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

There needs to much more emphasis on wellbeing as it currently reads more like a service delivery plan.

There is not enough focus on community level and the role of Local Authorities in relation to their statutory duty of promoting wellbeing. Recommend wellbeing is made more prominent throughout the document, by taking cognisance of upstream preventive work.

The overarching context of the strategy needs links with the Christie Commission report; GIRFEC, Curriculum for Excellence, the Early Years Framework, Keep Well and Equally Well. Reflecting that, within an integrated framework, overall improvement in MH can only be achieved through partnership working and involvement of a range of agencies.

Within the strategic overview it would be vital to recognise the wider fiscal issues impacting on many already vulnerable communities and the potential impact of these for mental well being in particular if not mental health and the further impact on services.

Consistent National guidance about self-auditing for all areas, acute hospital, all NHS and Social Work.

A crucial omission is the absence in the four areas prioritised of any reference to reducing inequalities in health outcomes and health status. Clinicians accept the links between health inequalities and Mental health and well-being, as do local authority and third sector colleagues. Given the weight of Scottish Government policy aimed to address inequalities this seems a missed opportunity.

Would definitions of mental wellbeing, mental health and mental illness be helpful?

Need to include the mental health improvement indicators and emphasise the use of these at local level.

Support for the implementation of self care agenda and addressing social isolation. Perhaps make reference to providing evidence of what helps e.g. talking therapies and social prescribing as valid and valuable approaches to promotion and prevention.

Overall the structure identifies key challenges, recognising the changing face of our population needs. More collaboration is required to reduce duplication and save costs. More health promotion/prevention and more access to resources at various stages of person's mental health experience is required.

A key challenge is maintaining positive change against a background of financial restrictions, changing workforce, the work of releasing time to care says it all, we need to be able to do more, less duplication, more collaboration with services across health and social work.

Focused on NHS services and seems to support a medical model with less emphasis on promoting health and well being / recovery strategies.

No reference to importance of diet or exercise.

This document is being produced at a time when local authority services are being eroded and the third sector cannot be expected to replace these services.

There should be a link to the national parenting strategy.

The document is too heavily weighted on service provision for those already diagnosed and there is the need to have much more emphasis on mental health improvement and community wellbeing. If the focus is on treatment and services, how will we shift to upstream prevention and promotion of wellbeing?

Need to be more explicit and make reference to the current policy context e.g. other key national strategies e.g. Equally Well, GIRFEC, alcohol, employment, including youth unemployment (reflected in TAMFS).

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
It is essential for the strategy to link to single outcome agreements to achieve local authority and partnership buy in. The lack of reference to the importance of partnership working, by only speaking to NHS staff, specifically Mental Health Services, will create barriers to engagement and undermine the collaborative approach of TAMFS.

The children and young people's mental health indicators work has demonstrated the spectrum of influences on mental health and wellbeing, which has shown the

relatively small part the NHS has to play. This strategy needs to reflect this. It also needs to question the extent to which the NHS is taking all the preventive opportunities that exist across its own services and in support of this agenda.

Local authorities will welcome a steer as they understand they have a role to play but need guidance on how to support mental health improvement through their services including housing, leisure, education and social services. The NHS has – in many areas – led on the TAMFS agenda in the absence of any coherent approach at this stage within LAs and between LAs and NHS, particularly with regard to prevention and the social determinants.

The document seems to only identify an NHS role and although this is recognised to be a vital element – it is just one of the aspects of an integrated approach.

The strategy should set the scene for targets and solutions being the responsibility of a partnership approach with key agencies and partners accountable for delivery - particularly in the light of Christie and other reports fostering streamlining of services.

There is no reflection on the current economic climate and its impact on employment issues, leading to an increased risk of poverty and mental illness.

More emphasis is needed throughout the document regarding inequalities particularly highlighting the causal and consequential nature of inequality on mental health. Other policies that reflect this e.g. Equally Well need to be referenced so service deliverers understand the wider agenda.

A policy map highlighting relevant documents that support MHI would be helpful.

It is also suggested that the structure would benefit from linking the core principles to the outcomes more specifically. The document would also benefit from adding a principle of fairness at the centre of this document along with person centeredness (consistent with the Quality Strategy).

