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.

A new strategy which aims to bring together the work of the two previous strategies, Towards a Mentally Flourishing Scotland and Delivering for Mental Health, integrating the health improvement agenda with the care and treatment agenda is welcome.

The strategy however appears rather light on core strategic operational drivers for services and national standards both for services and professions.

It is felt that embedding the strategy within the tiered model 0 (wider community prevention) to tier 4 (specialist services) would help to demonstrate how the integrated strategy comes together evidencing a whole systems approach to mental health improvement - prevention, promotion, care and treatment.

There is a need to reference relevant Acts and statutory duties and responsibilities generally, across strategies and procedures, and also to identify the linkages across the different pieces of legislation particularly within the overarching Mental Health Strategy. This would reinforce and heighten awareness of both the duties and responsibilities of agencies as well as the rights of adults and carers

In terms of mentally disordered offenders, there is a need for clear strategic direction on the interfaces between forensic mental health services and criminal justice systems and joint approaches to the issues of problem behaviours and personality disorders. The balance between in patient and community services in this area is worth further exploration within the strategy alongside the issue of community care and support, and social policing. There may also be benefit in referencing the work undertaken through the Forensic Network on developing standards for high, medium and low secure settings and the New to Forensic Programme which aims to provide disciplines with basic awareness of working with mentally disordered offenders, the systems and processes leading to better multidisciplinary working and an improved patient journey through services.

The impact of the current financial climate on services cannot be under-estimated. Reprioritisation, remodelling and in some instances

service reduction are current challenges facing services resulting in unrealised aspirations. The strategy should acknowledge the current financial backdrop and as such recognise the necessity for phased prioritisation and stepped progress towards desired outcomes, increasing the capacity of the workforce to deliver effective care within the current financial constraints.

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.

It is felt that embedding the strategy within the tiered model 0 (wider community prevention) to tier 4 (specialist services) would help to demonstrate how the integrated strategy comes together promoting a whole systems approach to mental health improvement - prevention, promotion, care and treatment.

Utilisation of benchmarking to identify good practice examples which could be published nationally would be helpful to allow dissemination of learning.

Central assistance with remodelling perhaps linked to the Scottish Healthcare Quality Strategy and taking the form of supportive documentation could be useful in potentially assisting achieve a degree of consistency across Health Boards and partner agencies.

Single Outcome Agreements are already in place. Is there a national overview of how these are being used to support mental health improvements, target setting and measuring outcomes. There may be potential for combined reporting arrangements inclusive of HEAT targets and Single Outcome Agreements

A more joined up assertive approach to early signposting and referral for assessment of capacity and general cognitive functioning would facilitate more appropriate community based supports, the promotion of Powers of Attorney, Advance Statements and Advance Directives reducing significantly later hospital admission and subsequent delayed discharged resulting from late assessment of capacity and the need to progress applications for welfare and financial guardianship which in itself is a lengthy process. The role and responsibilities of General Practitioners in this area cannot be underestimated.

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.

Early recognition and signposting to relevant services may again contribute to offsetting increased costs in the longer term, There is a need for emphasis on appropriate knowledge, awareness and training of key staff across the relevant agencies in progressing this agenda effectively.

The continued involvement of service users and carers in the planning, development and evaluation of services is essential in ensuring services are fit for purpose.

The strategy needs to reflect and link with the future direction of travel around self directed and integrated services.

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?

As has been recognised a broad approach involving all sectors and communities in education, awareness raising and early signposting is required to continue to reduce suicide rates in Scotland.

Arguably suicide and self harm remain very difficult and perhaps in some instances taboo subjects for many families and communities. This is not assisted by the media reporting on high profile cases where the focus can be on culpability which deflects attention from the personal issues and experiences of those involved which may resonate with others in a similar position. Perhaps further work with the media may be of benefit in creating more opportunities for awareness raising, early signposting and reducing stigma.

The integration of stress, self harm and suicide awareness training into core training across the public, private and voluntary sector may be of benefit particularly if performance in this area is then integrated into the external inspection landscapes.

Improved access to psychological therapies, assessment, follow up support and treatment for people who self-harm or attempt suicide with assertive follow up over a six month period for those who do not engage with services

may be of benefit.
Multi-agency Critical Incident Reviews would be beneficial in promoting transparency of lessons to be learned, recommendations and implementation of same. How this information is routinely shared with local Choose Life Groups may need to be revisited.

Implementation of a national A&E data set in this area may improve consistency in recognition and recording as well as the identification of and targeted response to high risk individuals.

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

As in question 3, potentially the challenge lies in how to better utilise the power of the media to confront prejudice and discrimination.

An overarching objective should be to improve the quality of life of those experiencing mental health problems and mental illness this recognises stigma reduction as an integral part of the wider strategy.

The routine integration of this message into other complementary programmes, policy and guidance documents locally and nationally may assist.

Changing attitudes to stigma is a long term outcome and will require the continued funding of existing programmes, engagement and social marketing.

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?

Response as noted to questions 3 and 4.

Lessons from the See Me programme could be used to increase public understanding of dementia

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

Response as noted to questions 3 and 4.

