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 comments in this response were collected from service users and carers in a range of settings such as group discussions, focus groups and conversations.

Many of the respondents found the consultation document far from user friendly and the questions unclear and long winded.

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 person centred approach and patient pathways associated with the Dementia Strategy are viewed as a positive template for mental health as a whole.

Partnership working and more use of third sector organisations should be promoted. In the experience of many, the third sector exemplified flexible work practices and a person centred approach.

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

There were clear opinions expressed by carers based on personal experience, that patients on the autism spectrum required rights around access to services.

In particular, it was felt that greater access to psychological therapies had much to offer this group, who often receive only symptomatic treatment by way of medication.

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
Self harm is an issue ill served by prejudice, stigma and myth, which needs to be regarded as distinct and separate from attempted suicide. A number of individuals were able to give accounts of inappropriate treatment including detention, restraint and suicide watch, when in fact their self harming behaviour was their particular coping strategy. More account needs to be taken of service users experience and wishes in this regard.

Choose Life is well regarded by service users and carers and should form the core of future strategy. ASIST and Safe Talk should be rolled out to workers in the public domain such as taxi drivers and transport staff.

Suicide has for too long been a taboo subject and needs to be discussed. Talking about suicide and suicide prevention is seen an effective means of reduction and should be practiced in schools and colleges through structured programs.

Education staff should be ASIST trained and have means to refer individuals for professional care and counselling.

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Crisis services and Places of Safety should meet minimum standards and be capable of responding to demand. Where distance is a factor, this should be taken into account by way of local provision or transport requirements.

Crisis services need to have adequate capacity and be readily accessible.

Comments

There is high regard for well known personalities who are open and informative about their own mental health problems, they should be recognised for their contribution to raising awareness and reducing stigma.

More figures in public life should follow this example and be recognised as exemplars of public service.

Mental health needs to be discussed in an honest, informative context and anything that promotes this approach through the media should be promoted. The view of mental health within families where it is a factor is generally more enlightened and respect is due the many individuals and carers who in their daily lives share and raise awareness in their social and working environment.

Health promotion initiatives are perceived as taking steps to include positive mental health and wellbeing in their stride. This is encouraging as is the more acceptable profile of certain conditions such as depression, bipolar disorder, and stress related problems. Schizophrenia remains for many a taboo subject related to fear and misinformation and future initiatives should aim to dispel this with factual accounts.

Individuals prepared to share their experiences of their mental health problems, management and recovery should be given the support and opportunities to do so. Feedback from schools, colleges and universities where this is happening is very positive. Young people in particular welcome authentic accounts and are influenced by personal evidence when forming opinion.

The harm done to individuals and families by ill informed and sensationalist reporting should not be underestimated. Steps should be taken against publishers and broadcasters who breach ethical and community values in this respect.

Stigma, myth, misinformation and prejudice remain a major factor in the experience of most respondents. Most acknowledge that attitudes have improved but that there is still a long way to go.

Well informed and well written storylines in drama, films and fiction were seen as helpful in demystifying and reducing stigma around mental health.

Conversely sensationalist drama can be viewed as scapegoating a blameless minority who are often depicted as violent and threatening when the truth is the very opposite.

Of particular mention is the influential position of popular long running dramas and soap operas with characters that the audience identifies with. These were seen as having particular power and responsibility for shaping public perception of mental health.

Comments

See Me is highly regarded and seen as a key element in addressing discrimination and stigma.

Freedom from discrimination in mental health is seen as a rights based issue like any other.

Individuals report finding difficulty around disclosure of mental health issues to employers as a particular challenge and this needs to be addressed as a specific priority both in law and in terms of support networks and awareness training for employers.

People with mental health issues are users of the range of health services like any other and the fact of having a mental health problem should never lead to their general health needs being downgraded or discounted.

Weight gain was seen as being a specific issue associated with long term treatment that was often not satisfactorily addressed or rationalised away as an unavoidable side effect of anti psychotic medication. The effect of weight gain diminishes self esteem and self image

Many reported good experiences with general practitioners and related the progress in understanding that has been achieved over many years. Some GP's were not well informed about mental ill health and many were unaware of the wide range of peer support and voluntary sector support services and networks. It was generally accepted that there was a wide range of opinions and attitudes among the GP population which tended to be reflected in their practice for better or worse.

Respondents were in favour of GPs being better informed and resourced to meet the needs of patients presenting with mental health issues. Initiatives such as Doing Well by Depression were seen as a positive step forward.

Strengthen the consideration given to the experiences and views of service users and carers and in this way keep the issues around discrimination grounded and reality based.

Comments
The Scottish Recovery Network have proven invaluable in promoting

wellbeing and should be better resourced. The Recovery model is finding acceptance among service users and carers and needs to find similar acceptance among health care professionals. There is encouraging evidence that this is starting to happen in the Argyll and Bute area.

