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.

The outcomes of this document whilst ambitious are welcome and Action on Depression appreciates the opportunity to comment.

In general we found the document hard to navigate and could have made the process of responding easier, both in terms of language used, layout of the paper and broadness of the questions asked.

The document was clinical in its nature and indeed refers to clinical outcomes and treatment throughout, rather than a range of interventions. As such we think this is a missed opportunity and that a cross sector approach involving social work, local authority duties, housing and education is of primary importance. Specific mention and join up needs to be made in relation to the work around Delivering for Mental Health agenda.

Other than introduction, the bulk of the 14 outcomes and related questions appear to be weighted towards mental health rather than a balance between mental wellbeing, ill health and the broad spectrum in-between.

We also felt the role of the voluntary sector as a key service provider was under recognised throughout the document.

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 national central steer for local action and change is imperative and good examples of past practice from policy implementation to change can be showcased. When allocating funds, the government could make it a requirement/obligatory that a certain proportion of those funds be commissioned to third sector organisations including those who operate on both a local and national level. Third sector organisations have a key role to play in addressing a range of public need but resources can be difficult to lever in from local systems. Third sector organisations like Action on Depression provide a range of best value, flexible, outcome focussed evidence based services that have a great potential to support NHS boards and local authorities to meet their objectives and targets with respect to delivering actions against service improvements and policy developments.

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
Scotland hosts a diverse population and there are a range of geographical challenges to consider when approaching outcomes for people experiencing mental ill-health and promoting mental well-being.

In general there is still a real lack of choice and range of support options at a local level for people experiencing low mood and/or depression. Many people experiencing depression have recurrent episodes and the spectrum of need is wide, where people will engage and then have to re-engage with services at a later date.
The move over the last 3-5 years in Scotland has been to develop a tiered approach to addressing mental ill-health with increasing the availability of short-term psychological interventions. Whilst a critical and welcome approach, the longer term benefits of these approaches can be variable, and more needs to be done to identify improved longer term outcomes for this client group, such as investment in refresher courses and programmes, peer support opportunities and a mix of additional approaches, including return to work programmes and other psychosocial interventions.

More recognition within the strategy needs to be given to those with co-morbid heatlh problems as per the learning from the recent Living Better Programme.

Training needs analysis needs completed to build skills in GP's in relation to mental ill-health and for those who are in contact with people vulnerable to mental health problems such as midwives, health visitors and members of community health teams.

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?

Interesting to note that the first question under this outcome relates to suicide and self-harm. While these are incredibly important, with self-harm

even having its own strategy, the outcome is about protecting and promoting mental health and there needs to be more in this section about wellbeing and prevention.

"Mental Wellbeing" should be included in the outcome.

We also do not feel it necessarily appropriate to link suicide and self-harm. Self-harm can often be used as a coping strategy and doesn't necessary result in suicide. Similarly those who complete suicide may not have a history of self-harm.

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

While the anti-stigma campaign "See Me" has already made a big difference, it is also important to highlight much more actively programmes such as the "Healthy Living Awards – Mental Health & Wellbeing Commendation". There continues to be huge gaps in support, help and understanding in the workplace and as a result many people with poor mental health continue to try and hold down employment, but feel they have nowhere to turn because they feel it's not taken seriously enough or there is stigma in the workplace.

These are people in response to Q 9 who don't really fall into 'service user' definition.

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?

See previous answer.

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

Make the message modern and simple – what do people need to do to maintain good mental health, similar to 5 a day. Make it positive rather than doing less of what's bad e.g. drink less. Promote the message that people with a diagnosed illness can have good mental health. Some good examples of this approach can be found on the Action on Depression web based resources under "mood matters".
http://actionondepression.org/campaigns-media/mood-matters

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 concept of mental well-being and emotional literacy needs to be introduced within primary and secondary schools. Through our web based resource www.lookokfeelcrap.org we receive requests for help and support from those as young as 12 years old. Children need to know where to turn for confidential help and support long before they may need a formal referral into child and adolescent services. Schemes such as the place2be http://www.theplace2be.org.uk/ should be actively supported within education and a range of non-stigmatising resources should be made available.

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

Comments

Perhaps a tiered approach where both families and children are offered a range of interventions, with only the most severe cases being referred on to clinical psychology as required.

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?

See Q.6 – re: knowledge of looking after your own mental health. Improve mental health literacy. Voluntary Organisations supporting people at greater risk of developing mental health problems need the knowledge and tools to support clients mental health – early intervention support.

Services need to be accessible by people without the need for referral from a GP; especially low-intensity psychological therapies.

Ensure that psychological therapies and other support options/services are adequately recognised, financed and easily available locally in the community.

