problems not only improves peoples' mental wellbeing, but reduces overall health care costs by reducing numbers attending A and E departments and requiring investigations for 'physical' problems.

Recent IAPT policy initiatives have started to increase the availability of specialist psychological and psychosocial interventions. However, the approach that has been taken is a 'stepped care model' which does not include any focus on enhancing the capacity of GPs, other than, in some areas, increased options for onward referral (for instance using primary care mental health workers, life coach type approaches etc) exhortations to 'signpost' people to the voluntary sector and to self help materials. Whilst current service developments are welcome, they remain problematic for assisting many patients seen in primary care as:

- Many have a complex mix of chronic psychological, physical and practical life problems, which are inextricably intertwined. Their symptoms are too complex for the lower tier services (eg guided self help, high volume low intensity CBT) which we know are already starting to struggle with some of these referrals, but not severe enough to appear 'appropriate referrals' from the perspective of the higher tiers of the service, which in the current economic climate seem likely to remain without the capacity to engage with them.
- separating 'psychological' and 'physical' and treating them in

different settings is inappropriate and potentially damaging for many patients (e.g. those with 'medically unexplained symptoms' and many chronic and painful conditions), runs the risk of diminishing a shared understanding by patients and GPs of how these relate to one another and delivering worse and more expensive care.

- some people do not wish to access other services, either because they do not conceptualise their problems as psychological, fear stigma, or are unwilling to engage with a new person.
- patients in more remote areas, of whom there are many in Scotland may have difficulties in accessing alternative services.

Furthermore, in the current economic climate, there will be continuing challenges to the roll-out of a stepped-care model (Nolan et al., 2003). Whatever the scope of the new service developments, GPs will continue treating and supporting people with mental health problems which span all the 'tiers' of the stepped care model, and are well placed to do so, as GP services are :

- locally based
- non- stigmatising
- trusted
- embedded in local norms and understandings
- founded on a pre existing relationship with patients and their families.
- based on an approach that offers individually tailored and eclectic care to people with the problems that they present rather than on diagnostic paradigms.
- ideally placed to offer early intervention

In addition, GPs skills as generalists, used to dealing with complex combinations of problems, mean they are well placed to provide efficient and holistic care. Their ability to manage and support people with complex problems, in addition to their role as gatekeepers and signposters to other services, has been central to the economic efficiency of UK health services in comparison to models elsewhere. Improving the ability of GPs and primary care nurses to recognise, support and help people with mental

health problems is essential to improve quality of care in the most cost effective way.

Preliminary assessments of the economic impact of initiatives to improve access to psychological therapies, which will remain available to only a relatively small proportion of people, demonstrate large savings in secondary care costs for treatment of a range of 'physical' as well as 'psychological' problems.(Pulse 2010). The impact of improved GP and practice nurse care, in particular for people with a complex mix of psychological and physical symptoms (Blozik et al 2009) is likely to be as much if not greater.

The development of the new cadre of primary care mental health workers will be helpful in improving service capacity, but not necessarily more cost efficient. A parallel situation has been the introduction of nurse practitioners trained to manage patients with (infinitely simpler) common physical ailments which has been helpful in improving capacity, but has not proved cheaper than GP care.

Writers on recovery (eg Bradstreet 2004) emphasize that services should enable people to regain a sense of control, hope and change in their lives. However the largely medical and secondary care oriented training that GPs receive does not prepare them particularly well with the levels of psychological awareness, skills and confidence needed for this aspect of their work (Gask et al 2005 & 2009, Bundy et al 2010, Williams 1998, Lucas et al 2005, Thorne 2002) and there is considerable variation in their ability to deal with and detect these problems (Gask et al 2009,Kadam et al 2001, Jenkins et al 2008, Jackson-Bowers & Holmwood 2002) many of which are not identified in GP consultations. Patients are clear that they wish their doctors to do more than prescribe medications (Cornford et al 2007, Palmer et al 2010)

After qualification there is no requirement for practicing GPs to demonstrate any ongoing training or skill level in the management of mental health problems and access to relevant training is patchy. A survey of service users found that 43% of respondents listed more GP training on supporting people with mental health problems in their top three priorities (Rethink,

2003). In a similar vein, the Mental Health Foundation (2007) recommend a review of the mental health curriculum for GPs in training, and that GP appraisal should ensure that personal development plans include aspects of mental health management.

Many GPs express a wish for further training (Nolan et al., 2003 Kerwick et al 1997), which is unsurprising given the time they spend dealing with patients experiencing some form of mental or psychological distress. Recent figures indicate that the prevalence in primary care of psychological or psychosocial disorders (e.g. depression, anxiety, stress, somatisation) ranges from 30% to 70% (Huibers et al 2009).

Recent evidence suggests that mental health training interventions that are appropriately targeted and in particular increase general psychological awareness and skills can have significant impacts on GP confidence and responsiveness to mental health problems and on patient outcomes (Cape et al 2000a, Blashki et al 2003, Huibers et al 2009,Gask et al 2004, King et al 2002, Bilsker et al 2008). Cape et al (2000 a&b) and Huibers (2009) suggest that general psychosocial approaches and 'tools' applicable to a wide range of problems that can be used within routine GP consultations are likely to be particularly fruitful. The Australian public health system in conjunction with their college of GPs and mental health organisations has developed a tailored training system to encourage the delivery of focused psychological strategies in primary care.

Conversely it appears that previous training interventions with disappointing results have focussed on areas and approaches not felt to be relevant or appropriate by GPs and their patients (Thompson et al 2000, Gask et al 2004, , Gask 2005, Cornford et al 2007, Gilbody et al 2003, NHS Centre for Reviews and Dissemination 2002) or on approaches too timeconsuming and complex for GPs to learn and apply easily within routine consultations (King et al 2002)

In summary, we know that GPs will continue to spend a substantial proportion of their time trying to assist people in distress because of mental health/emotional/ psychosocial problems often intermixed in a complex matrix of physical symptoms. Although GP core training does not prepare

them as well as it could in psychological skills, they are well placed to provide early intervention, and their generalist expertise equips them to manage complex problems. There is good evidence that appropriate training opportunities can improve their effectiveness and confidence in mental health related work, which is likely to be highly cost effective. Pragmatically we know that current financial constraints are going to limit the ability to continue to expand the mental health workforce (although the attempt to increase specialist capacity is welcome) . I believe that as part of the ongoing Scottish Mental Health Strategy, serious attention should be paid to enabling further development for GPs. The evidence base that I have referred to relates to General Practitioners, but it seems highly likely that much of the same would hold true for primary care nurses, and any training initiative should include the nursing workforce

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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

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

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

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.

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

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

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

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

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