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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 following submission promotes the views of CSP Scotland members following consultation with the clinical network of chartered physiotherapists in mental healthcare in Scotland.

The Chartered Society of Physiotherapy (CSP) is the professional, education and trade union body representing physiotherapists, physiotherapy students and assistants. CSP Scotland has around 4,000 members in Scotland. Approximately sixty percent of chartered physiotherapists work in the NHS. CSP members are also found in education (including students), independent practice, and voluntary sector and with other employers, such as sports clubs or large businesses.

Physiotherapy is grounded in a solution focussed and patient centred approach to health and well-being.

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 CSP Scotland supports a national steer towards proactive care. The current financial climate is likely to dictate that this will mean the reduction of

traditional inpatient/ longstanding complex condition management services. The emphasis instead will be on care in the community setting and with engagement with the council and third sector providers. The evidence base suggests that sustained engagement in physical activity and lifestyle management programmes gives better results in terms of physical health, reduction of dependence on medication and reduced admission rates.

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
Services should be based on an early intervention community based model with particular attention paid to both skill and professional mix. This should be based, not on arbitrary figures reflecting cost saving measures, but to ensure that needs of the client are met by the right person, in the right setting, and the appropriate time in their journey.
Clinical specialists should be working in consultative and advisory roles to support colleagues in mainstream services to ensure clients are able to remain in primary care services wherever practicable.
Clear national pathways for service delivery including indications for professions involved *e.g. Physiotherapy for somatisation disorders, chronic fatigue syndrome and chronic pain.* This may go someway to address the inequity of access to these services between regions. In these particular conditions physiotherapy plays and important role in bridging physical and mental health 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?

Comments
Policy should continue to implement mandatory suicide intervention training for frontline workers. A review of learnpro and other online modules on mental health would give a more practical approach. CSP Scotland would also suggest:

- A schools campaign to give teenagers age appropriate skills in recognition of mental health symptoms and intervention.
- A confidential contact peer support service.

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

Further measures need to be taken to improve understanding in the public and reduce much of the sensationalism of mental health problems in the media, particularly in the reporting of crimes.

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

All organisations should be encouraged to have mandatory mental health awareness training, but this should be particularly aimed at management/recruitment level staff.

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

Comments

- Increased capacity for vocational rehabilitation
- Large campaign required around healthy body image and self esteem, particularly aimed at young people.
- More socially inclusive, purposeful activities for those unable to work i.e. social prescribing with no detriment to benefits received.
- Increased emphasis on/ understanding of the co-existence of physical and mental health problems and the need for joined up services, joint learning etc.
- Increased support for third sector health promotion activities.

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

- Improved education for teachers during pre-registration university courses.
- Education for parents via health visitors and GP surgeries.
- Improve links between education services, child services, GP's and CAMHS
- Have a dedicated physiotherapy service for CAMHS

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

Comments

- Consider regional units with family flats
- Consider day/evening units
- Better transition management child to adult services.

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

- Increased training in WRAP and increased utilisation in physical activity interventions.
- A centralised www resource, like active Scotland, for mental health services and local supports, for equity of access this may need to be a paper/phone resource also.
- Increased awareness in GPs of the wide variety of supports available to people suffering mental health issues prior to referral to secondary services.
- Advertising through various media to promote mental wellbeing and reduce the focus on mental ill-health and suicide.

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

Comments

Identified approaches include:

- Increased use of media to raise awareness around mental wellbeing and sources of help available
- Reduce barriers to allow early intervention e.g. self re-referral once known to a service.
- Increase capacity to allow timely response
- Increase community provision of low level interventions e.g. supported physical activity opportunities
- Increased utilisation of Wellness Recovery Action Plan (WRAP)
- 24 hour access to telehealth support for both carers and the individual

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

- Improved recognition within primary care and better utilisation of community supports at this stage.
- Improved mental health training for those entering professions who deal with the public e.g. *healthcare, fire service, police, teaching, council workers, religious leaders.*
- Increased support for family and carers of those with both physical and mental health conditions to prevent development of mental ill-health in this population.

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

E-health evaluation and streamlining for utility/duplication and report outs.
Investigate the possibility of patient held records.
Nursing staff to have more therapeutic time
An increase in activity nurses
A 'notes audit' evaluating what are the key things to be recorded, what is non-value adding?

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

Comments

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

- Feedback from service users after any treatment intervention in a format appropriate to their needs – using electronic, written, verbal, voice box options.
- Encouraging service user participation in forums and groups to allow input

on decision making at a local level. Actively seeking this through areas where service users are in a high proportion such as voluntary organisations or online appeals via service user websites.
- Sharing of good practice from the Glasgow model of service
- Hold service user feedback/open days for face to face feedback, these should be held in environments where service users feel empowered and not intimidated.

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

Comments

- Information/feedback tools in different forms – electronic, written, verbal, dvd.
- Improved communication between agencies so as not to reinvent the wheel and to ensure utilisation of the most appropriate service to meet identified need across all agencies including the 3rd sector. Each board area to have an information point containing all available on www, linked to the national database, which would be the responsibility of one group/team.
- Incorporate the needs of family and carers in care planning.
- A single contact point for service user/family/carers when discussing care with a background communication system for all professionals to access to track care activity.
- (As in Q12) A review of all IT to streamline and ensure if there is variation between board areas that systems talk to each other so that info can be communicated in a timely effective manner.
- Increased utilisation of current forums to share good practice e.g. MKNs
- Improved training around communicating care needs/plans to family without breaking confidentiality.

