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
We have identified gaps regarding lesbian, gay, bisexual and transgender inclusion

---

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.

- There is a need to better understand some specific experiences of Lesbian, Gay, Bisexual and Transgender (LGBT) to ensure that LGBT people's needs are being met.
- As an organisation we recognise the impact of not being "out" to service providers can cause additional stress to clients, we also acknowledge that if clients receive a negative experience when they do come out, this again can lead to poor mental health and a lack of appropriate care packages being put in place.
- A strategy that could provide resources to enable partnership work with agencies who have specialised knowledge with regard to a specific service user group, or professional practice strategies to highlight, to advocate for and to support people with dementia who are LGBT, would improve service outcomes, eg the LGBT Centre's

> Older people's project and the circles of support work pioneered in work with learning disability services

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.

- Provide a platform to enable other service providers and clients to have access and information to services already available. This could be through better promotion of current services.
- It would be useful to recognise and assess the impact of service provision, this may include the use of soft and hard outcomes and indicators.
- See above with regard to strategies around supporting staff to deliver work in a holistic manner encompassing all the potential social capital of those around a service user.

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?

- We recognise as an LGBT organisation that self-harm and thoughts of suicide are prevalent within our client group. We recommend that all service providers monitor the gender identity and sexual orientation of their client group to ensure relevant information, support and advice. Prioritising resources for partnership work with organisations such as Penumbra's Self Harm project may add value to a community based approach.
- Training for general practitioners to be aware of all the partnership pathways that could benefit a particular individual's needs in supporting their identity.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

- All national campaign material will be LGBT inclusive. Particularly a campaign that reduces the heteronormativity of imagery used to convey messages is helpful for LGBT individuals who often feel they are a hidden minority. The assumption that all people are heterosexual is often a significant barrier as LGBT people may feel compelled to 'out' themselves to receive appropriate care at a point when feeling vulnerable around their mental health.

Question 5: How do we build on the progress that *sees me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

- *SeeMe* campaign demonstrated the value of consultation with LGBT young people to design appropriate and effective resources. We recommend that this work with LGBT communities continues from the ground upwards informing policy makers in allocating resource priorities. This work would be enhanced through supporting material to increase the confidence of service providers when working with LGBT clients.

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

- To ensure LGBT people become confident individuals and better able to access relevant inclusive services. Homophobia, biphobia and transphobia will be challenged wherever it exists across Scotland to ensure LGBT people experience less isolation and stigma. Instigating LGBT inclusive curriculum materials to promote the Curriculum for Excellence outcomes for every pupil throughout their education from primary school onward. Every individual thrives through the positive validation of their reference group within each context of their lives and this support is vital from the earliest point onward.
- All promotional material will be LGBT Inclusive

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

- Ensure that all CAMHS staff receive adequate training regarding the inclusion of LGBT identities and recognise the discrimination and stigma that is often experienced by the LGBT community.
- Ensure that assessment includes addressing sexual orientation and gender identity to alleviate the stress on LGBT individuals to 'out' themselves to health professionals.
- Ensure that LGBT inclusion is embedded across all services.
- Ensure quality impact assessments recognise the specific needs of LGBT people.
- Ensure the Psychology of parenting project is inclusive of and recognises LGBT parents.

Comments
- NHS boards need to be aware of the needs of LGBT people when implementing the HEAT target which may include a training implication.

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.

- Ensure that if an LGBT person accesses information and support, that they experience relevant information and inclusive resources.
- Ensure general practitioners and other health professionals, both in higher education and those who are out in the community, receive training and guidance on appropriate partnership resources within

communities to enable LGBT people to support their mental health.

- Feedback from our service users proves that resources that include posters or links to a website promoting the inclusion of LGBT people will encourage them when accessing services; such as their GP's, their counsellors at CAHMS, to be open about the gender identity or sexual orientation.
- Including sexual orientation and gender identity in assessment will signal to LGBT people that practitioners will acknowledge that they may have specific or differing needs with regard to supporting their mental health.

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?

- Training and awareness of issues that impact on LGBT people, particularly the effects on young people of not being "out" or being "out". Experiencing discrimination or are being disavowed acknowledgement from their peers and empowered others (eg teachers) for being part of a minority when they are within institutional settings can be hugely influential on mental health outcomes for LGBT individuals. Relevant support and holistic approach to LGBT inclusion will be available to prevent an early experience of poor mental health, eg the whole school approach of embedding curricular material in schools and training all stake holders that impact on a young person in a particular service context (i.e. many young people talk about the barriers receptionist or administrative staff can represent in their access to services)

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

- Support and resources should be allocated to organisations who are already working to improve the mental health of their service users.
- We recommend that a focus on LGBT awareness and strategies for LGBT inclusion become a priority for training.
- An increase in awareness of specialist service provision such as LGBT Youth Scotland.

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

Comments

CPD training to update practice improvements in service delivery, a live engagement with service users and partners to align policy decisions with the needs of service users.

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?

