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.

We welcome the on going focus on promoting positive mental health and the early recognition and treatment of mental ill health / illness at the earliest point in an individual's presentation. Whilst raising awareness of mental health, the importance of early identification of problems and reducing stigma are important, we also need to actively promote awareness of how to access services at all levels of severity that provide safe, effective and coordinated responses. It may be necessary to state clearly for general acute and out of hours first point of contact services their responsibility within this broad approach to mental health service provision.

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.

Early intervention is the key. Awareness of mental health and the importance of early recognition and intervention needs to be emphasised and contextualised for local areas of service provision to help them recognise their role even if mental health / mental is not perceived as their primary focus. It is important that people engage with services and that access to these services is made as easy as possible. The role of first contact services such as A&E, primary care and NHS 24 in mental health care service provision would benefit from being acknowledged and clearly articulated.

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.

Mental Health needs to be seen as everyone's business, i.e. the individual and all services (due to the correlation between physical and mental health). This would prevent people being moved between services and make it more likely they will maintain contact. This does not mean that all practitioners become therapists but that they can do some simple screening and information and be able to refer on appropriately.

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?

Often people have been in contact with acute or primary care practitioners prior to self harm or suicide. There are potentially opportunities that are missed to intervene at these times. It is known that practitioners are reluctant to ask about suicide or Mental Health issues due to opening a "can of worms". We have to encourage all practitioners out with Mental Health to use some simple screening questions such as the Whooley questions and ask if the person would like additional support. We have to build confidence in staff that asking will not make the situation worse and could potentially save lives. Also, again first point of contact services such as A&E, primary care and NHS 24 have a crucial role to place in this, however, appropriate, effective and safe services to support people identified by first point of contact services also need to be in place and effectively coordinated. Where access to specialist support is challenged through availability or geographical factors, telehealth solutions should be sought and exploited, possibly through video conference links in A&E departments, for example. In times of crisis in which the police are involved, further work needs to be done on identifying places of safety for people to be taken to other than the police cells. What work is in place to progress joint working between mental health, social services and the police to improve coordination of care at national and local levels

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

There has been a lot of good work in this field that has been very beneficial such as the "See Me" campaign. It would be really helpful to do more work in schools to raise awareness of Mental Health issues and give children some key skills that they can take forward through life that may help to prevent problems. Are Equality and Diversity leads in health board areas promoting awareness of mental health, mental illness prevention, common mental health disorders and the associated stigma and discrimination?

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?

Acute care and primary care practitioners can give some basic interventions that would not only improve mental health but would improve the outcomes they are trying to achieve for physical health problems. It is much more efficient to intervene with people in services which they are familiar with all ready attending for other health issues. Physical and mental health problems go hand in hand. Also "See Me" ethos and activities should be integrated into organisations' activities rather than being seen as events which happen intermittently. To mitigate stigma preventing people approaching services, NHS Scotland should increase awareness of services which enable alternative ways of accessing services, for example, the NHS Inform website, the recently launched digital television platform "Looking Local" and telephone based guided self help as part of "Living Life".

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

There has been a lot of good work in this area. It is important to continue to build stronger links within the community and to train up local practitioners to deliver low intensity interventions. There needs to be greater use of voluntary sector organisations, churches, and local authority venues, leisure areas where people gather.

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?

Raising awareness of mental and wellbeing within schools prior to problems developing would be beneficial. Again, first point of contact services such as A&E, primary care and NHS 24 have a crucial role to place in this in early identification and signposting to appropriate services. Also focussing on supporting parents with unmet mental health needs.

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

First point of contact services such as A&E, primary care and NHS 24 have a crucial role to place in th early identification and signposting to appropriate services

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?

There is evidence that self-help approaches are very beneficial as they give people skills to deal with their own problems and are very empowering. The key is giving people the right support to get the best out of the materials. Many people who are depressed, anxious or depressed can easily get stuck and give up so it is important that they are supported to get the most out of the intervention. The support needs to be available in a range of ways whether this is one to one, telephone or email. Systems to be able to deliver the support need to be in place. The support needs to be available at times that suit the individual so out with office hours and at weekends. This means that it is easily for people to maintain contact with the supporter and does not interfere with work or family life. Ensuring that people are enabled to take actions to maintain and improve their health and to seek help when they need to is a complex challenge which can only be helped by a sustained public awareness campaign.