The agenda has moved from one which is delivered predominantly through mental health partnerships to one which is also being supported and delivered through overarching and cross-cutting health and well-being partnerships. The strategy must continue to support this direction of travel to achieve maximum benefit.

In some health board areas, improved recognition of common mental health problems is being achieved through target setting such as better mental health screening which has been included in both Keep Well and GMS contracts at primary care.

National supports to help improve the assessment, care and treatment of

mild to moderate mental health problems and use of non-clinical approaches such as social prescribing where possible would be welcome.

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?

In addition to the proposals noted in the key challenges, there would seem to be a key role for the education sector in promoting general mental health and wellbeing as part of the core curriculum from nursery to high school. This may assist with early identification and signposting to services that require to respond quickly and improve short and long term outcomes.

The HEAT target for treatment is 12 weeks The 26 week target for CAMHS in the Scottish Governments 5 national objectives seems to be at odds with the importance of young people this may benefit from reconciliation.

There is a need for improved awareness and understanding on the role, function and 'fit' of the CAMHS service with other services and how this information is shared and communicated with agencies and the general public. In many areas CAMHS services could be better placed physically and strategically with stronger links required between CAMHS, Education, Psychology, Social Work ,counselling services and other voluntary organisations to improve the pathway of care, and maximise resource capacity and outcomes

Transition between services needs to be a priority for young people

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

Potentially more improved joint working between NHS Boards and local authorities particularly in relation to looked after children and children with co-morbidity issues may assist in addressing some of the systems challenges in this area resulting in adolescents being inappropriately admitted to adult psychiatric settings.

A focus on the joint working between CAMHS and adult mental health services is required to improve the point of transition for some children as they move between services.

Training and education of key staff across the services remains a key factor in improving the quality and effectiveness of service delivery and the delivery of improved outcomes.

Early access to support services for children who are bereaved or who suffer from significant loss or trauma would be of benefit and may prevent a requirement for more specialist service access in the longer term.

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?

Response as noted in question 3 and 4

Reliance on IT based solutions for self help materials excludes a certain proportion of our communities. Broader strategies that ensure information is available in a range of formats for the general public in a range of settings would be beneficial

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

Response as noted in question 3 and 4

Replicate the FAST campaign for strokes to enable the population to recognise potential symptoms and range of supports through the varying tiers.

Increase GP awareness of range of self help materials and sources of same and improve the links between primary and secondary care through the patient safety programme in mental health.

Encourage GP's to refer patients to self help programmes rather than or as well as medication where appropriate.

Potential deployment of peer support to share lessons learned with the patient population

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?

Increased integration and or liaison of first contact services within GP practices may continue to assist in early recognition and appropriate signposting at an earlier stage potentially improving short and longer term outcomes.

A whole systems approach is required with potential replication of the FAST campaign for stroke victims targeted to mental health.

Potential deployment of Crisis Standards to improve relationships between emergency services such as SAS, Police Acute and Fire Rescue Services may be of benefit

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?

More emphasis on appropriate skill mix and integrated service delivery across /between agencies and sectors within a mixed economy of care would invariably increase the capacity of the workforce to deliver effective care within the current financial constraints across services
Implementation of the quality strategy should assist with this process.

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

ICPs remain primarily NHS tools and there is a need for negotiation around ownership, responsibility, shared terminology, shared prioritisation and shared outcomes within appropriate integrated reporting frameworks which should be achievable within the context of the current changes to the scrutiny landscape.

More emphasis should be placed on the individual experience and outcome focused solutions together with improved qualitative feedback from service users and carers about what works and what does not work.

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?

Continued emphasis on service user and carer involvement in the core activities of assessment, care planning and review are required with ongoing training for staff in these areas and appropriate reporting frameworks which evidence gaps to be addressed by organisations as necessary.

The recovery agenda requires to be integrated into existing policies, procedures, guidance and reporting mechanisms for organisations rather than be viewed as a separate process for all planning partners.
More emphasis should be placed on the individual experience and outcome focused solutions together with improved qualitative feedback from service users and carers about what works and what does not work

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

Response as noted in question 14

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?

Response as noted in question 14

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

Response as noted in question 14

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

Response as noted in question 14

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?

Continued training activity is required to change the culture and approach of the workforce supplemented by integration of the principles into operational policies, procedures and guidance with appropriate reporting frameworks.

The creation of plain English information packs which are provided to service users and carers together with appropriate involvement of advocacy services can be of assistance.

Similarly the development of service user and carer forums can assist in supporting families and carers to participate meaningfully in care and treatment supplemented by relevant input by a range of agency representatives on topics identified by the forums as relevant.

Acute in patient forums and peer support can also assist in this area.

User and carer surveys provided to individuals at relevant points in their journey such as assessment, care planning and review can provide useful evidence to organisations on what they are doing right and the areas that require improvement. Provide feedback on the results of the surveys on a quarterly basis and how agencies are trying to address any issues identified also assist in this area.

The development of newsletters by agencies and user and carer forums provides another mechanism for involvement in service development and improvement.

