

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

The strategy states that there should be continued integration of improvement, prevention and services however this is not adequately reflected in the 14 identified outcomes. Outcomes 1 to 3 refer to the role of wider community and could be interpreted as the prevention and mental wellbeing dimension of the document. Only questions 6 and 9 (of 35 questions in total) are directly relevant to prevention and promotion of mental wellbeing in the general population. There should be more emphasis on the need to reduce the numbers of people with labelled mental health problems. There needs to be more emphasis on the improving mental wellbeing and prevention dimension, which was a key feature of Towards a Mentally Flourishing Scotland mental health policy and action plan.

Mental health is a social problem, there is a need to de-medicalise and de-mystify mental health. While it is clear there is a need for mental health services to get better at supporting those with poor mental health, maximising wellbeing of those with poor mental health is also dependent on developing supportive communities. There is a need for a greater focus on building capacity within the general public service work force, in communities and with individuals. In essence there is a need for an increased emphasis on improving mental wellbeing and the continuation of the TAMFS agenda.

Therefore there should be an outcome which relates to services working with communities and individuals in relation to building preventative capacity and promoting mental wellbeing. Community Planning Partnerships should be harnessed to promote and support mental wellbeing.

There was wide support for the TAMFS agenda though it is recognised that it is difficult to performance manage such a wide agenda. However, if we are serious about taking a preventative approach then there is a need to have less emphasis on a service / clinical agenda and on services for those labelled with mental illness.

While it can be argued that the Choose Life agenda is taking a preventative approach, there is a need for clear support for building preventative capacity through the work of the CPPs.

There is now strong cost benefit analysis evidence of the economic benefits of increasing investment in prevention but this does not seem to be prioritised within the strategy.

The links with the reducing inequalities agenda should be strengthened.

There are gaps in providing mental health services to "hard to engage" young people. Young people who struggle to keep consistent appointments, but who are vulnerable or at risk, are easily missed by mental health services. If they are involved with third sector or Social Work services or are well supported by family, then their access to services may be easier, but if not they will often find it difficult to have their needs met.

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

The strategy should refer to or endorse the preventative approach encouraging individuals and communities to be both physically and socially active in their communities. There is a need for a national campaign aimed at the general population raising awareness of dementia, how to spot the signs and how families and communities can best support those with dementia. A similar campaign to 'See Me', which raises awareness and reduces stigma may be appropriate.

There should be a focus on engaging those with dementia and their carers on the nature, local availability and design of support 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.

Comments

Mental Health Services should have more of a focus on community based services and working in partnership with wider public and community organisations. This has a two fold effect, one it will reduce the number of people in need of specific mental health services and two it will better support recovery. There is now strong cost benefit analysis evidence of the economic benefits of increasing investment in prevention.

Poor mental health is not evenly spread across the population there is a clear link to poverty and deprivation. The new strategy should reflect the need to enhance and develop the health promoting aspects of deprived communities for example access to affordable green space, community space, physical activity opportunities, social opportunities, volunteering and employment.

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

Poor mental health including suicide and self harm should be seen as a social issue as well as a medical issue. There needs to be emphasis on mental wellbeing and resilience in the early years and in the school aged population. The capacity of families and communities needs to be enhanced through increased investment and linkage to prevention and promotion. Any future strategy would be enhanced with a specific action relating to the promotion of mental wellbeing with families and communities (including schools).

Actively encourage ALL organisations working with young people to develop and maintain an active and enquiring dialogue with young people about their emotional wellbeing and how to take care of their mental health in the

context of all round health, similar to the healthy eating and exercise messages that are familiar to most children and young people.

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

Specific action should be taken to increase awareness of the need to have mental wellbeing in which people gain an understanding the root causes of poor mental health and the protective factors associated with good mental health. People should be supported to recognise their need to have mental wellbeing and how to achieve this, for example the '5 a day' for mental health.

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

While 'see me' has done much to raise awareness of the need to reduce stigma and discrimination there also needs to be a focus on promoting mental wellbeing. A 'see me' follow on campaign targeted at the whole population emphasising everyone is different and we all have mental health.

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

Comments

While the Scottish Government has delivered the 22 commitments made in the TAMFS there remains a commitment to supporting the ethos of this Policy and Action Plan in the longer term. The all encompassing approach taken to mental health and wellbeing in TAMFS is not evident in the consultation document. There should be clearer links and reference to TAMFS in the new policy document. For example creating a web portal on mental health improvement does not in itself build capacity unless the resource is actively used. Continued focus on the role of individuals, families, wider public services, voluntary organisations and communities will ensure the momentum gained through TAMFS is maintained.