The strategy should be more specific around the life course. Who is 'people' and why are children only identified in outcome 1?

National drive and support is required in the pursuit of cross-organisational working. Welcome the clear direction taken by Nicola Sturgeon but as yet this is not evident within services.

Greater national support groups who provide vocational and recovery focused interventions, expanding on models of recovery.

Build support for the aims of dementia strategy, promoting excellence, it all sounds good and there is plenty of good practice going on but more support is needed to ensure actions are met.

Education and training for staff rolled out widely and into the community services e.g. sheltered Housing. Possibly include in Promoting Excellence style Framework.

Local action plans need to link with national agendas, including the quality strategy.

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

A second round of consultation would be beneficial following a significant reworking of the document.

There is little appetite to change or scrap current approaches and plans developed in response to TAMFS. Local areas have had insufficient time to embed these approaches. The strategy needs to state this work is valued and should be continued – a view held by most of those co-ordinating MHI at local level.

However, we do need national agreement on a set of key indicators to support local work, performance monitoring and priority setting, and in year dialogue with SG.

Construct a national systematic method of gaining service user and carers views of satisfaction of their experience of mental health services and inclusion of service users and carers in strategic processes.

'Asking for feedback' to be promoted into the culture of all mental health service delivery whether in-patient, out-patient, community, and crisis services.

Key challenge is building on liaison work with services, accident and emergency, police; building on adult support and protection work. Promote the work of voluntary sector with what has worked well so far, with promoting community links/education via schools/employers/sports.

It may be beneficial to consider HEAT target that supports improvement in services for people with learning disabilities.

Child protection services are stretched.

Referrals to CAMHS services would reduce if there was more support on offer earlier – early intervention services are being cut e.g. reductions in charity funding, local authority services.

Lack of consistent policies across Scotland e.g. age cut off points for child and adolescent services.

Have linkage with national parenting 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
Continuing to highlight the anti-stigma campaigns via media, particularly targeting vulnerable groups and younger people. Also continue to look at the factors that increase risks and provide more support in these key areas, such as access to services for people more vulnerable such as homeless, addictions, areas where there are social depravation.

Emotional intelligence and coping strategies to be delivered within educational curriculum.

Well-Being clinics – can attend for physical problems, but have mental health problems addressed at the same time.

Questionnaires delivered by GPs to highlight early warning signs of stress and mental ill health, working to change attitudes and building on projects such as the SEE ME campaign

Continue to develop access to training for non professionals as well as for professional staff, adapt models from other countries such as Canada where many public service employees have a level of training on suicide.

Local mental health partnership groups must take a lead on this topic.

How successful have previous health and wellbeing strategies been? Are people aware of outcomes?

Consider enhancement of spiritual care and support and provide written brief/publication to add more weight and give direction.

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
Continue the type of work that has been done by See Me Campaign – it is making a difference.

Mental health inputs should be delivered in local communities and mental health wards should be attached to general hospitals to minimise stigma.

Education across health and social care to improve understanding of impact of mental illness. Get the "Choose Life" agenda into schools – build on work already being done.

Have information available in the workplace look to have a community response and concentrate on early intervention.

Increase resources to areas that have proven to be successful, such as media campaigns, increase use and scope of local and equity grants Scottish recovery network, voluntary sector work, community mental health team work with service users /families/employers/other links in people's communities. Target the audience

with age appropriate media.

Need for wider recognition that people with learning disabilities have a higher risk of experiencing mental ill health and the need to reduce the double stigma of this.

Measure population attitude towards mental health stigma.

School programme needs to be enhanced to focus on mental health and wellbeing within the primary school programme and to being into the open the mental heath carer issues for young people.

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
Continuing to reinforce the anti-discrimination message. Do more 'See Me' campaigns to allow permission to let others know one has experienced this of that mental illness.

Target the audience with age appropriate media. More emphasis on mental wellbeing in school curriculum.

Continue to provide opportunities that will increase awareness, are tailored to peoples needs, culture, age, race, learn from what has worked well from existing campaigns.

More support direct to families affected by mental health.

