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

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.

Not realistic to expect local provision throughout Scotland to reach what could be regarded as good practice standards in a four year timescale. For example, training and recruitment of skilled staff requires a longer-term approach. In meantime, national support via development of specific 'centres of excellence' could drive up standards and support local delivery.

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.

In general, earlier intervention to alleviate disorders before they become entrenched could be very cost effective. Wider appraisal of relevant costs and benefits would allow a more rounded assessment of value for money. Specific surveys of service users, their families, carers and GPs could generate insight into what would deliver improved 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?

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?

National and comprehensive awareness raising campaigns are helpful. Long-term commitment will be needed to bring about desired changes. Education / awareness is preferable to legislation.

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?

Efforts to raise awareness in schools of what constitutes legitimate mental health problems along with awareness of availability of appropriate treatment could make significant and lasting impact.
Improved employer recognition of stress-related problems would be helpful and could cascade into families and communities.

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?

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

Swifter access is not a helpful indicator when it only means access to currently poor services. The imperative is to improve services.
For patients with mental disorders/disabilities, the geographic location of provision is also crucial – must be in the most accessible locations. In many urban areas, this may mean town/city centres rather than outskirts that require car transport.

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?

Need an expert service that is responsive and capable of recognising mental health problems before catastrophic health decline occurs. Current situation results in patients and carers being inappropriately fobbed off until disasters arise. 'High Street' presence of mental health services could encourage engagement.

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?

Each patient should have an identifiable practitioner responsible for overall care. NICE guidelines could be followed – the approach does not have to be reinvented in all cases. Multiple assessments must be avoided. A joined-up and properly managed approach among specialist disciplines would help – in contrast to current approach where 'teamwork' amounts to specialists working in isolation and occasionally conversing. Peripatetic experts could support local assessment and delivery until overall system of provision is capable of addressing local needs. Provide local services in accessible locations.

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?

Enhanced communication among all relevant professionals.
Non-effective staff fail to add value and are a drain on scarce resources. Accordingly, identify staff training needs, provide individual training plans and monitor progress.
Access to appropriate treatment at the outset should be more cost effective than progressing through a series of options, each of which has to fail before the patient can move to the next level and eventually secure the treatment that could have been identified at the start.

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

Development of dedicated national centres of excellence could be very cost effective approach to identifying and embedding good practice. These need not be new or costly facilities – various options exist, including simply linking existing recognised experts across NHS Boards in a flexible manner. Resources and world class expertise (wherever we have it) could be 'pooled'.

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?

A few independent surveys of service users could generate some useful feedback and insight.

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

There is a large gulf between much of the rhetoric in this consultation and current practices (in the Glasgow area, at least). From experience, the needs of the wider family and their potential to support the primary 'service user' is given little consideration.

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?

Current practice of excluding families from relevant discussions and treatment plans should be turned around. It should be better recognised that families can be effective carers. Perhaps an interpretation of patient confidentiality that placed more importance on patient welfare would be helpful. Listening to the kind of information that families and carers can provide could result in significant cost savings through avoiding

misunderstandings and (well intentioned) attempts at basically irrelevant treatment.

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?

A network of flexible, peripatetic experts could make an early and big impact over much of Scotland – networked Centres of Excellence could drive up standards.
In addition, there are gaps in provision between community-based mental health care and large mental hospitals. Neither end of this spectrum is the optimum for some disorders thus a wider range of options should be considered. Experience of what constitutes good practice in other countries could be sought by basic benchmarking studies – not just Scottish or UK experience.

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?

Adolescent Services in the Glasgow area seem to deny the existence of mental health problems so that sufferers don't get in to the 'system' or become a problematic statistic. This is a behavioural issue, or lack of professional standards, rather than an information failure. Possibly a misguided response to capacity constraints? In any case, monitoring systems and particularly targets need to be carefully designed so that they do not drive inappropriate behaviour.

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

Flexible and mobile experts could disseminate good practice quickly and efficiently. Quality and effectiveness of service is obviously crucial as well as access.

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

Obsessive Compulsive Disorder is a significant gap. Eating disorders and Aspberger's are further gaps where different approaches could be considered.

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?

Wider appraisal of costs and benefits associated with early recognition of problems and early intervention might give a more balanced perspective on use of public resources. Early treatment is likely to result in fewer people ending up in criminal justice system for example with corresponding overall savings to public expenditure. This could justify a longer-term approach to bring about the major changes that are needed.

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?

Independent surveys of 'service users', families / carers and General Practitioners could all be informative.

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

Suspect this is a big issue! As well as action over the next four years, it would be helpful to plan for a longer timescale. Staff training and recruitment cannot be resolved in a four year period given the length of time it takes for psychologists, psychiatrists and nurses, for example, to become trained and fully competent. Suggest distinguishing between urgent actions and those that are important in longer term – both need to be addressed.

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

Mobile, flexible experts with knowledge transfer objectives could support local staff while they enhance their skills and develop experience.

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.

Has latent demand been assessed? Under-reporting may be prevalent for a range of reasons.
Are international comparisons available?
Are all relevant parties (in industry, sport, education, media, etc.) working towards common mental health objectives for Scotland?

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?

This consultation is very welcome, however, it is heavy on jargon and clearly designed more for professionals than service users, their families and carers. Alternative approaches to engage with these constituencies would almost certainly generate different views and insights that could stimulate service improvements.

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