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

- Services should be based on needs rather than diagnoses.
- Education for mental health staff on physical health issue for better initial recognition and improved management strategies.
- A change of culture within the professionals towards facilitation eg *'if it's not my job to meet a specific need, who's responsibility is it?'*
- (As highlighted in Q10) Options for self referral should be examined.
- Improved joint planning across all agencies and greater use of unified budgets
- Improved communication with the wider service providers through various modes, including patient held records.

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

Comments

A multidisciplinary approach to completing paperwork should be encouraged

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

Comments

- Multi-profession training and unified note keeping.
- Consult with professional bodies to look at training already in place to select tools that could be useful and easily integrated within current practice, allowing small interim steps towards the larger goal.

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

- Issues of confidentiality need to be raised and addressed with professionals to ensure confidence in involving carers/relatives without breaching confidentiality.
- Education and training sessions should also be prepared to meet the specific needs of carers and relatives.
- Increased use of focus groups for carers/relatives.
- Strengthen links with VSA
- Offer different formats to give feedback

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

- Better training and guidance on the conflict between information sharing and maintaining patient confidentiality.
- Greater time to spend listening to patient needs and wants.
- Forms/tools that the staff can give to a service users family and carers informing staff of their needs for information and training.

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

- Sharing of information between boards to reduce duplication of work.
- Sharing within professional networks
- Increased expertise/information sharing with primary care services and acute physical settings.

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

- Increase knowledge amongst frontline staff of all organisations including charities working with minority groups.
- Reduce waiting times and numbers
- Reduce barriers to access and implement self referral models
- Use electronic systems to full advantage
- Equality across Scotland regards resources, funding.
- Public health campaign utilising relevant media e.g. the Big Issue

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

Comments

- Through professional groups and networks, professional bodies
- Road shows
- Global e-mails/ use of SHOW
- Improved communication at all levels within boards and outwith CMHT drop in clinics
- Use of electronic information/FB/Interactive services.

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

Comments

Consideration should be given to establishing allied health professionals (AHPs) as part of the CMHT's (this already in place in some board areas). Where AHPs are in mental health teams, ensure the workforce capacity is adequate to provide effective and equitous care.

- More prevention/ proactive services would promote mental wellbeing in primary/acute physical settings.
  Suicide prevention

All mental health services remain comparatively under resourced and are being targeted for reduction of budget at a time of increased incidence and recognition of mental illness.

Physiotherapy remains under recognised in the mental health setting but particularly within CAMHS.

Dual diagnosis; both with learning disabilities and with addictions, work is required on joint care planning and transitions between these services.

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

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

Although dementia remains an area that requires significant resource and reform there needs to be a focus on all older people's mental health including functional disorder.

In light of the fitter aging population there needs to be a change of focus of services from age defined to needs led and the removal of arbitrary age related barriers to services, particularly given the discrepancies in provision between these services.

Delivering on *'Improving the Physical Health and Well Being of those experiencing Mental Illness' (2008).*

Reducing barriers to accessing leisure facilities, including cost (ideally zero cost), for those experiencing all levels of mental ill-health in order to facilitate early intervention and sustainable recovery through physical activity.

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

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

It would be useful to know the prescription rates of exercise for depression alongside the psychological therapies as this is known to improve the effectiveness of such treatments.

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

Comments

With the increased recognition of the role of AHPs in mental health through the publication of *Realising the Potential*, significant investment is required to improve the skill and professional mix within this group across Scotland to address the inequities highlighted by the scoping exercise completed in 2010.

The NHS also needs to forge closer working links with Universities training Physiotherapists, to ensure they are adequately trained to manage patients who may have a MH problem. It should be noted that 1 in 4 people in Scotland will have a mental health problem, requiring a good understanding to practice with optimal effectiveness.

Some CSP members in mental health practice report that there can be a tendency for professional practice to 'drift' across some AHP groups working in mental health. An examination of 'core practice' for each profession might help staff to identify and provide exactly what is required, with minimum wastage.

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.

Comments

Better workforce information is required to be able to assess capacity to meet demand within and between board areas.

There needs to be a focus on quality, patient reported outcomes alongside more objective measures such as prescription rates.

Output needs to be measured by outcomes, rather than merely counting numbers of contacts, discharges etc

An external auditor to complete benchmarking, rather than burdening clinicians with gathering data.

As previously stated, national IT system should be used to collect this data.

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

Comments

An IT system that records outcomes. Ideally a system that integrates assessment and continuation notes with statistical recording so that staff are freed up to 'do the work' (NB Releasing time to care agenda).

National resource of free outcome measures. Development of OM's that are validated for use with people who may have cognitive or perceptual impairment, ie the dementias.

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

Better joint planning strategies and aligned budgets without duplication of management structures.

Investment in clinical leadership in order to allow clinicians to release clinical time previously spent on strategic work.

A degree of honesty around the motivation for change, for example, reduced budgets. CSP CPMH members commented that, 'in short, we can't do more with less'.

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

Comments

National agendas and guideline documents should include a clearer steer for boards regarding implementation, and minimum acceptable levels of service provision / professional mix. This should be based on an accurate assessment of service user need rather than historically accepted service structures.

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