Build on the role of Primary Care Mental Health Worker and promote access to programmes such as STEPS (Jim White) and LLTTF (Chris Williams) for "Stress Control".

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

Comments
We need time to consolidate what has changed to date.

We need to build resilience in communities and empower them to take responsibility for their own mental health. This can be done by social prescribing, asset based approaches and the guidance provided by the indicators. It is also important to recognise the support already in the community when they become unwell.

The Scottish Government needs to demonstrate buy-in to wellbeing.

It needs to be recognised that often people need someone to talk to and something to do, and emphasise the importance of individuals having a sense of control.

Much of the good work done by communities and Local Authorities supported by SG from social inclusion funding is an example of what can be achieved. Work to develop outcome indicators at individual level is promising as a basis for stronger performance monitoring for communities. We would want to build on this particularly in few of the range of ages it encompassed.

Continue talking and publicising anti-stigma message.

Consolidate what is working well, combine support and awareness with real resources that benefits communities, make them accessible, for a lot of people with mental health problems who have left hospital they can often be isolated and their only contact will be from service providers, there needs to be more done to help them to feel able to be more involved. The supported living work has been good, but it needs to be protected against budget restrictions whilst remaining focussed on the needs of the patient.

Development of improvement strategies which can be accessed by people with learning disabilities, and have made reasonable adjustment to meet their needs,

Promote mental health charity campaigns (ring fence commissioning).

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 comprehensive evidence base for the importance of parenting (particularly in the early years) in the promotion of mental wellbeing and prevention of mental ill-health has not been articulated within the document.

It would be beneficial to make specific reference to parenting and family support to promote wellbeing and prevent ill health.

If we can provide improved support at the early years then the long term benefits are obvious More needs to be done to ensure that the likely increase in demand of these services are protected and built upon.

Further development of Learning Disability CAMHS and ensure this group is considered individually when measuring outcomes and improving access.

Improve support for parents/carers who may be approaching crisis.

Across Scotland, seek consistent age cut off for health and social work services.

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

Comments
These improvements must be matched with resources in terms of protected time for training and development of professional/supervision/case load management.

Improve the Number of training posts in CAMHS psychiatrists.

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

This outcome would benefit from being broadened in order to appreciate what support is required to enable people to have increased knowledge and understanding of mental health and what skills are necessary for people to take action.

There needs to be an appreciation of enhancing mental health literacy in both the public and across all settings.

The language used in this outcome, could create a general sense of victim blaming; with too much emphasis on the individual not the system.

Further media campaigns promoting positive mental health strategies, good access to this education from primary care as well.

Variety of self booking/self access resources for general public as opposed as only gaining help via GP route.

Providing opportunities for better all round health, relating to physical activity, social interaction, employment, housing support. Provision of information relating to mental health, advice, choices, access to therapies.

Link working between agencies.

More emphasis placed on self-care. Info sites such as the mental health and wellbeing site.

Accessible health improvement strategies i.e. Wellness plans that can be utilised and understood by people with a learning disability.

Perhaps review with GP every 3 months to update their recovery plan and include relapse prevention actions. Important not to necessarily close case but let the person know that services are available if required.

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

Comments

People may benefit from clearer guidance on who to approach, how and when. Similar to the campaign to the public about winter planning, and how to cope over the festive period when GP surgeries are closed.

By reducing stigma and making mental health support accessible and not necessarily medicalised, the people will come forward when they need to.

Have the information in the public domain on what to do, who they can see, through media, information packs, access to relevant professionals, more joint working. The

use of NHS 24 is further developed to deal with people calling regarding mental health issues.

Info sites such as the mental health and wellbeing site , access to self-help, immediate help , info re breathing space, all good sites but how much awareness of them do we have amongst the public.

Social care paid staff who care for people with learning disabilities having wider knowledge of mental ill health and its signs and symptoms and being aware of the initial steps they should be supporting the individuals with to improve their mental wellbeing.

Continue to support the use of 10 Essential Shared Capabilities material in all care environments.

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
In scheduled hours, patients benefit from seeing a GP who knows them and/or their family in assessing the crisis. In NHS G, AMH, the CMHT's are aligned to GP surgeries, enhancing opportunity for good communication and links. In unscheduled hours, we could be working more with NHS 24 colleagues in enhancing the triage and assessment service to patients with mental health problems.