There should be increased commitment to community led health, where those with poor health work in partnership with generic service providers and communities to identify and develop their own support services and solutions.

There should be investment made in developing the role and capacity of generic community organisations in supporting those with poor mental health.

The new policy needs a specific action to continue embedding mental health promotion within local service delivery and planning.

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

Rather than asking how we improve access to CAMHS lets consider what are the needs of young people with mental health problems and how are these needs best met. Do CAMHS services need to be redesigned to better meet the needs of children, young people and families? There is much mystique regarding CAMHS services and referral can be made as a result of lack of other more appropriately community based supports. The solutions to addressing issues often sit with local generic services (eg guidance staff and youth workers), families and communities. The integrated assessment process for children and families should be strengthened to ensure support services are available locally and timeously.

There should be better integration with local community support initiatives and there should be investment in the professional development of local generic staff's mental health promotion role.

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

Investment in early years and childhood mental health promotion. Mental Wellbeing is closely associated to lifestyle factors, national campaigns which promote more positive lifestyles for example smoking cessation, improved diet, being active and sensible drinking levels should openly refer to the mental health benefits. Increased focus on mental health awareness through work place delivery, particularly in small to medium sized businesses and where pay levels are relatively low and where there are high levels of transient workers.

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

Comments

Increased availability of work place based training. Increase the number of 'sign posters' through staff development within public services, voluntary and community organisations.

Develop a short version of Mental Health First Aid to develop mental health awareness and promotion capacity.

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

Services should be designed in consultation with front line service staff deliverers who are likely to be able to identify early signs and with those who have received services. A co-production approach should be adopted.



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

Increased awareness of evaluated best practice/best value interventions.

Consideration needs to be given to an assets approach to mental health using community led health methods and co-production.

Adoption of a broader participatory service planning process involving those with learned experiences, voluntary organisations and representatives of broader community services.

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

Comments

Increased awareness of evaluated best practice/best value interventions.

Consideration needs to be given to how community led health methods support Integrated Care Pathways.

Adoption of a broader participatory service planning process involving those with learned experiences, voluntary organisations and representatives of broader community services.

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

Support/train staff in mental health services to empower services users for example through the use of participatory appraisal methods or the adoption of The Standards for Community Engagement.

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

Comments

Promote the use of confidence building skills and meeting skills for service users to support their participation in 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

Staff development and training opportunities. Increased opportunity to work with other service providers with the skills and experience in person-centred approaches, participatory approaches and co-production.

There is a need to support older adolescents with limited family support to engage in their own treatment. Some suggestions are: text a reminder on the day of the appointment; talk to them in advance about how they will get to the hospital/clinic, how much it will cost etc; use the other agencies involved to support their engagement with clinical services, if they agree to that; follow up on why they did not attend a failed appointment before assuming to close case.

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

As families and carers provide most care it seems wrong if they are not meaningfully involved in care and treatment planning.

Professional development opportunities for staff to maximise their potential to harness the support of families and carers. For example staff training in community asset approaches.

Staff/service awareness of community based opportunities for example of local support groups or volunteering opportunities.

Agree and review an individual information sharing agreement with patient that addresses who will receive information about them, what kind of information and how it will be shared. Times of appointments, the plan for treatment; how carers can support treatment and who to contact if the situation deteriorates would be useful.

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

Use the established online network.

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

Comments

See answer to Q10. Anecdotal experience is that it is difficult for adolescents to access clinical mental health services. If they do not have a diagnosable condition, there is virtually no access to ongoing low-level support for their problematic mental / emotional wellbeing to prevent future development of mental health problems.

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?

Comments

Joint working to support young people with mental health problems who are engaged with, for example, substance misuse services. Such services often have staff who are offering psychological input, who could undertake agreed work with the support and consultation from CAMHS or youth mental health services. This may require some joint training delivered locally. This DRAFT document focuses on working across agencies, but also on staff being both trained and adequately supervised. This clinical supervision is not available to many staff working in the third sector or in social work. Some pressure may be taken off child and adolescent services by joint working, but this would need to be supported.

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

Basic mental health training should be provided for all healthcare staff.

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