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

See previous answer.
Important to have a broad range of services available both in terms of type of service and where and when it can be accessed. For example many services offered by the NHS are only available 9-5, Mon – Fri which means that many people, including those working full-time can't access services.

The Voluntary Sector on the other hand often goes out of its way in providing out-of-hours services, but these are under recognised and not supported or promoted enough by the statutory sector. They can also not fully replace or be expected to be able to support very complex mental health cases where highly specialised mental health experts are required.

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?

We need to appreciate and understand more that it's the 'little' signals in someone's wellbeing that often indicate that things are not ok and acknowledge that many people are aware of their deterioration at this point but are unclear where to turn to for help and support. While services often respond well to people seeking help, the ones who are turned away are not seen as being 'in need', but inevitably turn up 6 months later in a much worse state.

As in Q 3, we need a better focus on wellbeing and prevention services too.

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?

NHS Boards to look widely outside of the Statutory Sector to identify who can provide *appropriate* evidence-based care and treatment.

Clearer understanding of *appropriate.* For example a clear balance between low-intensity psychological interventions and high-intensity. Important to acknowledge that people receiving low-intensity interventions at an earlier stage may not need more intensive interventions later on. Increased availability of low-intensity interventions will help NHS Boards to meet HEAT target (18 weeks) and will also free up services currently receiving inappropriate referrals.

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

Perhaps better IT systems that can track and integrate a holistic approach of care and outcomes across sectors.

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?

The term 'service user' is too narrow. It is important for all people being offered services, support and treatment in relation to their mental health the chance to be involved in deciding which service options seem most likely to be beneficial. This includes people who may only see a GP a few times and no repeat episodes i.e. they don't really fall into 'service user' definition. There is little mention of advocacy in this document and many service users require advocacy support and have a right to it as per the Mental Health (Care and Treatment) Act, Scotland. Advocacy could play a key role in facilitating user feedback as could greater support and recognition of community peer support groups.

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

Services should be measured on qualitative outcomes for the individual and not just per clinical outcomes.

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?

Via training and an agreed set of core competencies for those responsible for care giving.

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

National forums/events, showcasing good practice and user testimony.

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

Needs to evidence longer term efficiency and recovery by raising the volume of the user voice so that professional groups understand the value in the approach. Needs to make WRAP more available so that the third sector can disseminate the approach.

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?

This outcome needs to recognise broader networks of support that an individual may have. Many people experiencing mental ill health will neither have, nor need or recognise/associate themselves with the idea of a carer.

Many psychological therapies are based on a concept of change. Families, carers and others supporting an individual may benefit from a better understanding of the therapy in order to provide support to an individual making any changes and also ensure they don't adversely prevent the individual from making changes.

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?

Clear information about the range of third sector organisations who may have more time to support relatives/family members. Clear access to information in relation to their rights/legislation and processes.

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?

Again by show casing these approaches via national forums and conferences and/or web based resources. It may work well to showcase how such an approach/system change can save local areas money to reinvest into their services as was the case with Doing Well by People with Depression in Argyll and Clyde (as it was known then) by rationalising prescribing.

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?

If monitoring is going to be used to identify who is and who isn't accessing services, then it needs to be done in a way that can then be fed back to local and national decision and policy makers so that gaps can be identified and action taken. For this to be done, monitoring questions need some level of consistency and need to be easy to understand by individuals completing questionnaires, short and simple.

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

Via national policy, existing structures such as TAMFS, Choose Life etc.

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

Focus here doesn't need to be entirely on gaps which are identified and then added to the list, but rather look at high risk/vulnerable groups and identify how the organisations supporting these groups can have a better understanding and knowledge in order to provide support at an early stage.

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?

Clear direction on managing people with alcohol dependency issues and mental health problems.

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?

As previous, greater integrated working and recognition of the role of the third sector this includes appropriate financing of it by NHS and local authorities.

The needs of people over 65 need to be appropriately recognised within this document and not lost within the more specific work around dementia. We welcome the opportunities offered by the new Change Fund in respect of this area of work.

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?

Raising awareness of the strategy across sectors.

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?

Understanding of the role of the third sector and of awareness of what is available both locally and nationally to support the workforce meet their targets.

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

Look beyond traditional mental health service provision (statutory and non-statutory) and identify who else can support self-help, low-intensity psychological and social therapies.

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

See answer above Q 29

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.

Monitor carefully against other data collected, suicide stats, prescribing patterns, hospital admissions etc.

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

Perhaps a simple package/software that data could be inputted to streamline client data and clinical improvement.

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?

To highlight where system change where complex has been effective and how so that other settings can as appropriate pilot a tailored approach and learn from it.

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

As previously a range of national events and follow up bulletins/forum/web based resources need to follow on from this consultation to facilitate learning and awareness of information.

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?

Training and induction issue, plus regular updates and annual appraisals.