Continuing education, professional development and performance monitoring of professionals who do this. For tiered model to work all stakeholders need to be involved in strategic and local board plans.

There needs to be a common understanding and agreement on which part of the service will do what. GP is often 1st point of contact – can be difficult to get an appointment and it is brief. Could we have 1st point of contact nurse or CPN in GP surgeries?

Is there research from other countries on how they ensure quick access to treatment? Perhaps some method of self-assessment prior to attending GP surgery?

Lifestyle Clinics available at GP surgeries.

Guidance and support for families worried about a relative's mental health.

Increased awareness in social care staff. Reduction in diagnostic overshadowing by General Practitioners when they decide the mental ill health symptoms the person with a learning disability is experiencing as being due to them having a learning disability and not having a mental health problem.

Having Mental health nurses linked to wards and GP practices, in sufficient numbers

that would allow a MDT and holistic approach to patient care, support staff and provide staff training and awareness to draw the link between physical and mental health would be an optimum goal. Having mental health screening in Primary care available to all may help break down some stigmas leading to increase in patients presenting earlier.

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
Improving IT support to enhance and reduce nurses time spent on duplication of activities, or inputting data into cumbersome systems. These activities directly affect patient care as they remove a nurse from the floor. In many wards there is only one computer for the Senior Charge Nurse, nursing team and medical staff.

Time and attention is being spent on reducing non-value adding activities – this being progressed via RTC. This initiative needs to be strengthened and continued. Continuous service improvement measures, such as RTC. Empower staff to make review own practices and make appropriate improvements. Support for SCN to have the autonomy backed up with resources.

Consider the implementation of validated structured workforce/workload calculator tool. Greater training /education and supervision around psychological therapies with dedicated roles been established to deliver interventions.

Also look at a broader spectrum of interventions include Social Work, Chaplaincy, Voluntary Services along with Health services.

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

Comments
As in outcome 5, people need to see the evidence base for ICPs. Rather than each board developing individual ICPs, why is there not a national work-stream collectively devising the ICPs?

Establish lead role; ensure capacity/resources have been identified.

Establish a training and education programme prior to implementation role out. Ensure supervision available. Ensure appropriate IT infrastructures, knowledge and access has been established.

Computer systems that speak to each other. Computer literate staff to input information and a "can do" attitude to implementing ICP

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
We are promoting the development of individual wellness plans for patients. We need to ask patients and carers about their experience, what went well, and what could have been improved.

The SRI will be a valuable tool in establishing more meaningful user involvement.

All boards should have Peer Support workers.

Examples of good practice disseminated to improve understanding of impact of service user involvement.

Operational groups for services can have service provider and carer input.

Public consultation exercises such as this one may give suggestions.

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

Comments
Carers and Professionals Partnership forum. Clear guidance from Scottish Government about potential barriers to inclusion and participation of service users and carers.

There needs to be an understanding and recognition of the legal aspects of mental health and information sharing between families/carers.

Survey to follow up staff/relatives etc after a hospital admission just like used in hotel/travel industry.

More emphasis to be placed on MH&LD services of continuing physical health in hospital settings.

Information sharing, be honest about what we can do and what we cant, build relationships, links with support groups , promote good practice ongoing in areas where there is going service user/carer links, learn from experience.

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
Roll out of the 10 Essential Shared Capabilities, tackling attitudes and values of staff culture. Patient and staff satisfaction should be sought regularly.

Recovery approach to care, physical designs of the care environment reflect a safe, caring place. Safe staffing levels. Staff training reflecting values based approach, support for the SRI.

Continue to measure patient experience.

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

Comments

Protected time to implement SRI 2 with involvement from partnership groups., especially medical staff.

Disseminate information about the impact of this work on practice.

Continue to roll out amongst health care, voluntary sector, build on training, make it user friendly; SRI 2 has made steps to reduce the time needed to complete.

Sharing of the work amongst multi disciplinary teams, joint feedback and information sharing to providers and users. Funding for staff working on SRI.

Build on SRI events across Scotland.

