

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

Our specific comments are included below but, in terms of overall priorities, we would suggest gaps remain around bullying, health improvement and community wellbeing

Renewed vigour on older people and children are reasonable platforms within the strategy.

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

Support to further service integration across health and social care would be welcome which includes the following hallmarks:

- Lubrication to allow integration to initially flourish.
- Visible jointness and unity regarding an overarching strategy for mental health e.g. more obvious endorsement by SWIA to national mental health strategy.
- Published performance management framework encompassing all service areas, delivering clarity on monitoring and review

arrangements.

- Appropriate IT services and trained admin support is an integral part of delivering efficient services (as well as recording, reporting and evaluating them). This needs a strong emphasis despite current financial constraints. Needs to allow join up with other partner agencies e.g. in childrens services with social work **and** education.

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

We are strongly supportive of early years strategy and early intervention.

We would suggest a clear need to focus intervention where it is needed and on the best evidenced practice.

As an example, we would like to see more focus on the Webster Stratton /Incredible Years parenting programmes. Our sense is that social work are not currently using them as they may be considered too expensive – though the approach demonstrably works!

Delivering better outcomes is more likely with a suitably skilled and competent workforce. This is a challenge at a time when an emphasis exists on reducing the workforce. Considering how best to improve skill of staff already employed would appear core to any future underpinning workforce strategy.

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

Accepting the recent refresh, we would still suggest that it is time to review the overall strategy towards self harm and suicide. It would seem important as part of this to consider an explicit focus on garnering and sharing evidence on the quality and outcomes of all the current suicide prevention work.

Within Mental Health services, central support for a focus on the development of employability, community resilience and building community

capacity, social inclusion, and self management are suggested as areas which may positively influence suicide and self harm rates. Some of these are beyond Health's current remit so would require a degree of consideration.

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

Some areas to consider for further action would be;

- Working with employers to sustain people at work through periods of mental ill health
- Considering a review of employment law to ensure this goes far enough towards reducing discrimination.
- Quality of mental health awareness raising programmes in schools is arguably variable, and a review of this would look to be indicated.
- Profiling mental health using celebrities e.g. Stephen Fry, Ruby Wax has generated "column inches" in England – a Scottish approach to this should be considered.

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

Areas for consideration are:

- It could be argued a societal norm now exists around discrimination on grounds of physical ability, race, gender etc. Discrimination on grounds of mental health needs to attain the same profile. We are not good at this.
- Government support with the evidenced poorer physical health outcomes for people with enduring mental health needs
- As a way of modelling good practice, survey how well Government and public organisations are performing regarding employing people with past or current mental health needs.
- National drive to reduce the sickness levels
- Keep the momentum going by building on and supporting the anti stigma approaches promoted by for example SEE ME.
- WRAP training appears to be working well in helping to reduce stigma; this should be considered as an area for service benchmarking in the future.

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

Comments

Specific areas for action include:

- Beyond national strategy should we be talking to individuals and communities
- Support for peer support initiatives e.g. supporting schools in developing this.
- Consider developing mindfulness in schools and core teacher training.
- Greater focus on strategic prevention e.g. links between employment, benefits system and wellbeing.
- Community capacity building to foster a sense of belonging for individuals.
- Review the lack of specific funding in community capacity building and the wider mental health improvement agenda
- Need for properly coordinated input to young people in schools based on proper assessment of need by appropriately trained staff.

subsequently providing evidenced based approaches (where possible) and proper evaluation. Currently this appears very patchy and inefficient with lots of gaps and overlaps.

- Local commissioning is important but some national direction on the work of some of the third sector services would be helpful especially where this links into the new curriculum for excellence.

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

We see a need for training staff in a variety of approaches at varying intensity e.g. in CBT through to parent training.

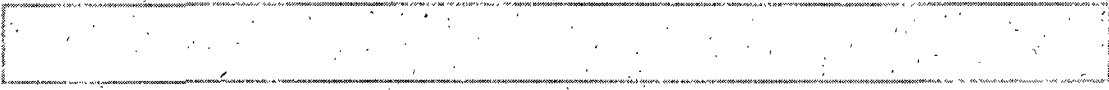
Additionally, we consider more specialist eating disorder nurses and dietetic input to CAMHS are two further areas which will influence short and long term early years and childhood outcomes.

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

Comments

National support to continue to develop IT systems that are appropriate for the tasks and the maintenance of adequate numbers of well trained admin staff.

Accurate data is essential for running our services effectively, and both of these supports will contribute materially to this.



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

Continued tangible support for the recovery agenda as the central plank in furthering self help and mental health improvement. This would encompass developing more peer support, more training for non specialist staff e.g. Police, information on personalisation agenda.

Developing best practice guidance for services on rapid access for people who become unwell i.e. not solely to "crisis services".

A recognition that as recovery entails needing to access services outwith mental health, promotion of positive mental health in other generic service areas.

Developing and **publicizing** more high-volume, low-cost approaches such as the computerized CBT Living Life to the Full or Mood Gym websites.

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

Comments

Easier access to lower level services to facilitate mental health improvement appears key to this.

A clear emphasis on reviewing failure demand i.e. why services may not sufficiently get it right first time.

Continue to support service users voice nationally (Scottish Dementia Working Group a good example of this) and ensure commentary coming out of this is integral to service review and development.

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

The promotion of One stop shop hubs which arguably can assist in securing appropriate, varied interventions for people in a more timely way.

Considering how services benchmark themselves against delivering what people need first time every time irrespective of the prime focus of individual services. This would suggest more thought on how services act as portals to other delivery mechanisms.