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

It can be difficult for people to know that they have a mental health problem due to the overlap with physical problems and it may be that the problems have gradually developed over time and go unnoticed. Raising the awareness of all health professionals that physical and mental health problems are linked and are common may help to bring the problems into the open. Early signs of depression and anxiety can present as physical complaints initially, raising awareness and upskilling colleagues in first point of contact services such as A&E, primary care and NHS 24 to recognise this and using the "Whooley Questions can only help. Also developing alternative ways for people to seek help that are more acceptable to them such as the internet (NHS Inform, digital television platform "Looking Local" and telephone based guided self help as part of "Living Life") and developing services based on other social media

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?

Much of this has been addressed earlier in relation to reducing stigma and developing / encouraging access to services in forms acceptable to people that reduce their public visibility. Early detection is vital to prevent problems becoming entrenched and chronic. Every clinical contact should be seen as an opportunity to intervene. There is a lot of work to be done with health professionals to build up their confidence early identification, intervention or referral on in relation to mental health issues. Training in the Whooley questions to detect depression and the use or signposting of people to self-help materials would be effective. Again first point of contact services such as A&E, primary care and NHS 24 have a vital role to play in this. Joined up working and access to relevant mental health services / crisis services with first point of contact services including the police are crucial with the roles of each acknowledged and promoted nationally. Also addressing issues of when a person in crisis will be seen if they are suspected of having taken alcohol or misused other substances, i.e. at a point when they are at greatest risk of attempting or completing suicide. Access to places of safety other than police cells. Also the issue of people who excessively and inappropriately contact crisis / first point of contact services, possibly demonstrating unmet needs through this behaviour. A national and coordinated approach to support and manage them in their 'perceived' crisis, as they often access multiple services reducing access to other services users.

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?

Again a lot of good work has been done in this area. The current financial constraints and loss of staff will impact on capacity. At present a number of services are restructuring and adopting stepped care approaches. In terms of reducing non value added tasks there is a need for staff to have access to IT systems. Although all areas have these resources they are often shared and this can cause inefficiencies. Also there are often computer systems of recoding contact along with paper copies which means duplication of effort. It seems sensible, therefore, that all mental health service redesign initiatives must consider how technology can be used to support the delivery of improved services. It would also be beneficial if redesign initiatives also delivered feedback / data on activity as an outcome of interventions used. It is acknowledged that not all activity that is meaningful and of value to people with mental health problems can be measured.

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

In terms of care pathways the whole team have a part to play in carrying out the pathway. Often there is a lot of administration associated with care plans and this can pose a burden if not shared out across the team. The role of technology to improve this should be fully explored

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?

User involvement is critical to ensure that services are meeting the needs of the general public, where services are getting things right and where there is room for improvement. Perhaps adverts could be put into free papers such as Metro when consultation is being sought to get wider views, with opportunities for people to write in or perhaps fill in a survey monkey questionnaire. Encourage ongoing feedback from service users and carers but also implement changes based on this feedback and share this with the public / those who make recommendations, to confirm that they have been listened to.

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

Whatever tools are used they have to be easy to understand, simple to use and applicable on a day to day basis. It would be important that they dovetail with other existing resources such as the Wellness Recovery Action Planning etc. NHS Scotland ensures that the development of the national Key Information Summary, (a development of the emergency Care summary) progresses. NHS Scotland must promote the use of Key Information Summary for people with complex mental health problems to enable the crucial involvement of carers in decisions in the "out of hours" period.

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?

Communication is crucial in this process. Often services talk of holistic and person centred approaches but acute and physical health oriented services appear to have tendency to focus on physical aspects of health whilst the converse is felt to be true of mental health services. This suggests that all staff / service users / carers need to have a better and shared understanding of what person centeredness is, what it looks and feels like. Similarly, how widespread is knowledge of values based approaches amongst health and social professionals beyond mental health services? There should be a more integrated needs assessment involving the service users.