Ensure older people are encouraged to reach their full potential. Ensure that the emphasis is correct for people who may not be returning to work, they may need encouragement to pursue hobbies etc. Maximise independence for the older age group.

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

Comments
Professional groups as well as nursing staff need to be clearer of the purpose and benefits of a recovery approach, how it affects their practice and patients' well being. Other professional groups are recovery orientated and this is already embedded in their work and is evidenced

To ensure this is not considered as a nursing initiative. Encourage engagement with other professional groups including medical colleagues

Increased awareness of the SRI amongst all mental health providers, there has been some progress but it needs to be shown to be an effective resource that makes a real difference, more regional events across Scotland for the SRI to be highlighted, education at student nurse level and other allied health professionals pre registration education.

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

Have clearer guidance of how carers and families can be included into care and treatment plans to the benefit of people's recovery.

Good use of resources such as the Carers Exchange and Carers Action Group

A worker identified for carers who are alone when their partner is ill.

Involve family when person with dementia is admitted to hospital – for advice and support throughout the hospital stay and information to be provided on discharge regarding support.

Legal and confidential parameters exist for a reason. Explanation of who, what, when and why and how they can assist is helpful and needs to be clearly explained in mental health settings.

Increased access to professionals with patient consent for support, use of wellness recovery action plans has been shown to be helpful in helping patients and families work together, patient reviews, access to information about services both from basic information about a service to more about conditions.

Need within LD services to have accessible care plans and assessment tool that individuals can understand and engage where possible with.

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
Clearer guidance on communication with carers and family, without jeopardising patient confidentiality.

Clarity around information which can be shared with relatives and also development of family work initiatives to evidence the impact of involving families and carers in care.

Staff can have prepared information about their services that is up to date relevant, could involve families in evaluating this information. Staff can have help in directing families to access support, be freed up to have time, releasing time to care for families and significant others.

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
Publish the evidence and arrange regional and national events for areas to showcase their achievements (networks to ensure dissemination of good practice and encourage areas to share their experiences).

More work needs to be done on developing community outcome measures before we would accurately know what was working best.

Must not lose sight of the need to provide more choices for clinicians and patients when working through their treatment and recovery. Concern at the pressure on budgets in both NHS and voluntary sector that can lead to reduction in service choices.

Need to consider advanced practitioner nurse roles in LD services to undertake advanced mental health assessment, nurse led clinics, PSI delivery and non medical prescribing.

Develop a National Social Care and Health website to highlight good practice.

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
Clearer use of a national standard method of recording data.

Develop Joint health and social care systems (Joint DATA set) for monitoring groups re ethnic minorities/ages of groups etc and the information to be used across services.

Sharing data basis, ongoing audits, taking that information and looking at planning needs for future strategies of care provision.

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

Comments
Could be captured on a one-two page memorandum or brief and sent out electronically with publicity

? Learning networks. Linking of areas with similar issues e.g. rural/urban populations

Link working between agencies and NHS /voluntary. To provide education and support to promote awareness.

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

Comments
More emphasis needs to be given again to the services both inpatient and community based that provide for those with severe and enduring mental illness.

More specialised services for continuing care areas, in particular for patients with acquired brain injuries and enduring mental health problems.

People with ASD who do not have a developmental delay.

For older adults with functional mental illness eg depression – who are often excluded from services for people of working age. Mental Health services for older adults often focus on dementia.

Isolation and loneliness are a big problem for older people.

People under 65 with a diagnosis of dementia – easier diagnosis and access to appropriate services.

Take note of the lack of residential care places for older people with functional mental illness and lack of services for those with Alcohol misuse problems and those with brain injuries.

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
More resources could be put into providing supported accommodation to those patients with higher needs.

Further develop older people's services Acute Liaison services and Old Age Psychiatry Liaison services/Dementia Nurse Consultants to areas such as sheltered housing.

To ensure that the public are educated in this area, develop a national website and encourage further integration of health and social care services.

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
Education about mental health services and mental health problems. How to identify when to seek help and from where.

Dual diagnosis, improving physical health of those with mental health problems.

