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

As the umbrella organisation supporting the befriending sector in Scotland, Befriending Networks welcomes the opportunity to contribute to the document which will underpin the government's approach to mental health improvement, prevention and service delivery over the next four years. Of central concern to all organisations delivering befriending services is the impact on mental health of social isolation and loneliness and the need for recognition of the enormous benefits to be gained across the client group spectrum from those interventions specifically aimed at supporting the most isolated individuals to improve their social networks and become more integrated into their communities. For some, befriending services provide the initial support in a process of social integration – enabling people to attain the confidence required to access community services and facilities. For others, the support of a befriender is an ongoing requirement – a vital link to community - the local services and initiatives which are currently highlighted at all levels of policy as providing the key to improved outcomes in health in general and in mental health in particular.

Overall, we would cautiously echo the celebratory stance of the Minister for Public Health in his Introduction to the consultation document – we agree that some 'real progress' has indeed been made to date, particularly in relation to promoting positive mental health and in the prevention of mental health problems. We are encouraged by the continued emphasis on delivering services which are person-centred, a concept which lies at the very core of befriending and upon which the success of befriending support depends[1]. We also greatly welcome the fact that the present consultation aims to bring together the different strands of improvement, prevention and service delivery, providing much needed clarity to the national mental health strategy and, hopefully, enabling ever more effective collaboration among the many organisations striving to make a positive impact on the mental health and wellbeing of the nation.

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[1] See central principles outlined in *The Commission on the Future Delivery of Public Services*, The Christie Commission, 2011.

However, we would urge that in tackling the specifics of service improvement, the overall commitment to **prevention** does not become lost[2]. We are alarmed to note that only 2 of the 14 proposed outcomes (Outcome 1 and Outcome 4) carry 'Key Challenges' which make explicit mention of the need to focus on preventative interventions. It is our opinion that the development of preventative strategies should also be explicitly referred to as part of 7 further outcomes (see notes below) – not least because there is a clear case to be made for such strategies in any debate on greater efficiency in the deployment of resources.

Within this overarching theme of prioritising preventative interventions, our principal disappointment with the current consultation document lies in the lack of explicit recognition of the extent of social isolation which currently exists in our communities[3] and the positive impact which relieving isolation can have on mental health[4]. Isolation as a risk factor in mental illness is mentioned only once in the consultation document (Outcome 9) and this only in the context of barriers to accessing mental health services. While this is certainly the case and many isolated individuals do not access the most appropriate services, we would recommend that explicit mention be made in at least 9 of the 14 proposed outcomes (see notes below) of social isolation as a risk factor in the development of mental illness and of services such as befriending – aimed at reducing such isolation – as effective, efficient, community-based preventative interventions to be fostered and developed at every opportunity.

The report, *Safeguarding the Convoy,* brought out by the Campaign to End Loneliness, points out that a "significant part of our personal approach must lie in working out how to manage our own expectations and adapt to transitions. For the wider society the challenge is to support the maintenance, and where necessary, the replacement of social connections as we age.

"This means breaking down the barriers that get in the way of our relationships – from sheer distance to physical constraints ... it also means enabling new forms of relationship and means supporting the constant renewing and refreshing of relationships through the creation of opportunities for all forms of social interaction"[5]

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

[2] See footnote 1 above.
[3] The General Register of Scotland (GROS) estimated in 2010 that one million Scots will live alone by 2018.
[4] Holt-Lunstad, Smith and Layton (2010); *Social Relationships and Mortality Risk: A Meta Analytic Review*, PLOS Medicine 7 (7).
Purkayastha, *An Epidemic of Loneliness*, The Lancet, Volume 376, Issue 9758.
[5] *Safeguarding the Convoy,* A Call to Action from the Campaign to End Loneliness (2011), pgs 13 -14

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

- There is evidence that community-led health initiatives of all kinds can provide vital support networks, contributing both to improvement in mental health and the prevention of mental illness – and by consequence to national outcomes in this regard. A strategic commitment to enabling the creation of more such initiatives and the expansion of those already in existence would support local areas to implement the required changes. In particular, community-led health organisations need to be better equipped to deal with social isolation and able to provide the one-to-one support for the most isolated individuals within communities for whom attending group-based interventions is not possible.

- Greater monitoring required of the uses to which the Change Fund is put over the next three years, to minimise the possibility of inappropriate utilisation of such funds as has been reported in recent months.

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
More explicit recognition of the vital role of preventative interventions and the recommendations of the Christie Commission, in the context of improving outcomes for the same or less cost. Such recognition would need to be accompanied by a detailed exploration of the most beneficial areas for the development of preventative interventions in mental health and by an allocation of resources specifically set aside for this purpose.

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
The link between social isolation / loneliness and depression is well documented[6],[7]. In outlining key challenges in reducing self-harm and suicide, reducing social isolation should be explicitly mentioned. A commitment to expanding existing provision of one-to-one volunteer support of socially isolated people (befriending) should be a priority, particularly in light of the cost-effectiveness of the established model of delivering this service through volunteer befrienders[8].