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

Reflective practice is certainly useful and the SRI helps in this process. It also shows true commitment to views of the service users. It is a very useful tool for team events and planning of services. Often staff are committed to this way of working but other priorities can push it into the background. With reduction in staffing it may make the use of the SRI more difficult. In considering staff reconfiguration and service redesign, appropriate workload planning is essential to ensure that core activities such as continuing to implement and use the new SRT indicator are realistically factored in

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

The Scottish Recovery Network is a very good resource giving a shared language between staff and patients. Hopefully despite the current financial problems the role of the Peer Worker will continue. I know that nurses are very familiar with the recovery model; I am not clear whether the use of these tools is standard across all professions. SRN perhaps have to make it clear in their publications that it is an approach that is valuable to all staff and perhaps advertise in professional journals in the same way.

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?

Many carers are reluctant to offer suggestions or criticism of services as they fear that this may have an impact on the care that is provided. I think there has to be an atmosphere of trust and good communication which enables carers to feel consulted and included. Good communication is often taken as a given in health care but in reality can be quite poor. We fully support the appropriate involvement of relatives and carers while acknowledging that the decision to share information with carers can be difficult. NHS Scotland must promote the use of Key Information Summary, when it is launched, for people with complex mental health problems as this will enable the appropriate involvement of carers in decisions in the "out of hours" period.

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?

Having regular meetings with carers in the wards and in the community can be really useful. Using the knowledge of carers about what information they would find helpful and getting them to actually create the information may mean it is more likely to meet their needs. As above, the use of Key

Information Summary, when it is launched, for people with complex mental health problems will enable the appropriate involvement of carers in decisions in the "out of hours" period.

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?

There is a lot of information nationally of what has worked but sharing this and making it relevant locally is problematic. Many Health Boards and services are in the process of reorganising therefore this may be an opportune moment to disseminate information of what has worked and where to input into the redesign. Perhaps using video conferencing technology, webinars etc to share knowledge and experience across the country would be a cost effective approach whilst encouraging the use of technology to promote development. Picking up on self management addressed above in earlier questions, the next challenge is to shift the balance, where appropriate, from community based service delivery to self directed access to information and treatment where appropriate and acceptable to the individual

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?

Comparable data collection is vital. All Health Boards collect data but not in the same format. Data collection has to be made as simple as possible with available access to computers for staff to input. Often staff are sharing office space / equipment or hot desking and this can make access problematic. I also think that staff not only should be inputting data but should be able to get data back that is useful to them in their day to day work which would make it more likely that it is completed in a timely manner. The importance of first point of contact services has been cited in response to several questions above. Do they collect data on people within minority and high risk groups who use their services and how they use the service, to inform decisions on improving accessibility? Do the systems interact and able to share data? To what extent are boards using telehealthcare solutions to improve access to services for people in minority or high risk groups? It would be helpful if boards collated information on telehealthcare solutions they are using in this context and any outcome measures to inform other services on successful approaches to improving access.

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

Services have to adapt and use all the technology available whether telephone, video conferencing, online and digital television to allow as wide an access as possible to psychological therapies. NHS 24 successfully offer 'Living Life' telephone CBT to patients within health boards who support it, for example and guided self help. This would mean that patients can still receive an intervention and be able to work at a time that is convenient to them such as evenings and weekends. Assistive technologies that extend services such as these have a similar utility in disseminating learning. Given the current uptake of eLearning and its potential which has still to be fully exploited, NHS Scotland should support boards to enable staff to access the Knowledge Network. Boards should also explore the potential of educational technologists as a means of sustaining dissemination of learning.

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

There are clear gaps in these areas. There are very few specialists or professionals working in these fields and this clearly means that people with specific difficulties are unable to access appropriate treatment in a timely manner. I think we do have to think more widely about improving accessibility through telehealth, telephone and online services in addition to other examples given above. There is a gap in how we work consistently and effectively with people who excessively and inappropriately contact crisis / first point of contact services that span general hospital / acute care and mental health services, possibly demonstrating unmet needs through their behaviour. Therapeutic solutions should be the first option with a national and coordinated approach to their support and management as they often access multiple services across geographical and organisational boundaries.

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?