More knowledge available for the public so they are clearer on what they want. It would seem important that such information is readily accessible in various forms.

Access routes need to be responsive and to promote right intervention first time for the right people assessments need to be comprehensive.

Fast in terms of access and fast in terms of treatment

Greater emphasis on and understanding of mental health issues in schools.

GPs and other health practitioners need more training around mental health and developmental disorders in children, and a better understanding of available services.

Ensure that concerns that access to psychological therapies in Children & Young People could have the perverse incentive on focussing only on model based therapy, whereas good practice promotes using an integrated approach with a mixture of family and individual interventions.

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

Improvement, efficiency and productivity support programmes to deliver HEAT targets beyond those nothing additional. The positive experience of the Mental Health Collaborative should be built on. For example, Quest has the ability to provide support and nationally evidence service data.

We would suggest there is a question of who decides what the value adding and non value adding areas are and who's in the loop to agree these? The involvement of service users as part of the debate would seem essential. This would further assist in developing appropriate outcome measures in consultation with service users.

Help to produce locally sustainable data and allied effectiveness and efficiency measures e.g. guidance on infrastructures to support and enhance the delivery of efficient practices.

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

Comments

Robust ICP implementation needs dedicated support from an ICP coordinator. The challenge is to make this a priority in current financial climate.

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

Promotion of approaches that enable the involvement of service users in particularly short life working groups because they can often be excluded from these key processes.

Involvement of service users in the commissioning process at an early stage. (Reference MIND report that considered involvement in commissioning and procurement)

Service users involved throughout governance structure, users outcome will be used to begin planning commissioning

The Scottish Dementia Working Group works well as an influencing reference group. Consideration of modelling this approach for other mental health care groups appears indicated. Offer additional enhancements to involve service users

Nationally, help with support, recruitment and education with service users and carers

Promoting mechanisms that help and support people at and **after** meetings.

Learn from experiences elsewhere on the development of user consultants as paid positions which assist with governance, status, constituency representation. National funding could be made available to pilot this.

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

Comments

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

Some considerations are:

- Support from Scottish Government for local events to bring partners together, similar to Drug & Alcohol. These would aim to develop

- local indicators and link into the single outcome agreements
- Is there room for improvement in sharing good practice in ways other than at conferences or seminars?

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

Comments

Put straightforwardly, we would suggest for all age adults that this is embedded into the benchmarking which is gaining more centrality in service review discussions between service providers and the Government.

However, for Children & Young People the language of "Recovery" which is equally becoming pervasive is not considered appropriate. A developmental perspective is much more appropriate and an understanding that with long term developmental disorders e.g. autism/ Aspergers "recovery" is not to be expected. **Resilience** is a more appropriate concept.

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

Comments

The SRN has been significantly helpful in assisting us in setting up a Borders local recovery network, and we would encourage more of the same!

The comment above regarding Children & Young People has resonance here also.

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

We suggest that the national Carers Strategy through which we have contributed in the development of a local action plan is welcome. The focus on supporting carers as well as describing carers as equal partners is strong.

We are left with considering how do carers get to a place of becoming equal partners – equal partners are not always the recipients of support as this could be construed as being a passive rather than equal partner. We would suggest that the Government need to think more about what equal partnership is, and look to developing some consensus on this.

There is particular work indicated on meeting the needs of the children and young people as carers

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

As indicated above, a read across to the national carers' strategy as it describes carers as equal partners. An interpretation of equal partnership is indicated. This could then be fundamental in shifting the mindset of carers and staff.

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

We need defensible baselines for this which includes clarity about

benchmarking for rural and urban areas.

Proportion of spend for community versus inpatient is helpful as an initial indicator but this needs evolved to incorporate outcome measures also.

Developing a website showcasing redesign achievements across the country would assist

The picture needs to encompass local authority, private and 3rd sector service availability, thereby taking the whole resource into account. In other words an IRF approach.

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

Hear what works in other areas through above website suggestion.

Considering developing implementation guidance for use by areas redesigning services to enhance access and reach

Innovation and improvement being published

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

Comments

Specific significant gaps are seen as:

- Access to Forensic services for Children & Young People
- Alcohol Related Brain Disorders
- Head Injury/Brain Damage – other causes
- Obesity or severe eating disorders – likely uneven and inequitable service provision around the country at present

We also wondered what services are enshrined within the references to trauma in the strategy.

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

Two areas worth considering are:

- More integrated planning for looked after and accommodated children
- Discharge planning for people with mental health needs in prison

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

Two areas worth considering are:

- Recognition of learning disabilities in children
- Older People in care home settings

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

National oversight of the general implementation and supportive training and education delivered would assist. This should be encompassed into future older persons mental health benchmarking.

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

No

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

Comments

Three areas are suggested:

- Further development of nurse prescribing
- National programme in CPD
- Job Planning for non-medical mental health professionals

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

Through being more responsive to the services that are less likely to deliver something in house

Through ongoing nationally funded training places

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

Progress with benchmarking and balanced scorecards for all service areas

Develop more up to date and realistic descriptions of current service delivery models

From the experience of benchmarking to date, focus in on important data

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

Comments

The publication of an appropriate suite of agreed national outcome measures across service areas, age groups and different disorders and support for developing appropriate IT systems that record these.

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

Avoid using proxy targets in the future.

A priority review of resources available to child and family social work services is advised before we can begin to address mental health issues in some of the most complex cases.

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

Comments

From our local discussions, we suggest four aspirations on this:

- Keep it simple
- Keep it focused
- Not too many priorities
- Better coordination between Health and Social Care

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

Supporting the availability of ongoing training that is responsive to what is a changing landscape would seem particularly important.