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

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[6] Centre for Addiction and Mental Health; (2011), *The Causes of Depression: Current Themes*. See also www.camh.net
[7] Cacioppo, *Loneliness as a Specific Risk Factor for Depressive Symptoms*, Psychology and Ageing, 2006, Vol 1.
[8] Lester –Cribb. M. *Befriending Code of Practice*. 2009, Befriending Network Scotland

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

In partnership with the University of Edinburgh, Befriending Networks is currently undertaking research into the impact of befriending on mental wellbeing using the Warwick-Edinburgh Mental Wewllbeing Scale[9]. Early indications are that this impact is positive, which would suggest that the promotion of mental wellbeing can be supported by redirecting the resources available to .the development of befriending services throughout Scotland.

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
The development of services – such as befriending – aimed at reducing social isolation of children and young people, is an essential component in ensuring improved access to specialist services such as CAMHS[10]. In addition to the emotional support provided, the befriending service often serves an important monitoring and signposting function for the befriended child and their family and also serves to initiate and coordinate the necessary multi-agency collaboration required to effectively work with the most vulnerable members of our communities.

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

Comments

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[9] see www.healthscotland.com
[10] *Getting it Right for Every Child* (2006), Scottish Government.

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
People are aware that isolation and loneliness can be detrimental to mental health and are aware that they need to have access to services aimed at reducing this. Befriending Networks receives phone calls every week from isolated and lonely people requesting the support of a befriender, who have concerns about the effect of isolation on their own mental health. Due to a shortfall in current befriending provision, only a minority of such requests can be successfully fulfilled. Such actions – taken by people themselves seeking befriending support – can only be successful if resources are specifically allocated to increasing befriending provision.

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

Comments
People living in conditions of extreme isolation can be unaware of needing to seek help for mental illness. Befriending services can fulfil a vital monitoring role in this regard, alerting the individuals they work with to the need for help and often providing information necessary for people to do this. There are also people in receipt of befriending services who lack the confidence to seek necessary help for mental illness. Befriending support can greatly increase confidence and can thereby support a person towards feeling able to seek help when they need to. Securing resources to increase befriending provision would contribute positively to this outcome.

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
The development of mental illness can be difficult to track in people who are very isolated. It is often the case that such individuals only come to the attention of support services when a crisis occurs. The regular and non-intrusive support of a befriender – often the only regular social contact - can be valuable in monitoring any changes in the mental health of the most isolated members of our communities. Changes are needed in the way services are designed in terms of enabling more befriending contact to be available to people living in isolation.

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
The importance of families in supporting service user involvement is explicitly recognised in the summary of the key challenges relating to this outcome. For individuals with no family and no other informal social relationships, the support of a befriender can be equally important in ensuring service user wishes are expressed and heard and preferences taken account of. A strategic commitment at national level to providing greater and more sustainable resources to organisations providing befriending support is necessary to ensure that they continue to informally support users of mental health services in this way.

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

Comments
One specific tool which has recently been developed as the result of a partnership between Befriending Networks, Alzheimer Scotland and the Scottish Government is a training toolkit aimed at making the best use of

one-to-one quality time spent with people living with dementia. This toolkit – the Quality of the Moment Training Toolkit -is appropriate for use with families, volunteers and staff working with people with dementia, and resources are required to enable this training to be offered on a wider scale than is currently possible. Securing such resources would directly contribute to Outcome 6. In a rapidly ageing society, we need to consider very seriously not just the practical but also the psychological implications of growing numbers of older people within our communties.

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
Information relating to the social isolation of people using mental health services should be routinely gathered at points of referral and passed on to services specifically concerned with relieving isolation in a coordinated manner.

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
Isolation and loneliness – relating to people of all ages and backgrounds – should be legitimate reasons for self-referral to mental health services. As a preventative measure, mental health staff assessing referrals from lonely and isolated people should be able to refer such individuals to support services such as befriending. In order for such a pathway to be effective, resources would need to be made available to significantly increase existing befriending provision and raise awareness of the provision already in place.

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
- The Quality of the Moment Training Toolkit (outlined in the response to Question 15), a unique resource aimed at enabling one-to-one support of people with dementia, should be piloted as part of the Dementia Demonstrator Sites initiative, with a view to the training becoming nationally available to all relevant carers, volunteers and professionals.

- In supporting NHS boards and their partners to deliver person-centred care, the support for increased befriending provision and closer partnership working with befriending organisations is a key recommendation. Good practice in befriending is centred upon careful matching of clients with volunteer befrienders, a process which requires detailed knowledge of the whole person. Such knowledge is gained through considerable quality time spent with clients – time which is not always available to other agencies working with the client. More befriending services and greater links between

befriending services and other agencies would enable the person-centred knowledge on the part of befriending organisations to professionally and confidentially inform decisions about care and treatment delivered by others.

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
An explicit commitment to developing preventative interventions aimed at the maintenance of mental wellbeing. Key among such interventions are community-led health initiatives, including befriending services, whose role should be promoted as exemplars of the current commitment to the efficient and effective deployment of limited resources.

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
The Quality of the Moment Training Toolkit (outlined in the response to Question 15), a unique resource aimed at enabling one-to-one support of people with dementia, should be supported to become more widely available to carers, volunteers and professionals as part of the implementation of *Promoting Excellence*.

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
An explicit commitment to developing preventative interventions aimed at the maintenance of mental wellbeing, which can ultimately contribute towards reducing the need for costly acute and crisis services. Among such interventions is befriending which, through its effective coordination of volunteers, provides low-cost support to people at risk of developing mental illness by tackling social isolation and loneliness, widely recognised as being detrimental to mental health and wellbeing.

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