Looking at the issue of supporting people with diagnosis of personality disorders, impact on services, increased access as identified to psychotherapy input, links with professionals provided support, police and accident and emergency. This can be challenging, highly demanding on stretched services and often leads to the person been involved with these services.

Dementia standards should be for all people with developmental disorder in acute hospital which would include people with a learning disability. Evidence to support this from the determinations in the Mauchland and Donnet FAIs.

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
Understanding Dementia could be promoted as a requirement of peoples' personal development plans. Publicise 'Promoting Excellence' strategy.

Mandatory training for all partnership groups.

Provide an easier to use version with tables showing levels of knowledge and skill expected. Make it easier to link with staff appraisal systems such as eKSF. A shortened, simplified version is required and to be linked to National Awards such as NVQ's.

Increase knowledge of mental ill health for people with LD in acute general and primary care staff and also social care staff having a greater awareness of signs of mental ill health.

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
A national standard for nurse: patient ratios in Adult and Older adult in-patient services.

National survey on Promoting Excellence & staff skill/include measurement of the population's well being.

Workforce profiles of LD services health professionals due to closure of long stay institutions less health professionals have been trained for this speciality and the current workforce is aging. Concerns that an inadequate workforce is available to fill the gaps.

Given reduced staffing across health services it would seem timely to measure workload, develop opportunities (perceived and real) and current succession planning.

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

Comments
Ensuring that staffing and skill mix for all specialities across the country is benchmarked.

Succession planning for senior nursing and managerial posts within the service.

Development of Nurse Consultant posts for mental health services.

Facing challenges of vacancy control measures.

Consider preparation of newly qualified staff for community posts.

Workforce developments to improve integrated working between services and professionals.

The challenge is to allow the local areas to identify their own training needs; use of local training plans has been evident for looking at specific area needs. The challenge is building on previous training, combining short training courses with support for staff to take on further accredited training, use of cascade training if possible, sharing, and doing so with all disciplines involved.

National government needs to recognise the commitment that is required in supporting psychological training is substantial, and needs to be long term.

Social care staff development

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

Question 30
It would need to be given long term focus in anticipation of it becoming embedded into training provision.

Need training in low level psychological interventions – need high volume, low level interventions delivered by a wide range of staff. There also needs to be provision of support and supervision of these staff in a manageable format (e.g. group supervision). There needs to be recognition of the usefulness that low level intervention can help with high levels of distress.

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
Ensuring that all data is collected in the same way on the same template so that like can be measured with like.

Ensure services for older adults are included in the benchmarking.

DATA set needs to be consistent across health and social care and joined up. Bench marking on things that have worked as well as things which have not.

Separate benchmarking in LD services pertaining to the mental health element of their

work

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

Comments
Providing the IT resources to input and record the evidence nationally.

Having this data in one place with options for meaningful reports that can easily be shared with staff.

Education re importance of outcomes. Consistency of assessment, care planning and review

Having this as a standard practice, involving SCNs, providing technical support.

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
Organisations need a period of stability to enable reflection of change.

Implement integrated working as per legislation need for an investment in supporting people to lead and manage services.

Recognise the impact of workforce changes with increased retirements of experienced professionals across all disciplines, how health and care use what staff/skills they have to provide effective services, along with all that has been said with re-designs, a lot of the aims and actions in this strategy set out good examples of what has been achieved and what is needed, the need for investment is crucial to support these actions.

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

Comments
Prioritisation of the 14 Outcomes which would help local limited resources concentrate on achieving effectively.

Link all various websites together to create one stop shop for mental health professionals.

More awareness and increased opportunities for developing integrated services e.g. as through the Change fund. Needs to be a requirement for ensuring integrated services are developed.

Involvement of staff allowing them to engage and participate in own improvement

initiatives.

Make it easier for professionals from all areas to share relevant information, make services more accessible to the service users, prioritising the care provided, avoiding unnecessary duplication of services.

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 would benefit from access to regular updates and information which could be delivered online.

Care delivered in line with legal framework and with guidance and advice from the NMC, MWC and in line with the Mental Health Care and Treatment Act.

Regular review and promotion of clinical supervision.

Combination of training/coaching/values based practice embedded in our services, as always releasing time to care.

Increased training on legislation especially in general health settings.