In terms of modernising mental health, Recovery is a positive direction towards a more person centred approach to mental health.

Healthy Living Centres are highly regarded and valued, particularly in rural areas where choices are limited. Where they have closed, they are much missed.

Link Clubs similarly are a much respected resource and a valuable tool in combatting the isolation that can be a major factor in maintaining mental health and wellbeing. Link Clubs function in terms of peer support, networking and early warning when an individual is becoming unwell. Increasingly they are active in promoting the Recovery and wellbeing agenda.

Encourage linkage between community services to promote a range of choice and appropriate pathways.

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
Steps needed to shorten the waiting list for access to CAMHS.

Links between education services and CAMHS was cited as important.

Mental health promotion in schools generally was thought to be much needed development.

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

Comments
There was popular support for early intervention and treatment, especially counselling and psychological therapies. These should be prioritised.

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

There is broad agreement that promotion of positive attitude to one's own mental health and mental health as a factor of general wellbeing was essential. Stigma is a significant factor for many, and public awareness that mental health and wellbeing is everyone's business would contribute to it's reduction. Greater access to initiatives and facilities promoting good mental health and wellbeing would promote a wider and less medicalised or stereotypical view of mental health difficulties.

Education has a significant role in shaping positive attitudes around mental health and wellbeing.

The "Recovery" model of mental health has much to recommend it as it actively promotes individual involvement and responsibility for recognising and managing symptoms, crisis and life events as well as challenging the prevalent nihilistic view of mental health problems and individuals with a diagnosis.

Peer support was cited as a valued practice and should be promoted across a range of settings.

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

Comments

Use of media and public spaces to disseminate information.

User friendly language in publications, posters and public service announcements.

Promotion of peer support and wellbeing initiatives.

Raise awareness through public education.

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

Initiatives such as Doing Well by Depression and other wellbeing initiatives based at GP surgeries and health centres are seen as an essential part of modern services.

Access to psychological services was consistently seen as a goal for a great many of the respondents.

Waiting lists are long and resources are limited but those who had experience of Cognitive Behavioural Therapy would like to see initiatives aimed at making it more available.

Some thought CBT should form part of the training of all psychiatric nurses, and it should be part of the skills set of Psychiatric Community Nurses.

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
Service user and carer involvement was cited as a way of ensuring efficiency and appropriate use of time. Service users and carers who have been involved in focus groups, feedback and research generally felt that it had been a positive experience and that their participation was useful in shaping services.

Quick surveys are seen by many service users and carers as of less practical value than other methods of engagement and are no substitute for substantive research and evaluation.

Continual evaluation of treatments and services would be welcomed.

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

Comments

This was largely viewed as an organisational concern, though the view that care pathways should include choice was supported, as was the view that voluntary sector providers should be included.

Promotion of Wellness Recovery Action Plans (WRAP) which provide relevant person centred information about how an individual would wish to be treated when unwell.

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
Continue to develop the range and opportunities for service user and carer involvement.

Make meetings more user friendly and accessible.
Authentic engagement is highly valued by service users and carers, while "tick box exercises" and tokenism are viewed with scepticism.

Reimburse travel costs.
Publish minutes, reports and papers ahead of meetings to allow for peer discussion.
There is support for the idea of more health care professionals getting out to community groups and explaining what they do and how to engage with services.

Health Care Managers have proven very welcome guests at community and peer support groups for the same reason.

The views of local service users and carers need to be taken into account if services are to be seen as meeting local needs.

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

Comments

Open or at least more flexible visiting times.
Involvement of carers in decision making was a frequently cited wish.

Confidentiality was acknowledged as being important but some carers felt that it was used at times as a means of bypassing consultation or discussion of the carer's and family's role.

Friendly, clear, supportive policies around pass and discharge.

Pre discharge arrangements are highly valued when good practice is followed but many respondents had experienced discharge from hospital without sufficient consultation.

Use of informality in setting and approach whenever possible.

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

The Recovery model should be widely acknowledged as a valuable contribution to a person centred approach.

Choice should be preserved and promoted across services and in all areas of healthcare and activity.

Account needs to be taken of the patient and carer experience of services, both formally and informally.

Information should be more readily available, both in terms of discussions between patients and professionals, especially around medication, and in the range of information available on notice boards about local contacts.

There needs to be more collaboration between NHS and Social Services and other agencies to make the move from hospital to community services as stress free as possible, with account taken of situational needs that can impact on mental health and wellbeing. Those who have done well over the course of a chronic illness say that continuity of care was a very important element of their wellbeing.

National standards should be achievable in all services but in rural areas and areas of deprivation, greater proactive delivery of services may be a requirement. Not all service users are car owners and travelling to hospital can be problematic. Public transport to hospitals needs to be frequently and appropriately scheduled.

Waiting and visiting areas should afford a degree of privacy and comfort.

"Boarding out" was a frequent topic and there is a strong view that it should be minimised.