- We support on-going initiatives to involve service users in decision making. Appropriate strategies of engagement that accommodate the communication modalities of young people are essential, i.e. young people are not frequently motivated to respond to lengthy written consultations, but are very likely to express views on social networking sites such as facebook or twitter.
- Within this service user led practice we would encourage acknowledgment of wider equality inclusion to ensure that anyone identifying as LGBT will feel supported and involved if accessing that service

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

- Accessible guidelines directing practice to ensure the inclusion of service providers who support individuals who have protected characteristics enshrined by the Single Equality legislation. These may be in a similar format to equality impact assessment guidelines.

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?

- Continue to ensure that LGBT awareness and inclusion is integrated into practice when influencing values, attitudes and beliefs
- Learn from other sectors who demonstrate effective inclusive practice eg Circles of Support service delivery within Learning Disability Services

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

- This should not be optional. On-going evaluation of the implementation will enable structure to be put in place to support anyone experiencing difficulties.

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

- As above, in short, on-going evaluation and CPD training.

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

- Due consideration and regard for all the client's needs will enable support, information and structures to be put in place to better inform carers and families of every issue may be involved in the client's welfare. We are particularly aware that for some LGBT clients the reality of their gender identity or sexual orientation may not be acknowledged; or actively denied, by their families and carers who wish to maintain their perception of the individual concerned. Many individuals who are deemed as exhibiting poor mental health may be perceived asexually with the emphasis being placed solely on a medically proscribed diagnosis of their health.

- Additional support or training may be required for staff to support carers and families of LGBT clients, possibly including learning already mentioned from other services.

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

- Partnership work with non-statutory organisations can aggregate the

> knowledge base on successful strategies and interventions eg LGBT
> Charter Mark as a tool for critical self reflection directing change
> - www.lgbtyouth.org.uk/charter.html

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?

- We recommend that all service providers monitor the gender identity and sexual orientation of their client group to ensure relevant information, support and advice.
- Impact assessments on out patient services should demonstrate a barometer of change in those individuals managing their mental health in communities with the support of health professionals.

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

- Identifying which client groups access services, will ensure relevant resources are appropriately targeted.
- Resourcing service user groups to inform policy makers would align services to needs in the community.

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

- LGBT people's needs within service provision should be integrated across all services.
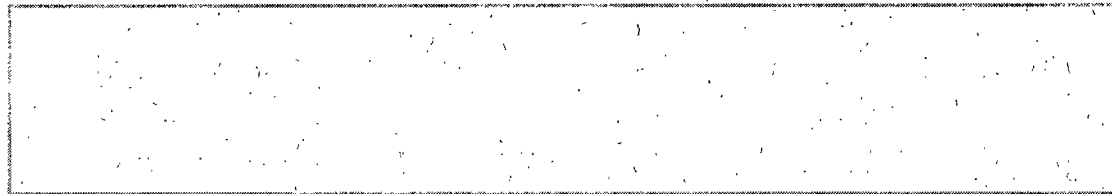
Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

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?

- Ensure on-going dialogue utilising a range of appropriate strategies across all protected characteristics within the equality strands with key decision makers in the NHS who govern resourcing and policy.

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?

- Ensure LGBT awareness and inclusion across all service contexts to deliver an integrated approach.

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?

- Monitoring
- Training
- Evaluation
- Policy
- Practice
- Engagement
- Revisit all of the above as continuing practice improvement
- Recommend service users are involved in this assessment

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?

- Identify within the survey the confidence and training needs of staff in relation to LGBT identities.
- Consult with all clients to determine how they may currently identify as to their sexual orientation and gender identity. (recognise that at an early stage many will not feel confident about disclosing this information, this could be revisited later within the strategies time scale to gauge any change in response rate)
- Recognise that significant service users are excluded when surveys are used to elicit information, a range of strategies are required ie

12

> verbal, social networking and so on.

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

- Training around inclusion of those within the protected characteristics defined by the Single Equality legislation and duties
- Inclusive resources
- Inclusive approach and understanding to LGBT identities.

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

- Clear online guidance and on-going e learning package
- Inclusive induction training
- Regular CPD opportunities with those partners outside the statutory services
- Regularly updated information linking to other services.

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.

- As an organisation we recognise that service providers who have signed up to the LGBT charter of rights have an increased knowledge and understanding of issues that impact on LGBT individuals and have embedded LGBT inclusion across their services. This may provide a supportive approach across Scotland within the benchmarking resources if the lessons learned from assisting organisations to attain their LGBT Charter Mark are incorporated.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

- Make guidance available online and create a communication conduit for practitioners to resolve any issues with appropriate partners.

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?

- Prioritise monitoring and evaluation.
- Support strategies to engage service users meaningfully in service improvement

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

- Inclusive national campaign.
- Inclusive national guidance.
- Linking with specialist service providers who support clients to improve their mental health and wellbeing.
- Ensure that specialist service providers are given the financial resources to continue supporting their client group.
- Ensure resources are available within the third sector to promote and enhance the mental wellbeing of client's particularly affected by poverty, stigma, discrimination and isolation. Such as members of the LGBT community, and other minority groups defined within the Single Equality legislation and duties.

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 staffs are supported so that care and treatment is delivered in line with legislative requirements?

- Training
- Staff Networks
- Evaluation
- Supervision