Wherever possible care should be integrated and patients should be moved about within services as little as possible. Good assessment is the key to ensure that the patient is in the most appropriate service for them. Transitions whether between child and adult services or between different parts of the health service are not always well managed. The Key Information Summary, when it becomes available, has the potential ensure that important information about an individual's wishes and care requirements are made available through periods of transition and not just in the "out of hours" period.

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?

The targets are appropriate and perhaps this is sufficient in terms of focus at the moment. However, NHS Scotland should not lose sight of other work that needs to be done to prevent vulnerable groups, such as people with dementia, being unnecessarily being admitted to acute care in the first place.

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?

Promoting excellence is absolutely critical as there are well publicised concerns around the standards of care older adults and people with dementia are receiving. One approach that has been suggested is a national 'zero tolerance' campaign of poor care. National teaching resources emerging from Promoting Excellence should be integrated into local training and development programmes. NES has mapped KSF dimensions to Promoting Excellence, this should be widely publicised and used in staff reviews and personal development planning to ensure staff develop the expertise specific to their role. Similar publicity should be given to the Dementia Managed Knowledge Network on the Knowledge Network. Using the assistive technologies suggested above, organisations should be encouraged to share their experience of contextualising Promoting Excellence within their area of work. This is not to lose sight of the effective use of work force planning tools to ensure appropriate account is taken of the staff and time resource to ensure education is meaningful and translated into practice.

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?

A survey of innovative approaches to improving access to psychological therapies being implemented in local boards that could become national. NHS 24 is already a platform for 'Living Life' and guided self help, what else is happening that could be scaled up via a national platform? Similarly a survey to discover psychological therapies that can be delivered in innovative ways other than CBT Improving access to psychological therapies suggest therapies that suit the service users needs and preferences, CBT does not suit everyone.

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

The next few years will pose workforce problems. There are many people retiring and at the moment posts are not being filled. There needs to be a strategic plan about what posts are required to maintain services in the future and what are not. Given the Scottish Government's support of telehealthcare it would be appropriate to ensure that staff are upskilled to meet the challenge in relation to computer literacy, knowledge of telehealth / telecare; eHealth; data analysis; assessing, planning, implementing and evaluating telehealth solutions. It is anticipated that this will see new roles emerging and traditional roles changing. The uptake and embedding of telehealth care in everyday practice is inconsistent and there is a sense this may be related to attitudes to technology and change. Additionally, change in the telehealth sector is very rapid and workforce development and planning needs to start immediately, so this is an urgent priority. NHS 24 and the Scottish Centre for Telehealth & Telecare are developing a Telehealthcare Competency Framework for Health and Social Professionals.

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

Training in psychological therapies must become an essential element of training for nurses and allied health professionals. These professional groups make up the largest part of the workforce and therefore have the most contact with patients. The other issue is time and access to supervision which is essential in delivering a safe and effective, quality service. Assistive technologies used in telehealthcare have a great deal to offer, increasing access to training and supervision across geographical and organisational boundaries particularly where training capacity has still to be fully developed. There is a strong evidence to support this across a spectrum of professional disciplines. Training and supervision 'at a distance' should be integrated with face to face encounters.

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

It is important that each board area is being compared like for like. At the moment it appears that data is reported in different ways and this can make accurate comparison challenging. Compatibility and uniformity across IT systems can only enhance the quality of information obtained.

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

This will be more problematic with the changes in copyright regulations. Many areas will have to review the tools they are using. It may be helpful to circulate outcome measures that are free to use. It would also be beneficial if redesign initiatives delivered feedback / data on activity as an outcome of interventions used.

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?

An issue is procurement arrangements. Often health boards are tied into certain contracts that are not necessarily the cheapest. Many Mental Health services across Scotland do not use technology in real time to support care decisions and delivery. Mental health service developments need to be prioritised in Board eHealth delivery plans.

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

Often what is important to patients is not what is done but how it is done. Information given to them and how they are communicated with generally. This contributes greatly to the patients' perception of their experience and the quality of service they have received. The care governance agenda needs to be considered alongside all improvement work in mental health.

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?

It is important that staff are clear about their role. There is anecdotal evidence that staff are being expected to fulfil contradictory roles, for example, escorting patients to tribunals but also giving evidence at the tribunal.