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

Comments

Involvement of peer support groups, Link Clubs.
Staff access to training days.
Publicity in internal newsletters and bulletins.
Development days that include service users and carers.
Partnerships and joint funded initiatives.
Set standards and targets for implementation.
Initiate longitudinal studies into the effectiveness and outcomes.
Paid posts for service user experts.

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

Comments
Access to management teams.
Access to wards and other care settings.
Strong peer group and service user and carer involvement.
Deliver talks to community and peer groups, in patient groups.
Raising awareness will stimulate demand.

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
More involvement.

More discussion including joint discussion with carers and families.

More information.

Confidentiality should not be used to rationalise the avoidance of any of the above.

Person centred and family centred are not always mutually exclusive.

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
Training and support from management to enhance people skills and communication.

Policies and guidelines, to which carers and families are willing to contribute

A culture which includes situational, carer and family elements in care planning and provision.

Use of clear, user friendly language and approach whenever possible.

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
Better communication and collaboration between health boards.

Ensure that service capacity is adequate based on up to date research.

Do not close beds before the capacity of community services have proven
Their effectiveness.

Public confidence in, and perception of services is important and should be taken account of at each stage of a redesign.

Staff and their families are users of services too. Staff "buy in" is essential.

Sharing of good practice.

Taking account of service user and carer views.

Standardised research.

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
Seen as largely an administrative matter though some felt that proactive or outreach research would be useful.

Liason with agencies representing ethnic minorities, homeless services, drugs, alcohol, forensic, immigration.

Comments
Good use of media.

Use of clear user friendly language.

Use of best practice.

Training and development targets and standards.

Use of service user and carer experiences though a range of engagement activity.

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

Comments

Alternative addiction strategies. There is a perception that Methadone is overused to the detriment of other approaches.

Dual diagnosis, particularly where alcohol is an issue is seen as an area where there is a lack of expert response and where there is an opportunity for Scotland to take a lead.

Early onset alcohol related dementia is an area of great concern in terms of the impact on future capacity of services. This aspect of patterns of alcohol misuse needs to be tackled on all fronts if a public health crisis is to be avoided.

Respite for carers is viewed as inadequate and inaccessible. Where initiatives have been started they are highly valued by carers.

Carers generally can feel undervalued and their contribution needs to be acknowledged, particularly when the alternatives are costed.

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

Service provision needs to take a wider more inclusive view of care and support within communities. This includes care and wellness pathways that take account of peer support, voluntary services and the wider community agencies such as housing, employment, education and sports centres for example.

Mental ill health impacts on every aspect of an individual's life and activity and wellness and recovery benefit from attention being paid to quality of life in all areas.

Partnership working offers the best hope for integrated services with a person centred focus.

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

Mental Health Partnerships need to demonstrate the effectiveness that they were set up to achieve.

Bureaucracy and budget issues are perceived as undermining individual care plans, causing delayed discharge and supported living provision.

Integrated care as a concept needs to be supported at all levels from central government, local authority, health boards, health and social care teams and individual workers.

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?
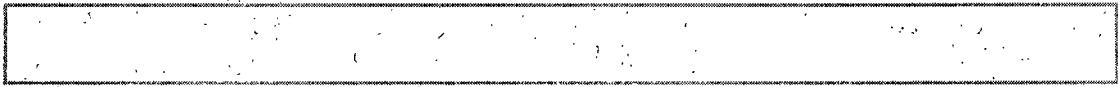
Comments
Consultation and preparation of staff.
Consultation with service users and carers.
Evidence based research

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
Seen as an organisational matter, but barriers to sharing of information and best practice should be removed by whatever means practical.

Comments
As community services replace hospital based ones, public confidence in health services requires good information based on solid research into patterns of use.

Specialised services have a tendency to centralise to the perceived impoverishment of local access. Local access of various kinds remains a priority for many of the respondents.

Increasing demand for access to psychological services was seen as an important element of any planning strategy.

Access to Advocacy both collective and individual.

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.

Comments
Viewed as an organisational matter.

Comments

An outcomes, results based approach finds favour with service users and carers. It was felt by some that service user and carer experiences could contribute to the collection of meaningful data beyond statistics to include narrative outcomes.

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
Continuing and improving engagement with service users and carers as individuals.

Consultation with service user and carer groups.

Developing a culture of continuous improvement.

Paying attention to service user and carer perception by keeping them informed in plain accessible language.

Challenging and managing bureaucracy.

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

Comments

The boundaries and barriers between organisations and providers should ideally be invisible to the service user or carer.

Tackling bureaucratic practices should be a priority.

Listening to the experiences of service users and carers and involving them in service design.

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

Staff should have within their training and development, opportunities to learn from the experiences of the Mental Welfare Commission and the Mental Health Tribunal.

Advocacy services should be invited play a role in raising staff awareness of legislation.