Whilst there is a current carers strategy, there is perhaps a need to supplement this for particular groups such as families and carers of mentally disordered offenders.

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?

Response as noted in question 19.

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?

The identification of redesigned services delivering better outcomes by existing scrutiny bodies and the sharing of this information across agencies by access to a central website may be of benefit.

For mentally disordered offenders the Forensic Network also aims to share information on good practice and research as well as providing a variety of training opportunities for a range of staff. Issue based national short life working groups are also hosted by the forensic network to address issues, develop standards and guidance on 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?

The existing core national data set and minimum information standards should assist in this process, information leaflets in varying languages, use of translators and interpreters can also assist.

Territorial boards and local authorities are aware of the demographics of their respective populations and continue to deliver a range of assertive outreach methods to engage minority groups at a variety of levels across a spectrum of issues.

The promotion of improving physical and mental health and wellbeing remains the key access vehicle to potential engagement on mental ill health and support services which requires to be both consistent and long term in nature.

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

Dissemination of research across agencies assists with this matter.

Similarly reference to a centralised website with relevant links.

Potential for joint NHS and SSSC website and or newsletters with good practice updates would be of benefit

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

Response as noted in overall approach comments.

Continued and increased focus on services and interventions that can address mental health and substance misuse issues simultaneously or co-operatively would be of benefit.

Local health boards have taken on the responsibility for the provision of health care to the prison population within their respective boundaries. National supports around this programme would be welcome.

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?

An additional emphasis on mentally disordered offenders would assist in raising the confidence of the workforce across agencies in working with this complex group of individuals across the range of systems required and where possible address the sensationalised reporting of media groups which contribute to the ostracisation of this population and their families.

Work on self directed services and shared assessment of risk appears to be happening in pockets and may benefit from a national overview of this to assist learning.

More effective multi-agency discharge planning may also be of assistance.

Improved access to mental health and learning disabilities assessments in prisons with clear communication to all partners involved pre sentence and at release would be of benefit.

A national protocol for the appropriate release of prisoners ensuring that care and treatment is both appropriate and in place in advance of release would be of benefit.

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?

Response as noted in question 25

Integrated working across CAMH's, addictions, housing, justice to reach the National Strategic Objectives which are aimed at making Scotland a healthier society. (5 objectives).

Other suggestions include:
- Information sharing
- Joint procurement
- Collaborative Service Design

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?

Joint strategies, joint training, shared priorities and targets where appropriate, more appropriate integration of the scrutiny bodies for particular matters facilitating joint reporting, ownership and responsibility.

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?

Perhaps reference should be made to Mental Health Officer Services, service standards, the annual workforce capacity planning activity, the newsletter, the MHO Award training.

Uptake of the MDO related training provided by the Restricted Patients Casework Team or the New to Forensics training delivered through the Forensic Network

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

Response as noted in question 28

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

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.

The potential to capture national data from service users and carers on their views of the services they receive, what works well, what needs to improve, what the gaps are and what needs to be developed would be beneficial. Alternatively a reporting framework that demonstrates that this activity is happening locally and is feedback for national collation and subsequent dissemination.

Clinical Supervision, PDR processes and appropriate training strategies are required

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

Expansion of the core national data set or minimum information standards so that locally developed IT infrastructures integrate outcomes into core operational assessment, care planning and review activity for example.

Greater evidence of the change that data made, better understanding of the profile of people who do not attend and what actions are taken, sharing the outputs and outcomes achieved through releasing time to care, HEAT and SPARRA data would be of benefit

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?

More integration across the existing scrutiny landscape for particular matters may assist in the integration of the range of improvement work in mental health.

Since the introduction of the Adult with Incapacity legislation there has been a significant increase in demand for Mental Health Officer services. In order to keep pace with this demand there is a requirement for additional Mental Health Officers to be provided within local authorities.

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

Response as noted in question 33.

National support for this is essential, to both ensure that the focus on improvement is not lost, and also to help Boards and Local Authorities access training and resources for their senior staff who lead on this work locally. This could be done either by using a national task group, or identifying individuals within existing bodies such as JIT to link with Boards.

The potential for the introduction of a shared electronic one record of care

could host a range of improvements and consistency, integrating the programmes into every day practice without being viewed as different or individual programmes.

The availability of advocacy services across Scotland remains variable. Further investment in advocacy services, national standards for advocacy and better support for service users and carers to facilitate effective inclusion in service design, delivery and review would be of benefit.

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 is supported so that care and treatment is delivered in line with legislative requirements?

The promotion of available local and national training opportunities across the agencies together with the range of work undertaken by the Mental Welfare Commission currently assists this process.

Consistent provision of regularly updated learning materials (e-learning?) and the potential for a centralised 1 site visit to access amendments to regulations, case law precedence, practice guidance etc would facilitate this process. Currently this information sits in several sites and is difficult to access.

There is the potential to add this to NHS boards mandatory training programmes, perhaps as part of their corporate induction, as is currently the case in some areas.

Alongside supervision and PDR procedures and processes, opportunities for shared reflective leaning would be beneficial